

**Department of Human Resources
Social Services Administration
311 West Saratoga Street
Baltimore, Maryland 21201**

DATE: July 14, 2003

CIRCULAR LETTER: SSA# 04-03

TO: Directors, Local Departments of Social Services,
Assistant Directors for Services, Family Service
Administrators, Supervisors, and Caseworkers,
Private Foster Care and Adoption Agencies

FROM: Jane W. Smith, Deputy Executive Director
Social Services Administration

RE: Update of Maryland's Family Risk Assessment (MFRA)

**PROGRAMS
AFFECTED:** In-Home Services: Child Protective Services and Family
Services
Out-of-Home Placement Services: Kinship Care, Foster
Care, and Adoption.

ORIGINATING OFFICE: Children and Family Services

BACKGROUND: The principle goals of child welfare services in Maryland, safety, permanence, and well being of children, were reinforced with the passage of the Adoption and Safe Families Act of 1997 (ASFA) on the federal level and "Children in Out-of-Home Placements (H.B. 1093)" by the Maryland legislature in 1998. Policies developed subsequent to the passage of these laws provide support for the provision of services to prevent child abuse and neglect and intensive services to prevent unnecessary removal of children from families and to promote the reunification of families if the child has been removed from the family.

The risk assessment tool in Maryland has been revised to provide a consistent and uniform assessment that identifies and supports the timely delivery of services when necessary to implement a plan of service to the family. The revised tool reports the risk and protective factors in each situation and reflects the professional judgment used to make an evaluation of the level of risk

present in each situation. It documents the need for services when necessary on an individual case basis and serves as a guide to making timely decisions. When local departments provide services and decisions promptly, courts can make informed decisions about the permanency plans for children according to ASFA and H.B. 1093.

The "Maryland Family Risk Assessment" tool and guides were developed by Social Services Administration along with staff of the local departments of social services, key stakeholders and national consultants using a continuous quality improvement model.

ACTION REQUIRED OF: All Child Welfare caseworkers and supervisors.

REQUIRED ACTION: The risk assessment process requires uniform and consistent documentation of factors that may indicate current or future risk to a child and development of a plan by the local department and the caregiver to address that risk. The new instrument will replace the Initial Family Assessment (DHR/SSA 1061), Initial Family Assessment- Short form (DHR/SSA 1061-SF), Continuing Family Assessment (DHR/SSA 1063), Case Evaluation/Reconsideration (DHR/SSA 1066), Risk Matrix (DHR/SSA 1067) and Final Risk Assessment and Case Closure (DHR/SSA 1068).

ACTION DUE DATE: All local departments are required to use the MFRA by December 1, 2003.

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I. PURPOSE:

This circular letter sets forth criteria on how to use the Maryland Family Risk Assessment (MFRA) tool (Attachment A) as a tool to support the determination of present and future risk of harm for all children receiving child welfare services.

The purpose of MFRA is to provide a holistic assessment to assist in the determination of whether a child is at risk. The assessment of risk and the likelihood of risk rely on the worker's use of professional judgment, the ability to make sound decisions and to justify those decisions through supportive statements.

Workers now have a tool to guide their decision-making. This tool does not make the decision, but identifies issues for consideration and provides a framework for conceptualizing and justifying a decision.

The MFRA helps Child Welfare staff identify risk factors and determine the services the family needs to reduce risk to the child (ren). Children and Family Services workers should consider factors such as special needs, racial, ethnic, and cultural background specific to the client(s) to determine if alternate service approaches are likely to be more effective. The Child Protective Services investigative dispositional findings do not necessarily predict the need for services. The MFRA tool was designed to meet Council on Accreditation requirements for case management.

The use of the MFRA should assist local departments with carrying out their mission by answering two critical questions:

1. Does the family need on-going services?
2. What services are needed for the family to reduce risk?

SSA will continue to refine the Maryland Family Risk Assessment based on experience and feedback from child welfare staff, supervisors, and stakeholders.

II. MARYLAND FAMILY RISK ASSESSMENT PROCESS:

The MFRA is to be completed on every child receiving child welfare services residing with their family of origin and/or when a reunification with the family of origin is planned for children in Out-of-Home Placement. The MFRA is not to be completed on resource families or families where CPS Out-of-Home Maltreatment investigations are conducted and the SAFE-C decision was "safe".

A. When to Complete.

Families and children should be assessed for risk and a MFRA completed at each of the following points in the life of a child welfare intervention.

1. At the completion of a new Child Protective Services (CPS) investigation or A CPS Out-of-Home Maltreatment investigation (**only** when the SAFE-C (DHR/SSA 1575) decision was not "Safe").

Exception: When a new allegation or report is received on an active or recently closed child welfare case (within the last 120 days), a new MFRA may not need to be completed. The worker should consider updating the current MFRA.

2. Within 30 calendar days of acceptance of service if no MFRA was included as a part of the transfer/referral packet for:
 - (a) Services to Families with Children (SFC);
 - (b) New In-Home Family Services- Interagency referrals;
 - (c) Voluntary Placement of a child; or
 - (d) Request Of Another Agency (ROA)

Exception: The local agency that completed the SAFE-C tool should complete the MFRA when both the alleged victim and alleged maltreater are here in Maryland even though the alleged incident took place outside of Maryland or when the SAFE-C (DHR/SSA 1575) decision was not "Safe".

3. When there are significant changes in family structure or dynamics the MFRA should be completed, including the placement of a child. If while the CPS investigation is occurring the child is placed into an Out -of- Home placement, the CPS worker must complete the MFRA and include a copy in the packet of referral materials.
4. At termination of service the MFRA should be completed to support the decision to terminate all child welfare services with a family, excluding conditions found in B.1 above.

B. Status Review of MFRA.

The current worker should review the most recent MFRA. If changes are needed to categories: *C.*; *D.*; or *E.*, these changes should be documented on the MFRA in section C6; D13 and/or E7. The supervisor should review this information and approve the changes. This review should occur as follows:

1. Within 45 calendar days after acceptance into In-Home Family Services and Out -of -Home Placement Services.

- (a) If the MFRA completed after an investigation, intake, referral, voluntary placement or ROA contains sections ranked "High" because the worker could not obtain information, the ongoing worker (if applicable) should complete the MFRA and make any changes that are warranted.
 - (b) In-Home Family Services worker should review the previous MFRA and make changes if applicable.
 - (c) Out-of-Home Placement Services worker should review the MFRA for children in the care and custody of the local department of social services, as well as any siblings who **remain** in the home of the birth family or family of origin home setting, and make changes if applicable. The MFRA is not done on resource homes.
2. At Reconsideration. Effective service/case planning is dependent on continuous assessment of risk and safety; therefore, this review should take into consideration those items found in B. 1 above and the following:
- (a) In-Home Family Services workers should review the previous MFRA no less than every 3 months of service.
 - (b) Out -of -Home Placement Services worker should review the previous MFRA no less than every 6 months of service.

C. Assessing Need For Service:

The results of the MFRA are used in supporting two critical decisions:

- Does the family need on-going services?
- What services are needed for the family to reduce risk?

Two key questions help inform decision making about the level of intervention needed:

- How likely is harm to occur?
- What level of risk does/will the child experience?

III. SUBJECTS OF A MARYLAND FAMILY RISK ASSESSMENT:

- A. Casehead/Family Name is the same as the casehead identified on the Client Information System (CIS) for the family.
- B. Child(ren) in the household is defined as the child(ren) who is/are currently residing in the household of the birth family or family of

origin or who will be returning to the household from an Out-of-Home Placement.

- C. The caregiver(s) is any person who provides daily care of a child in a (non-placement) home setting. Caregivers in the household include persons who have a regular presence in the birth or family of origin's home on a daily (or consistent or frequent) basis and who provide day-to-day decision making for the child. This includes parents, stepparents, relatives, live in boyfriends/girlfriends of a parent, or any person that assumes responsibility for the daily supervision of a child. (Excludes resource homes).

IV. RISK CATEGORIES AND ELEMENTS

Each risk category contains factors, called elements, which have been identified by research and practice as reliable indicators of risk of harm to a child. The interaction of these factors and their impact on the child must be recognized and collectively influence our ability to predict behavior. MFRA provides the worker the opportunity to look at each risk category and risk element separately. Information collected by the worker should be compared to the description offered in each risk element and then the worker should make the selection that best describes the family/individual situation or characteristic. After considering and rating each risk element in a risk category, the worker makes a decision regarding the overall risk rating. Throughout this process, the worker should provide narrative supporting the ratings.

There are five risk-related categories to be assessed:

1. History of Child Maltreatment -considers severity of past harm and frequency of maltreatment events.
2. Type and Extent of Current Maltreatment Investigation - considers the Child Protective Services dispositional finding, severity of the maltreatment, frequency and effect on child.
3. Child Characteristics – evaluates the child's age, physical/mental abilities and ability to self protect.
4. Caregiver Characteristics – considers parental control over their own behavior, such as substance abuse, physical disability, mental illness, violence and basic parenting knowledge including, skill and motivation.
5. Familial, Social, and Economic Characteristics – considers family conflict and/or stress, social support network, and protector in family/environment.

Each category contains a series of risk elements that are to be rated. Risk decisions are rated according to their intensity. There are categories of risk ratings: High, Moderate, Low or No. Workers should select the appropriate risk rating for the element, the category and then for the overall MFRA.

Definitions and examples of each of the elements are provided in a separate handbook (Attachment B). If the Intake Worker cannot obtain needed information for an element (except for child characteristics), the rating must be identified as "Information Unknown Rate High". The expectation is that the next assigned worker will follow-up on this element and rate the element and corresponding category for risk appropriately.

The MFRA allows for assessment and discussion of the impact of combined elements and ratings for each category to determine the overall risk rating. When the worker is rating for the current assessment period, they must consider:

- Assessment of the level or significance of the harm requires consideration of frequency, chronicity, force, and seriousness of the maltreatment and is linked to the child's vulnerability to potential harm.
- Workers must use their professional judgment when making a determination for each risk rating and the overall risk rating. There is no formula or mathematical computation for making the selection.
- If the rating "High Risk Information Unknown" was selected for any element, that risk category should always be rated High.

The ratings for the category and overall MFRA are as follows:

High Risk

Indicates that extensive negative family conditions and circumstances are present and are influencing family functioning. Unacceptable and ineffective individual and family functioning tends to be extreme. The assessment reveals a complex, problem-filled family, which suggests that a child will be maltreated. These conditions are likely not within the control of the family. Conditions may be so serious that results to the child may be severe. The family's need for help is clear and profound. The nature of the family conditions requires immediate, comprehensive, and focused CPS involvement or ongoing services. Risk influences, which are present, will require the implementation of a service/case plan immediately. Information that is unknown must be rated high risk.

Moderate Risk

Indicates that there is generally an even distribution between negative and positive family conditions and circumstances. However, the negative influences that are present are assessed to be serious. Acceptable functioning or activity within the family may be equally mixed with unacceptable functioning or activity resulting in considerable concern. The assessment of the family suggests likelihood that a child will be maltreated. The nature of the family

conditions suggests need for ongoing services. Without services, the family conditions will likely worsen.

Low Risk

Indicates that there are generally more positive than negative family conditions and circumstances. The negative influences that are present are of low to moderate seriousness. Indications of ineffectiveness, or questionable functioning within the family may be isolated within certain risk areas. They may be at the onset of development, or may have minimal effect on the family. The assessment of the family suggests an unlikely or slight probability that a child will be maltreated. Referrals for service should occur as appropriate.

No Risk

Indicates that there are generally positive family conditions and circumstances. The negative influences that are present are low to none. Indications of effective, positive functioning or activity are evident and strengths are apparent. The assessment of the family suggests that there little/no likelihood a child will be maltreated.

VII. SUPERVISORY APPROVAL

The supervisor needs to review the MFRA to assure:

- Timely completion at designated intervals;
- Worker's assessment reflects an accurate judgment of the situation.

Supervisors are required to:

- Discuss risk and the identified services with each caseworker;
- Sign indicating their approval; and
- Assist the worker in developing a more appropriate risk assessment, if approval cannot be given.

The signature of the supervisor signifies approval of the assessment process. Supervisors must approve the contents of the MFRA and the decision-making related to risk and the need for and type of services to be provided.

The MFRA is filed in the case record. Local policy designates where these tools are filed in in-home family services records. The tools will be filed in Section 1 of the SOFAR record for children in foster care, kinship care, and adoptive placements. The MFRA should be shared with all child welfare workers with related active cases.

RELATED ACTIVITY:

SSA is using a continuous quality improvement process to redesign the Case Plan. One of the goals of this process is to create a seamless service delivery system that addresses the issues that caused the child (ren) to enter placement. The MFRA must correspond to the Out-of-Home Placement Services Case Plan.

- An assessment is needed to determine the degree to which factors that have jeopardized a child's health and welfare are still present and whether an alternate case/service plan can be implemented to keep a child safe or reduce risk when returned home.
- The criteria used at the point of initial assessment are the same criteria that are to be used to evaluate risk before reunification.

In-Home Family Services has implemented a complementary evaluation tool that addresses the service needs of the family. The In-Home Services Program Evaluation is used to provide basic information about the service being provided, review of assessments, a service summary of the family and services provided. Child and family strengths that support family functioning are also identified.

The North Carolina Family Assessment Scale (NCFAS) will continue to be utilized by In- Home Family Services. NCFAS has been revised to address the change from scores to rating. NCFAS is designed to measure changes in family functioning occurring during a short-term intervention (one to six months). This tool allows the worker to assess family functioning at intake and again at case closing. The difference between the closing and intake rating can be computed and analyzed.

The Maryland Family Risk Assessment will be included as an automated document in the development of MD CHESSIE.

Maryland Family Risk Assessment (MFRA)

NAME OF CASEHEAD/FAMILY:

CASEHEAD/FAMILY ID#

CHILDREN IN THE FAMILY AND HOUSEHOLD

NAMES	DOB/ AGE	NAMES	DOB/AGE
1. <input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	5. <input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
2. <input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	6. <input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
3. <input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	7. <input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
4. <input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	8. <input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

IS THERE ANOTHER CHILDREN'S PAGE? NO YES (see attachment 1)

I. BASIC INFORMATION

A. ASSESSMENT DATES:

1. COMPLETION OF ASSESSMENT DATE

2. STATUS REVIEW DATE

A. TIMEFRAME FOR COMPLETION:

- 1. AT THE COMPLETION OF A CPS INVESTIGATION OR OUT -OF-HOME MALTREATMENT INVESTIGATION
- 2. WITHIN 30 CALENDAR DAYS OF INTAKE FOR SFC / IN-HOME FAMILY SERVICES-INTERAGENCY REFERRAL/ VOLUNTARY PLACEMENTS / AND ROA
- 3. CHANGES IN FAMILY CIRCUMSTANCES, INCLUDING PLACEMENT OF A CHILD
- 4. END OF PROGRAM

B. STATUS REVIEW OF MFRA

- 1. ACCEPTANCE INTO IN-HOME FAMILY SERVICES OR OUT-OF-HOME PLACEMENT SERVICES (OHPS)
- 2. RECONSIDERATION

II. RISK CATEGORIES

Select one rating: •High risk •Moderate risk •Low risk •No risk for each of the five (5) risk categories.

A. HISTORY OF CHILD MALTREATMENT

Prior to the current allegations/referral for services. Include victimization of any child and describe injuries related to maltreatment/ dangerous acts/neglectful conditions, extent of sexual abuse, and developmental/ emotional harm. Check the most appropriate rating below.

- HIGH RISK** Any serious incident and/or increasing frequency of child maltreatment, history of child death/ and or SIDS
- MODERATE RISK** More than one documented incident of child maltreatment within last five (5) years
- LOW RISK** One previous documented minor child maltreatment incident
- NO RISK** No known documented incidents of child maltreatment

1. COMMENTS TO SUPPORT RATING:

B. TYPE AND EXTENT OF CURRENT CHILD MALTREATMENT INVESTIGATION

Check the most appropriate rating below. If more than one child or incident of maltreatment is considered report the highest incident.

- HIGH RISK** Severe incident of child maltreatment
- MODERATE RISK** Significant incident of child maltreatment
- LOW RISK** Minor incident of child maltreatment
- NO RISK** No child maltreatment incident

1. COMMENTS TO SUPPORT RATING:

Maryland Family Risk Assessment (MFRA)

C. CHILD CHARACTERISTICS:

List the child (ren) name (s) and respond to each element appropriately, by placing the first letter of the risk factor in the rating box.

1. AGE		1) CHILD NAME	2) CHILD NAME	3) CHILD NAME	4) CHILD NAME
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
HIGH RISK	2 YEARS OR YOUNGER	RATING	RATING	RATING	RATING
MODERATE RISK	3-7 YEARS OLD	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
LOW RISK	8-12 YEARS OLD				
No Risk	13-18 YEARS OLD				
		5) CHILD NAME	6) CHILD NAME	7) CHILD NAME	8) CHILD NAME
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		RATING	RATING	RATING	RATING
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

2. CHILD FUNCTIONING

		1) CHILD NAME	2) CHILD NAME	3) CHILD NAME	4) CHILD NAME
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		RATING	RATING	RATING	RATING
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		5) CHILD NAME	6) CHILD NAME	7) CHILD NAME	8) CHILD NAME
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		RATING	RATING	RATING	RATING
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

HIGH RISK
Significant disruption of activities of daily living due to identifiable or indication in the child of mental/developmental/ behavioral /physical/ social impairment/substance addiction/ substance exposed newborn

MODERATE RISK
Frequent disruption of activities of daily living due to identifiable or indication in the child of mental/developmental /behavioral /physical/ social impairment/substance usage

LOW RISK
Occasional disruption of activities of daily living due to identifiable or indication in the child of mental/developmental /behavioral /physical/ substance exposure (not related to a newborn)

NO RISK
No disruption of activities of daily living due to identifiable or indication in the child of mental/ developmental /behavioral /physical/ substance addiction, usage or exposure

3. CAPACITY TO SELF PROTECT

		1) CHILD NAME	2) CHILD NAME	3) CHILD NAME	4) CHILD NAME
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		RATING	RATING	RATING	RATING
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		5) CHILD NAME	6) CHILD NAME	7) CHILD NAME	8) CHILD NAME
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		RATING	RATING	RATING	RATING
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

HIGH RISK
No ability to protect self

MODERATE RISK
Inconsistent ability to protect self

LOW RISK
Can verbalize a protection plan and has demonstrated the ability to follow through

NO RISK
Has ability to protect self

4. INFORMATION GATHERED FROM THE CURRENT RATING INDICATES TO YOU THAT RISK FOR CHILD CHARACTERISTICS CATEGORY IS:

HIGH RISK •
 MODERATE RISK •
 LOW RISK •
 NO RISK

5. COMMENTS TO SUPPORT RATING FOR THE CHILD CHARACTERISTICS CATEGORY:

6. IF THIS ASSESSMENT CHANGES THE PREVIOUS ASSESSMENT FOR CHILD CHARACTERISTICS CATEGORY, PLEASE EXPLAIN (Information from this section should correspond with any service plan created for the family):

Maryland Family Risk Assessment (MFRA)

D. CAREGIVER CHARACTERISTICS:

List the caregiver(s) name (s) and respond to each element appropriately, by placing the first letter of the risk factor in the rating box.

1. CURRENT SUBSTANCE ABUSE			
HIGH RISK	Substantial incapacity to provide care due to substance abuse	1). CAREGIVER NAME: <input style="width: 100%;" type="text"/>	2). CAREGIVER NAME: <input style="width: 100%;" type="text"/>
MODERATE RISK	Reduced effectiveness to provide care due to substance abuse	RATING: <input style="width: 100%;" type="text"/>	RATING: <input style="width: 100%;" type="text"/>
LOW RISK	Indication of some impact of substance use on ability to provide care	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NO RISK	Substance abuse not a factor	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
INFORMATION UNKNOWN- RATE HIGH			
2. CAREGIVER FUNCTIONING			
HIGH RISK	Significant disruption of activities of daily living due to identifiable or indication of mental/intellectual/behavioral/ physical/ social impairment	1). CAREGIVER NAME: <input style="width: 100%;" type="text"/>	2). CAREGIVER NAME: <input style="width: 100%;" type="text"/>
MODERATE RISK	Frequent disruption of activities of daily living due to identifiable or indication of mental/intellectual /behavioral/ physical/ social impairment	RATING: <input style="width: 100%;" type="text"/>	RATING: <input style="width: 100%;" type="text"/>
LOW RISK	Occasional disruption of activities of daily living due to identifiable or indication of mental/intellectual / behavioral/ physical/ social impairment	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NO RISK	No disruption of activities of daily living due to identifiable or indication of mental/intellectual / behavioral / physical/ social impairment	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
INFORMATION UNKNOWN -RATE HIGH			
3. HISTORY OF MALTREATMENT AS A CHILD			
HIGH RISK	Chronic and/or severe maltreatment or family violence	1). CAREGIVER NAME: <input style="width: 100%;" type="text"/>	2). CAREGIVER NAME: <input style="width: 100%;" type="text"/>
MODERATE RISK	Intermittent maltreatment or family violence	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
LOW RISK	Isolated maltreatment event or family violence	RATING: <input style="width: 100%;" type="text"/>	RATING: <input style="width: 100%;" type="text"/>
NO RISK	No maltreatment history	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
INFORMATION UNKNOWN -RATE HIGH			
4. USE OF DISCIPLINE			
HIGH RISK	Harsh/cruel - Use of excessive and extreme discipline; or Complete absence of discipline	1). CAREGIVER NAME: <input style="width: 100%;" type="text"/>	2). CAREGIVER NAME: <input style="width: 100%;" type="text"/>
MODERATE RISK	Frequent inappropriate discipline for the age of child	RATING: <input style="width: 100%;" type="text"/>	RATING: <input style="width: 100%;" type="text"/>
LOW RISK	Occasional inappropriate discipline for the age of child	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NO RISK	Appropriate and consistent discipline of the child	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
INFORMATION UNKNOWN -RATE HIGH			
5. EMPATHY/NURTURANCE/BONDING			
HIGH RISK	Consistently rejects the child providing no affection/ stimulation/ acceptance/attention	1). CAREGIVER NAME: <input style="width: 100%;" type="text"/>	2). CAREGIVER NAME: <input style="width: 100%;" type="text"/>
MODERATE RISK	Frequently rejects the child providing little or inconsistent affection/ stimulation/ acceptance/attention	RATING: <input style="width: 100%;" type="text"/>	RATING: <input style="width: 100%;" type="text"/>
LOW RISK	Occasionally rejects the child providing minimal affection/ stimulation/ acceptance/ attention	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NO RISK	Displays appropriate affection/ stimulation/ acceptance/ attention to child	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
INFORMATION UNKNOWN -RATE HIGH			
6. EXPECTATIONS OF CHILD			
HIGH RISK	Extreme unrealistic expectations	1). CAREGIVER NAME: <input style="width: 100%;" type="text"/>	2). CAREGIVER NAME: <input style="width: 100%;" type="text"/>
MODERATE RISK	Frequent unrealistic expectations	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
LOW RISK	Occasional unrealistic expectations	RATING: <input style="width: 100%;" type="text"/>	RATING: <input style="width: 100%;" type="text"/>
NO RISK	Demonstrates realistic expectations	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
INFORMATION UNKNOWN -RATE HIGH			
7. RESPONDS TO CHILD'S NEEDS AND PROVIDES SUPERVISION			
HIGH RISK	Rarely responds to child's needs/Unable to supervise	1). CAREGIVER NAME: <input style="width: 100%;" type="text"/>	2). CAREGIVER NAME: <input style="width: 100%;" type="text"/>
MODERATE RISK	Frequently does not respond to child's needs/ Frequently does not supervise properly	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
LOW RISK	Occasionally does not respond to child's needs/ Occasionally needs assistance with supervision	RATING: <input style="width: 100%;" type="text"/>	RATING: <input style="width: 100%;" type="text"/>
NO RISK	Always meets child's needs/Supervises appropriately	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
INFORMATION UNKNOWN-RATE HIGH			

Maryland Family Risk Assessment (MFRA)

D. CAREGIVER CHARACTERISTICS:

List the caregiver(s) name (s) and respond to each element appropriately, by placing the first letter of the risk factor in the rating box.

8. CAREGIVER'S HISTORY OF VIOLENCE (OTHER THAN DOMESTIC VIOLENCE)		1). CAREGIVER NAME:	2). CAREGIVER NAME:	3). CAREGIVER NAME:
HIGH RISK	Severe incidents and/or Frequent incidents	[]	[]	[]
MODERATE RISK	Significant incidents	RATING: []	RATING: []	RATING: []
LOW RISK	One previous minor incident	[]	[]	[]
NO RISK	No history of violence occurring	[]	[]	[]
INFORMATION UNKNOWN -RATE HIGH				

9. RECOGNITION OF PROBLEM		1). CAREGIVER NAME:	2). CAREGIVER NAME:	3). CAREGIVER NAME:
HIGH RISK	Denial of problem	[]	[]	[]
MODERATE RISK	Minimizes or justifies problem	RATING: []	RATING: []	RATING: []
LOW RISK	Acknowledgement that a problem exists	[]	[]	[]
NO RISK	No problems	[]	[]	[]
INFORMATION UNKNOWN -RATE HIGH				

10. MOTIVATION TO CHANGE/ LEVEL OF COOPERATION		1). CAREGIVER NAME:	2). CAREGIVER NAME:	3). CAREGIVER NAME:
HIGH RISK	Unwilling or unable to address problems /Refuses to work with agency	[]	[]	[]
MODERATE RISK	Shows little motivation to change/ Cooperates in response to court action	RATING: []	RATING: []	RATING: []
LOW RISK	Actively works to resolve the problem/ Responds to agency intervention	[]	[]	[]
NO RISK	No problems identified	[]	[]	[]
INFORMATION UNKNOWN -RATE HIGH				

11. INFORMATION GATHERED FROM THE RATING INDICATES TO YOU THAT RISK FOR CAREGIVER CHARACTERISTICS CATEGORY IS:

HIGH RISK ·
 MODERATE RISK ·
 LOW RISK ·
 NO RISK

12. COMMENTS TO SUPPORT RATING FOR CAREGIVER'S CHARACTERISTICS CATEGORY:

13. IF THIS ASSESSMENT RATING CHANGES THE PREVIOUS ASSESSMENT FOR CAREGIVER CHARACTERISTIC CATEGORY, PLEASE EXPLAIN
(Information from this section should correspond with any service plan created for the family):

Maryland Family Risk Assessment (MFRA)

E. FAMILIAL, SOCIAL, AND ECONOMIC CHARACTERISTICS:

1. DOMESTIC VIOLENCE	<input type="checkbox"/> HIGH RISK <input type="checkbox"/> MODERATE RISK <input type="checkbox"/> LOW RISK <input type="checkbox"/> NO RISK <input type="checkbox"/> INFORMATION UNKNOWN -RATE HIGH	Current and recent domestic violence History of domestic violence, but no current incident Domestic discord, lack of cooperation, displaced aggression No Domestic Violence
2. ECONOMIC RESOURCES OF FAMILY	<input type="checkbox"/> HIGH RISK <input type="checkbox"/> MODERATE RISK <input type="checkbox"/> LOW RISK <input type="checkbox"/> NO RISK <input type="checkbox"/> INFORMATION UNKNOWN- RATE HIGH	Unable to meet family needs Dependent on outside resources to meet family needs Periodic reliance on outside resources Able to meet family needs
3. ABILITY TO COPE WITH DAILY LIFE STRESSORS	<input type="checkbox"/> HIGH RISK <input type="checkbox"/> MODERATE RISK <input type="checkbox"/> LOW RISK <input type="checkbox"/> NO RISK <input type="checkbox"/> INFORMATION UNKNOWN -RATE HIGH	Significantly unable to deal with daily stressors Frequently unable to deal with daily stressors Occasionally unable to deal with daily stressors Successfully copes with daily stressors
4. SOCIAL SUPPORT FOR FAMILY	<input type="checkbox"/> HIGH RISK <input type="checkbox"/> MODERATE RISK <input type="checkbox"/> LOW RISK <input type="checkbox"/> NO RISK <input type="checkbox"/> INFORMATION UNKNOWN -RATE HIGH	No family and/or community support systems Minimal family and/or community support systems Some family and/or community support systems Strong family and/or community support systems

5. INFORMATION GATHERED FROM THE RATING INDICATES TO YOU THAT RISK FOR FAMILIAL, SOCIAL AND ECONOMIC CHARACTERISTIC CATEGORY IS:

HIGH RISK · MODERATE RISK · LOW RISK · NO RISK

6. COMMENTS TO SUPPORT RATING FOR FAMILIAL, SOCIAL AND ECONOMIC CHARACTERISTICS:

7. IF THIS ASSESSMENT RATING CHANGES THE PREVIOUS ASSESSMENT FOR FAMILIAL, SOCIAL AND ECONOMIC CHARACTERISTIC CATEGORY, PLEASE EXPLAIN **(Information from this section should correspond with any service plan created for the family):**

III. OVERALL RATING OF RISK

A. RISK FACTORS THIS ASSESSMENT. (Transfer Risk Ratings to this Section)

HISTORY OF CHILD MALTREATMENT		TYPE AND EXTENT OF CURRENT MALTREATMENT INVESTIGATION	
CHILD CHARACTERISTICS		CAREGIVER CHARACTERISTICS	
		FAMILIAL/ SOCIAL/ECONOMIC CHARACTERISTICS	

B. OVERALL RATING OF RISK FOR THIS ASSESSMENT PERIOD:

HIGH RISK · MODERATE RISK · LOW RISK · NO RISK

C. NARRATIVE TO SUPPORT RATING FOR THE OVERALL RATING OF RISK CHARACTERISTICS:

Maryland Family Risk Assessment (MFRA)

IV. DOES THIS FAMILY NEED FURTHER SERVICES

A. YES **B. NO**

Explanation: (Can also be found on the Program Evaluation form for In-Home Services and the Case Plan for Out-of-Home Placement Services.)

V. AUTHORIZATION

A. PRINT WORKER NAME & ID#		B. PRINT SUPERVISOR NAME	
C. WORKER SIGNATURE	D. DATE	E. SUPERVISOR SIGNATURE (APPROVED)	F. DATE
G. PRINT WORKER NAME & ID#		H. PRINT SUPERVISOR NAME	
I. WORKER SIGNATURE	J. DATE	K. SUPERVISOR SIGNATURE (APPROVED)	L. DATE

Maryland Family Risk Assessment (MFRA)

C. CHILD CHARACTERISTICS: (cont'd)

List the child (ren) name (s) and respond to each element appropriately, by placing the first letter of the risk factor in the rating box.

1. AGE		9) CHILD NAME	10) CHILD NAME	11) CHILD NAME	12) CHILD NAME
HIGH RISK	2 years or younger	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
MODERATE RISK	3-7 years old	RATING	RATING	RATING	RATING
LOW RISK	8-12 years old	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NO RISK	13-18 years old				

13) CHILD NAME	14) CHILD NAME	15) CHILD NAME	16) CHILD NAME
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
RATING	RATING	RATING	RATING
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

2. CHILD FUNCTIONING

9) CHILD NAME	10) CHILD NAME	11) CHILD NAME	12) CHILD NAME
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
RATING	RATING	RATING	RATING
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
13) CHILD NAME	14) CHILD NAME	15) CHILD NAME	16) CHILD NAME
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
RATING	RATING	RATING	RATING
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

<p>HIGH RISK Significant disruption of activities of daily living due to identifiable or indication in the child of mental/developmental/behavioral /physical/ social impairment/substance addiction/ substance exposed newborn</p>	<p>MODERATE RISK Frequent disruption of activities of daily living due to identifiable or indication in the child of mental/developmental /behavioral /physical/ social impairment/substance usage</p>	<p>LOW RISK Occasional disruption of activities of daily living due to identifiable or indication in the child of mental/developmental /behavioral /physical/ substance exposure (not related to a newborn)</p>	<p>NO RISK No disruption of activities of daily living due to identifiable or indication in the child of mental/developmental /behavioral /physical/ substance addiction, usage or exposure</p>
---	--	---	---

3. CAPACITY TO SELF PROTECT		9) CHILD NAME	10) CHILD NAME	11) CHILD NAME	12) CHILD NAME
HIGH RISK	No ability to protect self	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
MODERATE RISK	Inconsistent ability to protect self	RATING	RATING	RATING	RATING
LOW RISK	Can verbalize a protection plan and has demonstrated the ability to follow through	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NO RISK	Has ability to protect self				

Maryland Family Risk Assessment (MFRA)

Purpose:

The Maryland Family Risk Assessment (MFRA) supports the determination of present and future risk of harm for all children receiving child welfare services through Child Protective Services (CPS), Services to Families with Children (SFC), In-Home Family Services, Foster Care, Kinship Care (prior to custody and guardianship to a relative resource), Adoption (prior to Termination of Parental Rights (TPR)) or termination of services. The MFRA helps determine who to serve and what services are needed to reduce risk factors. The MFRA is not to be completed on resource families. (See the MFRA Circular letter for more detail.)

Casehead/Family Name: Use the same casehead as CIS to set up records. There is a separate page to identify caregivers (section II. D.)

In -Home Services

- If circumstances of the case require that multiple records be opened (involving the same children) copy the original MFRA. This is most often associated with situations where children have multiple residences as the result of custody arrangements.

Out -of -Home Placement Services

- Complete one form for each child in care. If necessary, copy the MFRA and change the Name of Casehead/ Family section to correspond with the other children in the birth family or family of origin.

Casehead/ Family ID#: The ID# of the Caregiver/Child.

Children in the Household

- Household includes the children who are currently residing in the household of the birth family, family of origin, or who will be returning to this household.
- List the names of all the children in the household and their DOB and/ or their age.
- For Out -of -Home Placement Services, first list the name(s) of the child (ren) who is /are being considered for return to the birth family or family of origin.
- If additional space is needed to identify the children in this family, add another page to include this information.

I. Basic Information

A. **Assessment Dates:** The date the form is being completed or revised.

- Completion Assessment- this is the date the worker is completing the MFRA as described in section I. B.
- Status Review- this is the date the worker is using when an MFRA needs to be revised or to document additional information on the MFRA.

B. **Timeframe for Completion:** Check the most appropriate timeframe. Documentation of the rating should be placed in the "Comments to Support Rating ..." section. Completion of a MFRA should occur:

- At the completion of a new Child Protective Services (CPS) investigation or a CPS Out-of-Home Maltreatment investigation (**only** when the SAFE-C (DHR/SSA 1575) decision was not "Safe").
Exception- *When a new allegation or report is received on an active or recently closed child welfare case (within the last 120 days), a new MFRA may not need to be completed. The worker should consider updating the current MFRA.*
 - Within 30 calendar days of acceptance of service if no MFRA was included as a part of the transfer/referral packet for (a) Services to Families with Children (SFC), (b) New In-Home Family Services- Interagency referral; (c) Voluntary Placement of a child. (d) Request Of Another Agency (ROA) **Exception-**
The local agency that completed the SAFE-C form should complete the MFRA when both the alleged victim and alleged maltreater are here in Maryland even though the alleged incident took place outside of Maryland or when the SAFE-C (DHR/SSA 1575) decision was not "Safe".
1. Changes in Family Circumstances, including placement of a child. If the child is placed into an Out -of -Home placement while the CPS investigation is occurring, the CPS worker must complete the MFRA and include in the packet of referral.
 2. At termination of service to support the decision to end all child welfare services with a family, excluding conditions found in B.1 above.

C. **Status Review of MFRA:** The current worker should review the most recent MFRA. If changes are needed to categories: C.; D.; or E., these changes should be documented on the MFRA in section C6; D13 and/or E7. The supervisor should review this information and approve the changes. This review should occur as follows:

- Within 45 calendar days after acceptance into In-Home Family Services and Out -of -Home Placement Services the following should occur:
 2. If the MFRA completed after an investigation, intake, referral, voluntary placement or ROA contains sections ranked "High" because the worker could not obtain information, the ongoing worker (if applicable) should complete the MFRA and make any changes that are warranted.
- In-Home Family Services worker should review the previous MFRA and make changes if applicable.

Maryland Family Risk Assessment (MFRA)

- Out-of-Home Placement Services worker should review the MFRA for children in the care and custody of the local department of social services, as well as any siblings who **remain** in the home of the birth family or family of origin home setting, and make changes if applicable. The MFRA is not done on resource homes.
2. Reconsideration- Effective service/case planning is dependent on continuous assessment of risk and safety; therefore, this review should take into consideration those items found in C. 1 above and the following:
- In-Home Family Services workers should review the previous MFRA no less than every 3 months of service.
 - Out -of -Home Placement Services worker should review the previous MFRA no less than every 6 months of service.

II. Risk Categories- See handbook for definitions, explanation/examples of the various ratings and correlation between SAFE-C and North Carolina Family Assessment Scales (NCFAS). General discussion items:

- Worker should review previous records, and gather information from interviews and collateral contacts before answering any of the elements in a particular category.
- The worker should determine the rating for these categories from the highest element selected in the category and select the most appropriate rating for the category.
- If the Intake Worker cannot obtain certain information for an element except for child characteristics, the rating must be identified as "Information Unknown Rate High". The next assigned worker must follow-up on this element and rate the element for risk and the corresponding category appropriately.
- Include comments to support the rating. The worker may discuss supportive material in each category or in section III (C) of this tool.
- After reviewing the previous MFRA and information gathered from interviews, review of records and collateral contacts, a worker may update a previous MFRA rather than create a new MFRA.
- Discuss **ALL** children in the birth family or family of origin. Rate each child separately. If additional space is needed to identify the children, attach an additional sheet and explain in the narrative. Worker should take into consideration the rating for each child and then make a determination regarding the rating for the entire category. If there is a child in an Out- of-Home living arrangement when the assessment is completed, consider how that child's presence in the home would effect the family.
- The caregivers are any persons, who provide or will be providing care of a child in a (non-placement) home setting, this includes a boyfriend/girlfriend, or any person that assumes responsibility for the daily supervision of a child. (*Exclude Out- of -Home Placement Providers.*) Discuss the caregiver's role in providing care to the children in the comments section.
- When circumstances for the children, caregiver, or family are different from the previous assessment, the worker must discuss the difference in the comment section. For example, the initial MFRA was unknown and rated High and the information has been obtained or the explanation for the rating is different from that of a previous assessment rating, the worker should explain why in the comments section.

III. Overall Rating of Risk

- The worker must consider how many ratings were "*High, Moderate, Low or No*" and make a decision on the overall ratings for this assessment. The worker must utilize his/her own professional judgment when determining the risk ratings. Workers should consider the number of high-risk ratings and how each relates to the need for service.
- Section C- Narrative to Support Overall Rating for Risk - the worker should utilize this section to discuss the previous sections. This area is meant to encourage the explanation of the decision-making process and validation of the worker's professional judgment.

IV. Does this Family Need Further Services - Respond appropriately.

The results of the MFRA are used in supporting two critical decisions:

- Does the family need on-going service and
 - What services are needed for the family to reduce risk?
- Worker should consider the overall rating and his/her own judgment to determine the need for service and transfer this information onto the supportive forms.
 - (1) The supportive forms for In- Home Service are the In-Home Program Evaluation (DHR/SSA 1062) and Family Service Plan (DHR/SSA 1064) forms.
 - (2) The supportive forms for Out -of -Home Placement Services should use the Case Plan.
 - Factors such as special needs, or racial, ethnic, and cultural background specific to the client(s) should be considered to determine if special service approaches are likely to be more effective.

V. Authorization- This process is not complete unless signed and dated signifying approval by the supervisor or their designee for the completed MFRA. This section also allows for the names and signatures of the worker and supervisor that completed the status review of the MFRA, if applicable.

MARYLAND FAMILY RISK ASSESSMENT (MFRA)

RISK CATEGORIES DEFINITIONS AND EXAMPLES

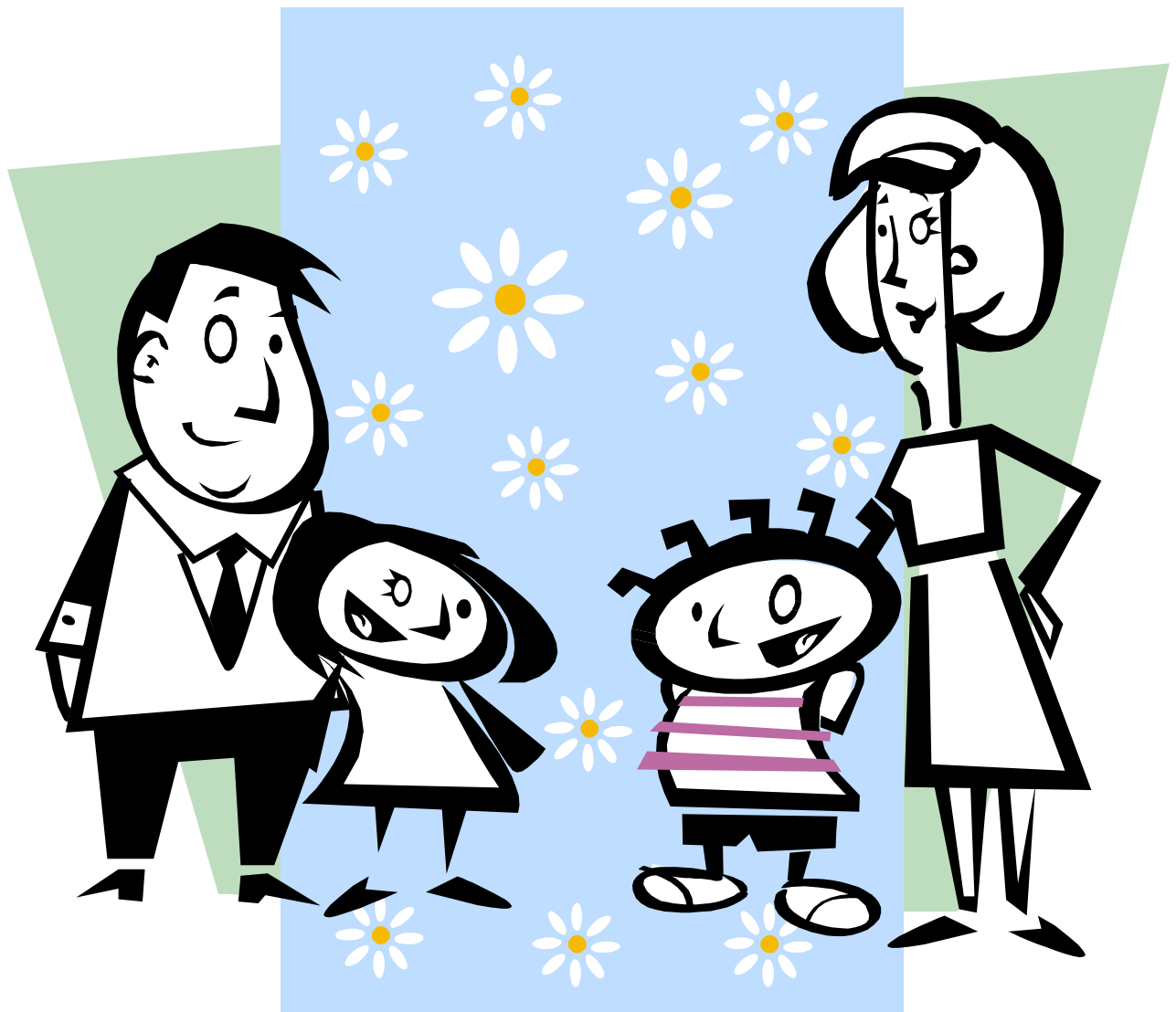


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Maryland Family Risk Assessment Categories Definitions and Examples

INTRODUCTION

Assessment of risk and likelihood of risk relies upon the use of professional judgment and will always be particular to each individual child and family. Due to the uniqueness of every child and family, this framework is not intended for use as a checklist or 'recipe' for response. Rather, the framework supports professional judgment and provides risk and protective factors to be considered within a holistic framework. Consistent and uniform assessment is one goal of risk assessment. One approach to this is to support practice and experience with a guide to form decisions. Such guides are not to be used to make the decisions, but to highlight issues for consideration and to provide a framework for conceptualizing and justifying a decision.

A review of the literature and input from the National Resource Center and the Risk Assessment Committee reveals the need to consider certain information before making decisions about the various categories contained in this assessment. The MFRA allows for discussion of the impact of combined elements and ratings for each category to determine the overall risk rating. When rating for this assessment period the worker must:

- Utilize his/her own professional judgment when determining the risk ratings.
- Give consideration to the level or significance of the harm, which incorporates issues such as frequency, chronicity, force, deliberateness, and the seriousness of the effect for the child, which is linked to their vulnerability to risk of harm.

Research has shown that particular risk and protective factors can be of use in assessing both the likelihood and level of future risk of harm. These factors are then of particular use when considering what level of ongoing Family Services intervention may be required.

Maryland Family Risk Assessment (MFRA)

RISK CATEGORIES

A. HISTORY OF CHILD MALTREATMENT

This section is a culmination of information from previous reported allegations of maltreatment, which includes child fatalities and SIDS on any child in the family. Take into consideration the severity of previous harm, patterns, or trends in maltreatment, intent of person responsible in the victimization, types of maltreatment, and frequency of maltreatment.

Consider the following:

- When a child experiences more than one type of abuse there is greater likelihood that the family will have difficulty in resolving the issues without abuse/neglect
- If a parent believes they are correct in their approach to parenting, they will continue their current behavior when not prevented from doing so (such as in the use of excessive discipline techniques)
- The greater the severity, frequency or how recent the harm the greater the likelihood of reoccurrence
- The greater the extent of deliberateness or intent by the perpetrator the greater the likelihood of reoccurrence
- Severity of previous harm
- Patterns or trends of risk
- Intent of the person responsible

HIGH

Any serious incident and/or increasing frequency of child maltreatment, history of child death/ and or SIDS

Examples: not exhaustive

- History of child death
- Previous maltreatment events contain one or all of these factors:
 - Threat to child that required safety plan
 - Physical injury that required medical attention
 - Object used to inflict injury
 - Life threatening unmet health needs/dangerous living situation
 - History of indicated maltreatment
 - Multiple CPS investigations
 - Injuries to multiple children
 - Drugs influenced the abuse episode
 - Use of psychological intimidation
 - Numerous events, more than one type of child abuse/neglect, daily or weekly
 - Increasing frequency and/or severity of any maltreatment type
 - Child requires emergency medical treatment, prescriptions or hospitalization
 - Parents have a criminal history of abuse
- **Physical Injury** –
 - Injury results in life threatening condition, disfigurement, permanent impairment or loss of body function, shock and/or death
 - Injuries to the genitals, head, face and neck, internal and organ damage including damage from toxic substances
- **Sexual abuse/sexual exploitation**
 - Any sexual abuse with intimidation (and/or physical injury)
 - Multiple offenders
 - Past failure to abide by no contact orders
 - Occurred in the presence of witness or in a public place
- **Mental Injury**

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- On-going or constant inhumane, bizarre, hostile or cruel acts/statement or threats of harm causing major psychological, behavioral, regression or arrest
- **Neglect-**
 - Neglect results in physical harm: serious injury, malnutrition, dehydration, anemia, serious gastric disorders, etc.
 - Refusal or failure to obtain medical/psychological treatment that places child in serious jeopardy including failure to respond to a child's suicidal ideation
 - Leaves child unsupervised or unprotected for excessive periods where child is at risk of harm
 - Developmental delays without an organic cause, failure to thrive syndrome, desertion, or abandonment
 - Prenatal illegal toxic drug exposure, controlled substances in newborn's system, drug withdrawal in newborn, fetal alcohol syndrome
 - Past exposure to controlled dangerous substance

MODERATE

More than one documented incident of child maltreatment within last five (5) years

Examples: not exhaustive

- A caregiver has been protective/supportive of child, may be unsure of ability to control situation
- Alleged perpetrator access is controlled or monitored and the child feels protected and safe
- History of unsubstantiated maltreatment or multiple reports from the community
- Denial of responsibility for past maltreatment
- Refusal to participate in services identified to resolve identified problem areas
- History of frequent moves across jurisdictional boundaries to avoid intervention/investigations
- Unmet health needs/poor living situation
- Multiple agency involvement stemming from family dysfunction
- More than once, several events at once or spread over several weeks
- **Physical Injury-**
 - Excessive physical discipline of child
 - History of inflicted injuries not requiring medical care
 - Injuries to torso, extremities, fleshy parts of arms and legs
- **Sexual abuse, sexual exploitation-**
 - Oral sex, anal intercourse or vaginal intercourse
 - Fondling, exhibitionism or masturbation
- **Mental Injury-**
 - History of intermittent statements and actions of intimidation, humiliation, rejection or withdrawal and indifference
- **Neglect-**
 - One or more unmet child needs such as medical, food, clothing, education, shelter or nurturance
 - Some periods of unsupervised care
 - Untreated medical/dental problems which are not life threatening

LOW

One previous documented minor child maltreatment incident

Examples: not exhaustive

- Minor incident of maltreatment
- Parental remorse
- Alleged perpetrator has no access and child feels protected and safe
- Willingness to engage in service
- Concerned about child's well being
- Occasional lapses in providing for health needs
- Unkempt living situation that contributed to a health problem
- Once, one type of child abuse/neglect
- **Physical Injury**
 - Minor, no medical attention required
 - No discernable effect on child
 - Minor injury limited to buttocks

Maryland Family Risk Assessment (MFRA)

- **Sexual abuse sexual exploitation-**
 - Inappropriate sexual comment
 - Ambiguous comments
- **Mental Injury**
 - An isolated statement or action of intimidation, humiliation, rejection or withdrawal and indifference
- **Neglect**
 - Isolated incident, no discernable effect on child
 - Fails to provide routine medical/dental care
 - Child has poor personal hygiene

NO RISK

No known documented incidents of child maltreatment

- No known incidents of child maltreatment documented in agency records, or from history from family or collateral information

B. TYPE AND EXTENT OF CURRENT CHILD MALTREATMENT INVESTIGATION

Consider the following:

- Type of risk
- The location, severity and how recent was the harm
- The amount of force and/or deliberateness used
- Whether there has been more than one harm type
- The chronicity or frequency of risk occurring
- Severity of previous harm
- Patterns or trends of risk
- Intent of the person responsible
- Once a person has harmed a child, there is a greater likelihood that this behavior will re-occur
- Where a child experiences more than one type of abuse there is greater likelihood that the family will have difficulty in resolving the issues without abuse/neglect
- If a parent or caregiver believes they are correct in their approach to parenting they will continue their current behavior when not prevented from doing so (such as in the use of excessive discipline techniques)
- The greater the severity, frequency or how recent the risk, the likelihood of re-occurrence is greater
- The greater the extent of deliberateness or intent by the perpetrator, the greater the likelihood of re-occurrence

HIGH

Severe incident of child maltreatment

Examples: not exhaustive

- There has been a child fatality, eviction imminent with no alternate living arrangement, home has hazardous health conditions
- **Physical Injury**
 - Cruel restraints
 - Vicious beatings
 - Physical torture
 - Burns
- **Sexual abuse, sexual exploitation**
 - Sexual abuse accompanied by physical abuse
 - Bizarre sexual practices, involving child in pornography
 - Oral sex
 - Anal intercourse or vaginal intercourse
- **Mental Injury**
 - Psychological torture
 - Premeditated multiple maltreaters
 - Cruel torture
 - Psychopathology circumstances are unknown or undetectable
- **Neglect**
 - Life threatening unmet health needs/living situations

Maryland Family Risk Assessment (MFRA)

MODERATE

Significant incident of child maltreatment

Examples: not exhaustive

- **Physical Injury**
 - Biting to wound
 - Injuries to head, face, genitals
 - Internal injuries
 - Constant hitting/kicking
 - Multiple injuries
 - Environmental -failure to thrive
- **Sexual abuse sexual exploitation**
 - Oral sex, anal intercourse or vaginal intercourse
 - Fondling, exhibitionism or masturbation
- **Mental Injury**
 - Verbal intimidation/ assault
 - Consistent scapegoating
 - Condemnation/ rejection
- **Neglect**
 - Utilities turned off
 - No money to pay rent or mortgage
 - No money to buy food
 - Parent child relationship very poor
 - Lack of adequate parental skills leaves child vulnerable

LOW

Minor incident of child maltreatment

Examples: not exhaustive

- **Physical Injury**
 - Minor bruising from abuse
 - Minor scratches
 - Marks coincidental to administering physical discipline
- **Sexual abuse sexual exploitation,**
 - Exposure to pornography
 - Verbal solicitation of sex
- **Mental Injury**
 - Emotional distancing
 - Labeling, harassing
- **Neglect**
 - Parent /child require education for health needs
 - Minimal physical care of child

NO RISK

No Maltreatment child incident

Examples: not exhaustive

- There is no maltreatment incident which to base a prediction of future maltreatment
- Voluntary referral
- Request from Other Agency (ROA)
- Not originated in Child Protective Services (CPS)
- Court mandated services, i.e. domestic violence, custody case

C. CHILD CHARACTERISTICS

Consider the following:

- Vulnerability: age, ability to protect self, ability to access supports, contact with the person responsible
- Presentation: physical appearance and psychological functioning
- Developmental level
- Special needs

Maryland Family Risk Assessment (MFRA)

- Behavioral indicators
- Perceptions and disclosures made by the child

In deciding about intervention, the individual characteristics of each child must be assessed. Research is clear; children under 5 years of age are unable to protect themselves, while both toddlers and children are at increased risk of physical harm when parents or caregiver do not understand developmental issues.

A child's current behavior and development level may be effected by past abuse or may indicate that they are experiencing ongoing abuse and risk. Their behavior and developmental level can also signify an increased vulnerability to harm, such as acting out, withdrawal, and developmental delay. The behaviors, perceptions, and disclosures of each individual child are the key to appraising the harm experienced by them. What a child discloses about what has happened should never be discounted, as it can be the most revealing piece of assessment information. Some children have no or few supports and intervention may need to focus on enhancing these.

1. AGE

HIGH 2 years or younger

MODERATE 3-7 years old

LOW 8-12 years old

NO RISK 13-18 years old

2. CHILD FUNCTIONING

HIGH

Significant disruption of activities of daily living due to identifiable or indication in the child of mental/developmental/ behavioral /physical/ social impairment/substance addiction/ substance exposed newborn

Examples: not exhaustive

- Cannot communicate needs or wants
- Significant mental illness e.g. suicide attempts/ acute psychotic episode
- Incapacitated due to mental/emotional disturbance and unable to function independently e.g. catatonic
- Diagnosed with severe mental illness, and/or other severe emotional disabilities
- Dangerous and /or serious behavior problems, e.g. self-destructive such as head banging, rocking behaviors bedwetting lacks eye contact openly defiant, resistant and challenging or withdrawn, aloof, guarded very fearful of caregiver extreme runaway behaviors
- Totally or intractably (permanently/unchangeable) dependent on assistance to perform skills of daily living- Can be based on age or level of functioning
- Child's special needs require 24-hour supervision
- Refuses all intervention
- Refuses to return home
- Inability to handle stress
- Child is making unsatisfactory progress in treatment
- Treatment is sporadic, and/or medication is not taken regularly
- Child is uncooperative and refuses to follow rules or do chores
- Delinquency and/or highly oppositional behavior
- Problems w/courts and law
- Child professes to hate school, and/or avoids school w/illnesses or truancy
- Frequent fights and inability to get along w/siblings
- No support to or from siblings
- Intense rivalry, conflict, and/or scapegoating of siblings
- Fights may result in injury or other behavior may result in emotional damage to siblings
- Child may have frequent fights with peers or avoid peers

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- Child may have peers as friends, but peer group appears to have negative influences including gangs, peer involvement w/drugs, alcohol, and/or delinquency/crime activities
- Child is not motivated to change behaviors and does not want to cooperate
- Child is against any intervention or services or has strong desire to leave family for self-serving reasons
- Discipline and supervision problems w/child
- Lack of open and clear communication, or no communication w/caregivers
- Does not respect boundaries, and has an abusive or hostile relations w/caregivers
- Substance addiction or infant experiencing drug/alcohol withdrawal
- Child's whereabouts are unknown

MODERATE

Frequent disruption of activities of daily living due to identifiable or indication in the child of mental/developmental /behavioral /physical/ social impairment/substance usage

Examples: not exhaustive

- Moderate but pervasive behavior problems e.g. poor school performance, age inappropriate actions with peers, oppositional or defiant behaviors
- Status offense e.g. curfew violations, runaway, loitering, truancy
- Selling or buying drugs
- Uncontrolled fear, withdrawal or passivity
- Anxious, inappropriately ambivalent, or resistant to caregiver plans, requests or directives
- Child's special needs will overwhelm and contribute to parent inability or unwillingness to provide care
- Child is reluctant to participate in plan
- Children occasionally wearing inappropriate clothing or appearing unkempt, however, appearance or inappropriate clothing is not causing problems for the family or children
- Child may have good attendance and an average academic record
- Some behavior problems may be evident in school
- Gets along for the most part w/ siblings
- Some fights occur among siblings, and siblings do not play together frequently
- Problems among siblings do not merit special attention
- Child having some problems in accepting discipline and supervision
- Some problems in communication w/caregivers, but doesn't warrant intervention
- Siblings in the family have strong feelings or maybe at risk if this child returns to the home

LOW

Occasional disruption of activities of daily living due to identifiable or indication in the child of mental/developmental /behavioral /physical/ substance exposure (not related to a newborn)

Examples: not exhaustive

- Shows symptoms of mental/emotional disturbance with minimal impact on daily activities
- Minor behavior problems
- Identified at risk- behaviors
- Child is not observably motivated to change behaviors and cooperate, but will accept interventions or services
- Child's special needs can be managed with available resources
- Good emotional stability
- Child may have had episodes of anxiety or may have some mental health issues that are being addressed satisfactorily in treatment
- Some problems in managing behavior, and some discipline problems
- Child is usually cooperative, has some difficulties in following rules or completing chores, but problems do not merit intervention
- Child is observably motivated to change behaviors and cooperate, but prefers to have interventions or services
- Child having some problems in accepting discipline and supervision
- Some problems in communication w/ caregivers, but doesn't warrant intervention
- Siblings agree with the child returning home or will not be at risk because of the return

NO RISK

Maryland Family Risk Assessment (MFRA)

No disruption of activities of daily living due to identifiable or indication in the child of mental/developmental /behavioral /physical/ substance addiction, usage or exposure

Examples: not exhaustive

- Behavior is normally age-appropriate
- Apparent normal learning ability
- Children looking clean and well groomed
- Children have plenty of clothing appropriate to the season
- Awareness of personal hygiene and grooming
- Take pride in themselves
- Good emotional stability & self-concept
- Able to handle stress effectively
- Child may have mental health issues, but participates in treatment, may be taking medication, and is making excellent progress
- There are no discipline problems
- Child viewed as cooperative, following rules, and doing chores
- Child has excellent attendance at school, & an excellent academic record
- Child likes school, &/or behaves appropriately in school
- Gets along well w/ siblings, helps one another when in need
- Infrequent fights or problems
- Siblings can play together
- Child has peers as friends, and peer group appears to be a positive influence
- Gets along well with peers
- Has a frequent interaction
- May play team sports, or participate in other school or church related clubs or groups
- Child is motivated to change behaviors and cooperate
- Child's needs are met in the family and little or no intervention required
- Child willing/able to return home
- Child accepting discipline and supervision
- Having open and clear communication w/ caregivers

3. CAPACITY TO SELF PROTECT

HIGH

No ability to protect self

Examples: not exhaustive

- Threat of harm exceeds the child's ability to protect self
- Use of a weapon, i.e. gun, knife
- Immobilization due to fear, i.e. I will kill your mother if you tell
- Child having experienced sex abuse by others, or child sexually abused others
- May be inferred or substantiated
- Child has been referred for treatment or is in treatment
- A judgmental is made regarding unsatisfactory progress in treatment
- Sex abuse is ongoing, or risk of sex abuse is high
- Child having been mentally injured by others
- Treatment is judged to be progressing unsatisfactorily
- Incidents of mental injury have increased, are ongoing, or risk is high
- Child's whereabouts are unknown

MODERATE

Inconsistent ability to protect self

Examples: not exhaustive

- Can verbalize a protection plan but inconsistently follows through
- The child's decision is based on the lack of consistency of the threat and child's ability to interpret the threat
- One day the caregiver follows through on the threat another time they don't
- One day the child reacts to the threat, another time they don't
- Inconsistent ability to understand, recognize and react to the threat
- A child who has been sexually abused, but is making satisfactory progress in treatment
- A child who has been mentally injured but is in treatment and is not progressing well

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LOW

Can verbalize a protection plan and has demonstrated the ability to follow through

Examples: not exhaustive

- Child has sought assistance in the past
- Most of the time has sought assistance from adults
- Retreats until the caregiver cools off
- Can identify escalating behaviors of caregivers and knows when to seek help
- Threat of harm is low
- Child basically exhibits secure feelings or positive self-esteem
- Child who has been mentally injured, but is in treatment and is progressing satisfactorily

NO RISK

Has ability to protect self

Examples: not exhaustive

- Child always seeks assistance
- No threat to the child
- A child who has experienced sexual abuse, and is now being “protected”
- Child is in treatment, and has been making excellent progress
- Child who has never been mentally injured, and who exhibits secure feelings, and possesses a sense of self-worth
- A child who has experienced mental injury, and is making excellent progress in treatment

D. CAREGIVER CHARACTERISTICS

Consider the following when rating this category:

- Where parents or caregivers lie, minimize harm, conceal their own behavior and deny responsibility, their children are more likely to be harmed in the future.
- Parents or caregivers who are unwilling/unable to engage with supports, unwilling to allow supports to be put in place, or unwilling to change circumstances may continue with their harmful behavior, thus increasing the likelihood of future risk.
- The likelihood of future risk is reduced if a parent or caregiver acknowledges the risk, is capable and willing to engage with services, and is focused on addressing the circumstances leading to the harm. For some parents or caregivers recognition of the issues will not be made verbally but may be displayed in their behavior and responses.
- Attunement and responsiveness to the needs of the child, so that child is secure in the relationship
- For those situations when the Intake worker is unable to obtain information to rate this category the rating must be identified as **Information Unknown -Rate High** and the next service worker, if applicable should obtain the necessary information to rate the element. If the case is transferred to a service worker and they are still unable to obtain the information, they may continue to rate this element as Information Unknown- High, with an explanation. The worker may discuss this information in the comments to support ratings section.

1. CURRENT SUBSTANCE ABUSE

HIGH

Substantial incapacity to provide care due to substance abuse

Examples: not exhaustive

- Extensive substance abuse which impairs ability to parent
- Preoccupied with obtaining substances
- Frequently under the influence when contacted
- All financial resources are devoted to obtaining substances
- Engaging in high-risk drug related behaviors with children, e.g. taking the child to the bar, crack house/shooting gallery
- Bringing dangerous people into the house
- Caregivers use of drugs/alcohol, past or present, which negatively effects the ability to parent children
- Caregivers are frequently unable to care for or supervise children due to use of drugs/alcohol
- Chronic substance abuse, which results in, limited decisions making ability e.g. leaves children unattended to “party”

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- Compulsion to use substance, loss of control over use, and continued use despite adverse consequences
- Suspected sale and/or manufacture of drugs
- Regular and heavy abuse of one or more substances: alcohol or drugs

MODERATE

Reduced effectiveness to provide care due to substance abuse

Examples: not exhaustive

- Caregiver in early stage of recovery
- Occasional resource issues due to substance usage, e.g. can not pay the rent or utility bills
- Use of drugs/alcohol does not significantly hinder caregiver's ability to supervise or parent children
- Occasionally smokes marijuana or drinks alcohol to point of impairment while in the caregiver role

LOW

Indication of some impact of substance use on ability to provide care

Examples: not exhaustive

- Currently in recovery middle to late stage
- Caregiver shared they have used the following in the last twelve months: marijuana/hashish, heroin/opiates, cocaine/crack, other drugs while in a caregiver role
- There are adults who may be using drugs and/or misusing alcohol who have regular contact with the caregiver's children
- Uses alcohol appropriately and it does not interfere with ability to parent
- Caregivers' moderate use does not impair ability to parent
- Occasional use of marijuana or alcohol to point of impairment results in mild effects on child caring ability or everyday functioning
- Evidence of drug paraphernalia in home

NO RISK

Substance abuse not a factor

Examples: not exhaustive

- No Substance Abuse evident
- No evidence of misuse of prescription or illicit drugs

Note: Consider presence of substance use withdrawal symptoms, such as insomnia, chronic fatigue, irritability, severe headaches, seizures, nausea, and vomiting in assessing presence of physical illness or disability

2. CAREGIVER FUNCTIONING

HIGH

Significant disruption of activities of daily living due to identifiable or indication of mental/intellectual/behavioral /physical/ social impairment

Examples: not exhaustive

- Significant mental illness in an acute stage e.g. homicidal, suicidal, or psychotic, severe withdrawal/depression
- Inability to control, to understand self, child, or others recent violent physical assault on another person
- Physically unable to care for child without substantial help due to chronic or severe health problems lack of strength, preoccupied with own health problems capable of little more than self-care
- Intellectual capacity limits caregiver ability to care for child unaided
- Caregiver's current and/or past mental health problems negatively affects ability to parent children (e.g. severe depression, psychosis, bipolar)
- Caregiver projects personal problems on children or other household members
- Routinely emotions are uncontrolled and inappropriate
- Routinely behavior is irrational, nonproductive and ineffective
- Routinely unable to cope adequately with stress, possesses a poor self concept
- Routinely is unsociable and insensitive to other's needs
- Routinely unable to communicate ideas, feelings and needs most the time

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- Predominantly adult functioning is not adaptive
- Certain limited areas of life, adult exhibits acceptable functioning
- Acute or chronic illness or disability, or experience of severe pain critically impairs caregiver's ability to perform child caring role
- Caregiver has serious mental/emotional disturbance and behavior may be effected by delusions or hallucinations
- Psychological state may exhibit severe impairment in communication (incoherent, unresponsive) or impaired judgment
- Illness critically impairs ability to provide child care
- Caregiver could be dangerous to self and others
- Suicidal preoccupations
- Caregiver has severe intellectual limitations (i.e., has severe developmental disability), emotional instability, and/or has very poor reasoning abilities which severely affect his/her ability to protect or care for child
- Caregivers are against any intervention or services, or have strong desire to leave child in care for self-serving reasons
- History of personal and social maladjustment
- Significant others uncaring/rejecting
- Appearance of adults as unkempt
- Noticeable poor personal hygiene, obviously poor dental hygiene, and/or body odor
- Dress is inappropriate to the season

MODERATE

Frequent disruption of activities of daily living due to identifiable or indication of mental/intellectual /behavioral /physical/ social impairment

Examples: not exhaustive

- Recent mental illness episode that is currently under control
- Physical or health problems that if remain untreated will affect ability to care for child
- Intellectually limited but can care for child with supports
- Physical illness or disability seriously restricts or interferes with caregiver's ability to care for child
- Child care may be at risk because of communicable disease that endangers health, or terminal illness that will impair child caring capacity of caregiver
- Generally healthy but has one or more physical illnesses or disabilities which have a mild impact on child caring capacity
- Symptoms may include serious disturbances in judgment, thinking, or emotions that may frequently affect caregiver's ability to perform child care tasks
- Caregiver has intellectual limitations which adversely affect his/her ability to care for child
- Caregiver has limited physical illness or has a debilitating disease (e.g., MS, arthritis, diabetes, or hypertension) that has not progressed to stage of sustained impairment
- Limited impairment of motor functioning has little or no effect on child caring capacity
- Symptoms such as feelings of powerlessness, low self-esteem, anxiety attacks, or mood swings have sporadic impact on the child caring capacity of caregiver
- Caregiver has some intellectual limitations or developmental disability which somewhat restricts ability to protect/care for child
- Caregiver's current or past medical or health history, which provides some limitation but does not pose major obstacles in parenting abilities (e.g. overweight)
- Risk of not meeting social responsibilities (danger of losing job, financial problems, spouse threatens to leave, child care suffers)
- Limited self-control

LOW

Occasional disruption of activities of daily living due to identifiable or indication of mental/intellectual /behavioral /physical/ social impairment

Examples: not exhaustive

- Slight physical/mental health limitation does not interfere with care of child
- Some intellectual or emotional limits of long duration or recent deterioration that does not currently interfere with the care of the child

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- Non-adaptive functioning may or may not be predictable or specifically related to an event or situation
- Caregiver in generally good health but with identifiable illnesses, disabilities, or inadequate health habits not impacting child caring
- Caregiver suffers from transient symptoms of psychological stress, emotional problems, or from mental illnesses with little or no impairment of child caring capacity
- Caregiver may have some intellectual limitations, which do not affect his/her ability to care for child

NO RISK

No disruption of activities of daily living due to identifiable or indication of mental/intellectual /behavioral /physical/ social impairment

Examples: not exhaustive

- No limitations that interfere with the ability to care for child
- Emotions are controlled and appropriate behavior is rational, productive, and effective
- Able to cope adequately with stress
- Possesses satisfactory self-concept, is sociable and sensitive to other's needs
- Able to communicate feelings, ideas and needs
- Parent's or caregiver's mental health is normal and appropriate, refers to caregiver's current (e.g. positive self-esteem) mental health, which positively effects ability to parent and/or successful resolution of past mental health problems (e.g. using success from overcoming issues to bolster parenting)
- Caregiver has no symptoms of mental illness, psychological disturbance, or intellectual limitations
- Appears to be emotionally stable
- Parent's or caregiver's physical health is normal
- Caregivers' current or past medical or health history positively affects ability to parent children (e.g. exercise regimen, etc)
- Evidence of life successes adaptive functioning in work, relationships, recreation, and family
- General health history good
- No observable effects on everyday functioning
- Is sociable and sensitive to other's needs
- Able to communicate feelings, ideas and needs

3. HISTORY OF MALTREATMENT AS A CHILD

HIGH

Chronic and/or severe maltreatment or family violence

Examples: not exhaustive

- Abused/Neglected while in an Out-of-Home placement setting as a child
- History of abusive/neglectful childhood (severe, untreated)
- Serious injury or neglect requiring hospitalization
- Severe abuse/maltreatment as a child resulted in serious emotional disturbance delinquency, criminality and/or physical scars/disability, personal and social maladjusting
- Frequently left alone as a child at an inappropriate age
- Left with babysitters who abused or neglected them
- Cruel or harsh punishment such as confinement, restraint, ritualistic or sadistic punishment
- Excessive use of physical activity as punishment, such as running multiple laps, carrying buckets of dirt for hours, etc
- Caregiver describes severe beatings, sexual or mental injury as child
- History of chronic and/or severe abuse /neglect or family violence during childhood
- Violent or seriously deprived childhood
- Problem filled life experience, childhood characterized by chaos
- Lifelong victimization
- History of physical/emotional dysfunction
- Evidence of anti-social behavior as a child
- No evidence of permanency during childhood
- Significant others uncaring/rejecting
- Developmental needs unmet
- Preoccupied with perceptions of personal history

Maryland Family Risk Assessment (MFRA)

- History of maltreatment abuse which led to current behavior
- Preoccupied with perceptions of history of violence and assaults that impairs parenting, either extremely punitive or permissive or inconsistent

MODERATE

Intermittent maltreatment or family violence

Examples: not exhaustive

- Intermittent episodes of domestic violence as a child resulting in intervention from the community such as police, DSS, and/or court
- Occasionally left alone as a child at inappropriate age
- Failure to provide medical care for a chronic or acute condition
- Punishment such as standing in a corner for long periods with a book on head, nose to corner, standing on tiptoes, abuse of power and control
- Poor parent role model
- Exposed to family violence, disruption, and/or placement with relatives or foster care
- Recurrent maltreatment as a child may have resulted in emotional or physical impairment but not removed
- Indication of placement abuse/neglect/family violence
- Inconsistency from supportive/caring significant others

LOW

Isolated maltreatment event or family violence

Examples: not exhaustive

- Occasional use of physical discipline by parent
- Marital discord between parents resulting in verbal assaults, loud out bursts, shoving, etc.
- An occurrence of being unsupervised as a child at an inappropriate age
- Isolated incident of assaultive behavior not resulting in injury
- Unhappy childhood
- Recounts being abused or maltreated as a child, but not severely or recurrently: with no apparent impairment
- Expresses dissatisfaction with the care or treatment s/he received when young
- Product of unstable family
- Minimal association with supportive/ caring significant others

NO RISK

No maltreatment history

Examples: not exhaustive

- Experience was nurturing
- Presence of caring/supportive significant others
- Positive outlook about history
- Does not recount being abused or maltreated
- Recounts being loved and well cared for with no incidents of maltreatment or abuse
- Has successfully worked through unpleasant past family issues

4. USE OF DISCIPLINE

HIGH

Harsh/cruel- Use of excessive and extreme discipline; or Complete absence of discipline.

Examples: not exhaustive

- Caregivers' lack of discipline, or past or current emotional or physical abuse referred to as discipline
- Discipline is excessive, punitive, inappropriate to age, inconsistent, and/or absent
- Present poor role models
- Parents disagree on parenting strategies and present mixed messages to child
- Excessive rules demands obedience
- No rules or excessive rules
- Quickly punishes but rarely helps child to comply
- Daily conflict with increasing blame and criticism on child
- Physical discipline is the caregiver's only response to child's misconduct and pattern of physical discipline is escalating in severity

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- Harsh and cruel discipline is premeditated and excessive or extreme
- Cruel and torturous punishment
- Psychopathology which leads to harmful punishment or discipline
- Long-term punishment with detrimental results
- Multiple victims
- Use of instruments excessively or to the extreme (i.e. belt, switch etc)
- Child is fearful of parent
- No discipline utilized
- Extremely inconsistent- permissive then extremely punitive, especially with regards to the same behavior
- Unreasonable expectations with threat of extreme punishment for noncompliance (example -corporal punishment for failed toilet training, threats for not cleaning plate, confinement for failing to complete unreasonable chore load)

MODERATE

Frequent inappropriate discipline for the age of child

Examples: not exhaustive

- Blames child for mistakes and fails to see own role in helping child
- Inappropriate demands of obedience
- Quickly punishes and is reactive, but rarely helps child to comply
- Caregiver frequently administers excessive physical discipline
- Verbal discipline is frequently inappropriate and excessive in response to child's age and misconduct
- Critical, harsh, distant, emotionally unresponsive
- Verbal and physical discipline are inconsistently administered and are often not appropriate to child's age and misconduct
- Inconsistent rules or discipline of children

LOW

Occasional inappropriate use of discipline

Examples: not exhaustive

- Occasionally discipline is inappropriate to age, too harsh or too lenient, but inconsistencies do not create major problems between child and caregivers
- Occasionally frustrated parent may prematurely discourage child from trying new behaviors, but is open to advice
- Caregiver has realistic standards most of the time
- May not encourage or assist child with tasks when necessary to meet standards
- First time occurrence, parental remorse, unintentional unusual parental reaction or condition event or situation related
- Occasional inconsistent use of disciplinary approaches

NO RISK

Appropriate and consistent discipline

Examples: Not exhaustive:

- Caregiver exhibits appropriate parenting skills and knowledge pertaining to child rearing techniques or responsibilities
- Caregiver's ability to provide age-appropriate, non-punitive, consistent discipline
- Uses positive reinforcement, and tries to educate children through appropriate discipline
- Good knowledge of age-appropriate behavior with consistent and realistic standards
- Sets safe and reasonable limits with appropriate consequences
- Has flexible demands and provides child with options
- Encourages and helps child with tasks when needed
- Verbal discipline is controlled and appropriate to child's age and misconduct
- Presents good role model

Maryland Family Risk Assessment (MFRA)

- Uses varied and appropriate disciplinary approaches

5. EMPATHY/NURTURANCE/BONDING

HIGH

Consistently rejects child providing no affection/stimulation/acceptance/attention

Examples: not exhaustive

- Caregivers are resentful, rejecting or detached from child
- Regular conflict with increasing blame and criticism of child
- No stimulation or interaction with child
- Aversion to parenting
- Child is viewed as evil or bad
- Child is consistently depreciated and put down
- Child is resented and even hated
- Caregiver is hostile to child
- Extremely unrealistic expectations of child with threats of severe punishment for failure to comply
- No attention is paid to child by caregiver

MODERATE

Frequently rejects child providing little or inconsistent affection/stimulation/acceptance/attention

Examples: not exhaustive

- Frequently does not exhibit parenting behavior which takes into account the child's age/capacity
- Frequently insensitive to child's strengths/ limitations/ needs
- Frequently does not provide basic care and/or nurturing and/or support impulsive
- Caregiver's ability to be close to their child
- Caregiver does not openly encourage independence for their child and may not give affection openly to child. However, child's needs appear to be met
- Does not reject caregiver role but is indifferent or apathetic to child's needs
- Not concerned enough to resist competing demands on money, time, and attention
- Takes no responsibility for child's unmet needs
- Caregiver is motivated to meet the needs of the child but there are serious impediments (e.g., problem recognition, parenting ability, parenting confidence, willingness and ability to seek help) that may limit progress
- Appears indifferent to child's efforts
- Majority of the parenting behaviors do not take into account the child's needs/best interest
- Tends to punish and reprimand child quickly and without thought or consideration to child's strengths and/or needs
- Intermittent stimulation or interaction with child
- Relates to child in matter-of-fact, functional terms but has little emotional involvement and rarely demonstrates acceptance and/or affection
- Little or inconsistent attention is paid to child by caregiver

LOW

Occasionally rejects child providing minimal affection/stimulation/acceptance/ attention

Examples: not exhaustive

- Occasionally adaptiveness is not apparent
- Occasionally adaptive functioning is reduced by events or situations
- Emotions are controlled and appropriate
- Behavior is rational, productive, and effective
- Occasionally fails to exhibit parenting behavior which takes into account the child's age/capacity
- Occasionally fails to understand and act on the child's strengths/ limitations/needs
- Occasionally inconsistent in providing basic care and/or nurturing and/or support
- Occasionally maintains self-control
- Caregiver is motivated to meet the needs of the child and there are no impediments that will significantly affect progress

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- Describes child positively most of the time, but only when asked only, occasionally does so spontaneously
- Minimal attention is paid to child by caregiver

NO RISK

Displays appropriate affection/stimulation/acceptance/ attention to child

Examples: not exhaustive

- Exhibits parenting behavior which takes into account the child's age/capacity
- Possesses reasonable expectations for the child
- Understands and acts on the child's strengths/limitations/ needs
- Provides basic care, nurturing and support, demonstrates self-control
- Caregivers' healthy closeness with child and ability to nurture
- Caregivers encourage appropriate independence and give affection and attention freely to child
- Caregiver respond to child's needs appropriately and has a sense of attachment to the child
- Frequently and spontaneously speaks about accomplishments of child with approval
- Accepts child even when disapproves of behavior

6. EXPECTATIONS OF CHILD

HIGH

Extreme unrealistic expectations

Examples: not exhaustive

- Rigid and inflexible attitudes towards child rearing
- Caregiver's having unrealistic and unclear expectations for the child
- Lacks understanding of age appropriate behavior and expectations
- Makes unrealistic demands, unable to recognize abilities or needs of the child
- Parent expresses extreme frustration over child's developmental limitations or impairments
Ex Bowel/bladder training problems, excessive crying, or mental health diagnosis
- Parent/Caregiver is unwilling/incapable of providing the necessary parenting skills and/or knowledge needed to assure a minimal level of childcare
- Caregivers do not value education, and are frustrated and angered with children's learning needs
- Do not tolerate mistakes in the child
- Child is expected to take on adult responsibilities or is not allowed to engage in age-appropriate activities
- Consistently does not exhibit parenting behavior which takes into account the child's age/capacity
- Consistently demonstrates inappropriate expectations for the child
- Poor understanding and expectation of behavior makes unrealistic demands

MODERATE

Frequent unrealistic expectations

Examples: not exhaustive

- Some limited understanding of age appropriate behavior and expectations
- Frequently demonstrates expectations which are impossible for the child to meet
- Makes demands that frustrate both child and caregiver or may be unresponsive to child's efforts
- Becomes angry when child cannot comply with demands or when child questions/explores too much
- Little awareness or understanding of age appropriate behavior and developmental milestones
- Limited supervision
- Inconsistent display of the necessary parenting skills and/or knowledge required to provide a minimal level of childcare
- Caregivers do not actively seek out constant involvement with child's school, but make time available as requested
- Child is seen as disruptive and the cause of many problems
- Caregiver disapproves of or criticizes child constantly and is resentful of child
- Becomes angry when child cannot comply with demands or when child explores too much
- Inconsistent display of the necessary parenting skills s/or knowledge required to provide a minimal level of childcare

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- Unrealistic expectations may lead to regular conflicts and anger toward child over behavior
- Has knowledge of age-appropriate behavior but is inconsistent in expectations
- Child is left frustrated and confused by inconsistency
- Frequently demonstrates inappropriate expectations for the child

LOW

Occasional unrealistic expectations

Examples: not exhaustive

- Possesses some awareness and utilization of appropriate parenting skills
- Unrealistic expectations in some areas but responsive to guidance
- Shows flexibility, but not always appropriately
- Child or parent is occasionally frustrated, but able to handle it with minor assistance or guidance
- Parent may prematurely discourage child from trying new behaviors
- Wants to be realistic and understand the child's needs
- Caregiver exhibits appropriate parenting skills and knowledge pertaining to child rearing techniques or responsibilities
- Occasionally does not exhibit parenting behavior which takes into account the child's age/capacity
- Occasionally has inappropriate expectations for the child
- Limited self-control
- Caregivers usually recognize physical, social, and emotional needs of children and meet most of these needs
- Good knowledge of age-appropriate behaviors
- Occasionally has inconsistent expectations for the child

NO RISK

Demonstrates realistic expectations

Examples: not exhaustive

- Clear understanding of age appropriate behavior and expectations of child
- Able to recognize the abilities and needs of the child
- Able to utilize appropriate child-rearing techniques
- Sets appropriate limits
- Caregivers appear to have an average understanding of child's developmental needs
- Family has routine for play and study
- Time is planned for reading, attending outings, structured activities
- Caregivers' actively involved with school and assists children with developmental tasks
- Age appropriate games and toys are provided and evident in the home (Ex. School work displayed)
- Parents are supportive of school personnel
- Caregiver's awareness of nutritional needs of children, including any special needs
- Prepares balanced, nutritious meals
- Ample food available
- Children eat on a regular schedule
- Food/nutrition actively "monitored" by caregivers
- Exhibits parenting behavior which takes into account the child's age/capacity, possesses reasonable expectations for the child
- Caregiver's recognize and are successful in meeting children's physical, social and emotional needs

7. RESPONDS TO CHILD'S NEEDS/ AND PROVIDES SUPERVISION

HIGH

Rarely responds to child's needs / Unable to supervise

Examples: not exhaustive

- Caregivers do not value education, and are frustrated and angered with children's learning needs
- Refers caregivers' lack of age appropriate supervision, or any supervision
- Limits are not set or are inconsistent
- Little or no consideration is given to selection of substitute care (strangers, known drug abusers, person under the influence)
- No thought is paid to the child's comfort and feeling of security w/ caregiver

Maryland Family Risk Assessment (MFRA)

- Child's friends are not known and location of child is not regularly known
- Delay in reporting or did not report or seek help when child not protected
- Parent permits or suggests to others to abuse children
- Erroneously believes child is capable to self protect
- Abuser continues to have regular access to child, parent is neither concerned or worried

MODERATE

Frequently does not respond to child's needs/ Frequently does not supervise properly

Examples: not exhaustive

- Limited supervision
- Inconsistent display of the necessary parenting skills and/or knowledge required to provide a minimal level of childcare
- Caregivers do not actively seek out constant involvement with child's school but make time available as requested
- Some consideration is paid to the selection of substitute caregivers
- Occasionally select unreliable persons to care for or be with child
- Some concern w/ child's comfort w/ the substitute caregiver, and has a basic knowledge of location of child, and child's friends
- Abuser has some access to child
- Parent aware of potential danger, but is unsure of ability or willingness to control situation
- Parent reveals frequent inability to perform parental duties and to protect child

LOW

Occasionally does not respond to child's needs/ Occasionally needs assistance with supervision

Examples: not exhaustive

- Possesses some awareness and utilization of appropriate parenting skills
- Limited self-control
- Caregivers usually recognize physical, social, and emotional needs of children and meet most of these needs
- Has some difficulty in following through with protection
- Caregiver providing satisfactory supervision of children

NO RISK

Always meets child's needs/ Supervises appropriately

Examples: not exhaustive

- Able to utilize appropriate child-rearing techniques
- Sets appropriate limits
- Family has routine for play and study
- Time is planned for reading, attending outings, structured activities
- Caregivers' actively involved and with school, and assist children with developmental tasks
- Age appropriate games and toys are provided, and evident in the home (ex School work displayed)
- Parents are supportive of school personnel
- Caregiver's awareness of nutritional needs of children, including any special needs
- Prepares balanced, nutritious meals
- Ample food available
- Children eat on a regular schedule
- Food/nutrition actively "monitored" by caregivers
- Caregiver's recognize and are successful in meeting children's' physical, social and emotional needs
- Caregiver's provision of age appropriate supervision
- Setting limits for activities based on child's age
- Caregiver is careful and attentive to child's needs in selecting substitute care (babysitter, neighbor)
- Makes sure children feel comfortable and safe w/ substitute caregiver
- Keeps track of children and know children's friends

8. CAREGIVERS' HISTORY OF VIOLENCE (Other than Domestic Violence)

HIGH

Maryland Family Risk Assessment (MFRA)

Severe incidents and/or frequent incidents

Examples: not exhaustive

- Violent or serious assaultive behavior towards others not in household
- Dysfunction evidence of criminal/anti-social behavior
- Repeated incidents of assaultive behavior or single incident that results or could result in major injury towards others not in household
- Killing or torturing of animals/pets

MODERATE

Significant incidents

Examples: not exhaustive

- Mixed outlook about history of violent or assaultive behavior towards others not in household
- Several events at once or spread over several weeks towards others not in household
- Sporadic incidents of assaultive behavior which results or could result in minor injury towards others not in household

LOW

One previous minor incident

Example, not exhaustive:

- Maltreatment was an isolated, single incident of assault by the caregiver against someone not in household
- Incident of violent or assaultive behavior not resulting in injury towards others not in household

NO RISK

No history of violence occurring towards others not in household

9. RECOGNITION OF PROBLEM

HIGH

Denial of problem

Examples: not exhaustive

- Vacillates in commitment to believe or protect child
- Shows blatant disregard for child safety, does not see the problem
- Blames agency for creating the problem
- Is hostile toward advice
- Maltreatment is justified by caregiver or caregiver, denies that any maltreatment occurred although information indicates otherwise
- Denies family problems in the face of clear examples of difficulty
- Unable to admit or recognize their limitations as a parent/caregiver
- Refuses to believe problem exists even when confronted by evidence of problem
- Incidents/complaints or substantiation of physical abuse by caregiver's which have not been acknowledged or addressed or have been resolved unsatisfactorily

MODERATE

Minimize or justifies problem

Examples: not exhaustive

- Parents responses seen as illustrative of parental irresponsibility or parent doesn't accept responsibility
- Families in which maltreatment has not occurred, or in which complaint or incidents of maltreatment by caregiver's has occurred, but satisfactory progress is being made through counseling or the provision of other services

LOW

Acknowledgement that a problem exists

Examples: not exhaustive

- Periodically appears overcautious but shows willingness and ability to solve the problem and protect child
- Shows initial fear, becomes reasonable and demonstrates awareness and understanding of problem

Maryland Family Risk Assessment (MFRA)

- Families in which maltreatment has occurred and family has successfully been in counseling
- Recognizes problem, actively works to resolve

NO RISK

No problems

Examples: not exhaustive

- Families in which maltreatment has never occurred

10. MOTIVATION TO CHANGE/LEVEL OF COOPERATION

HIGH

Unwilling or unable to address problems/Refuses to work with agency

Examples: not exhaustive

- Refuses to work with agency
- No motivation to change
- Refuses to accept agency involvement
- Actively resists and sabotages agency efforts, e.g., by making it impossible to contact family
- Refuses to cooperate, defies court orders
- Is evasive, verbally hostile and physically assaultive, rejects any service
- Caregiver may be actively denying substance abuse and/or actively resisting intervention
- Parent is hostile towards alternatives, education, or suggestions pertaining to parenting the child
- Resistant to intervention and/or change

MODERATE

Shows little motivation to change/ Cooperates in response to court action

Examples: not exhaustive

- Works with agency only as the result of court action
- Shows little motivation to change
- May drop services too soon
- Is inflexible about many behaviors, seldom willing to accept advice
- Begins to cooperate, but shows minimal follow through
- Overly compliant with investigator
- Overly compliant or hostile
- Seldom willing to accept options, education, and suggestions about parenting
- May verbally accept agency involvement
- May resist utilization of services
- Requires constant prodding/assistance from agency to use services
- Participates in service in a minimally acceptable manner
- Accepts agency involvement and utilizes services, but utilization is poor
- Accepts referrals but may delay action may postpone or not keep appointments

LOW

Actively works to resolve the problem/Responds to agency intervention

Examples: not exhaustive

- Highly motivated to change and follows through with service plan/agreement
- Caregivers are motivated to change behaviors and cooperate
- Shows motivation once encouraged to change
- A caregiver is observably motivated to change behaviors and cooperate, but prefers to have interventions or services
- Wants to be realistic and understand needs
- Periodically appears overcautious but shows willingness and ability to solve the problems and protect child
- Demonstrated willingness and ability to work with agency to resolve problem and protect child
- Open to presented options, education, and suggestions
- Accepts agency involvement and utilizes services in manner that will benefit client, but full service benefits not always realized due to various factors such as ambivalence, disorganization, etc
- May require support and active encouragement from agency to properly utilize services

Maryland Family Risk Assessment (MFRA)

NO RISK

No problems identified

Examples: *not exhaustive*

- Caregivers willingly cooperates

E. FAMILIAL, SOCIAL AND ECONOMIC CHARACTERISTICS

Consider the following:

Domestic Violence:

- Battering is a pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence.
- Battering happens when one person believes they are entitled to control another. Assault, battering and domestic violence are crimes.
- Abuse of family members can take many forms.
- Battering may include emotional abuse, economic abuse, sexual abuse, using children, threats, using male privilege, intimidation, isolation, and a variety of other behaviors used to maintain fear, intimidation, and power.
- Acts of domestic violence generally fall into one or more of the following categories:

Physical Battering - The abuser's physical attacks or aggressive behavior can range from bruising to murder. It often begins with what is excused as trivial contacts that escalate into more frequent and serious attacks.

Sexual Assault - Physical attack by the abuser is often accompanied by, or culminates in, sexual violence wherein the woman is forced to have sexual intercourse with her abuser or take part in unwanted sexual activity.

Psychological Battering -The abuser's psychological or mental violence can include constant verbal abuse, harassment, excessive possessiveness, isolating the woman from friends and family, deprivation of physical and economic resources, and destruction of personal property.

Battering escalates- It often begins with behaviors like threats, name calling, violence in her presence (such as punching a fist through a wall), and/or damage to objects or pets. It may escalate to restraining, pushing, slapping, and/or pinching. The battering may include punching, kicking, biting, sexual assault, tripping, throwing. Finally, it may become life threatening with serious behaviors such as choking, breaking bones, or the use of weapons.

- The physical and social environment is chaotic, hazardous, and non-safe for children.
- A chaotic, unhygienic, non-safe physical environment can pose a risk to a child's health through exposure to bacteria/disease, or through exposure to hazards such as used syringes or other paraphernalia associated with the taking of illegal substances (drugs).
- In relation to younger children or those with either an intellectual or physical disability, other hazards include hot water, stairs, swimming pools and heights (e.g. open windows, balconies) and unsecured chemicals, medication or alcohol.
- The behavior and ability of the parent within the environment should be assessed, for example what is it about the caregiver's functioning which contributes to the environment being unsafe, unhygienic or chaotic? What safety strategies have been provided to protect the child or in this environment?
- In relation to the social environment, may be at risk of harm through exposure to multiple unknown adults if there is inadequate parental supervision.
- Stress is the "wear and tear" our bodies experience as we adjust to our continually changing environment; it has physical and emotional effects on us and can create positive or negative feelings. As a positive influence, stress can help compel us to action; it can result in a new awareness and an exciting new perspective. As a negative influence, it can result in feelings of distrust, rejection, anger, and depression, which in turn can lead to health problems such as headaches, upset stomach, rashes, insomnia, ulcers, high blood pressure, heart disease, and stroke. With the death of a loved one, the birth of a child, a job promotion, or a new relationship, we experience stress as we readjust our lives. In so adjusting to different circumstances, stress will help or hinder us depending on how we react to it.

Maryland Family Risk Assessment (MFRA)

- Supports
 - There is a person present who is able and willing to protect the child.
 - The key issue is the person's ability and willingness to protect the child.
 - To protect the child, the person needs to:
 - Be aware of the harm
 - Understand how it occurred and the likelihood of future harm,
 - Not pose a risk to the child themselves,
 - Possess significant influence with the child and their parent/caregiver,
 - Actually be able to effectively protect the child from the identified or likely harm, and
 - Want to protect the child.

The crucial question to ask is "is the presence of this person going to reduce the likelihood of future harm?"

- Extended family members meet the child's protective needs.
- If extended family members act to ensure a child protective needs (such as in providing supervision, childcare, food, shelter, and/or clothing) when the parent/ caregiver cannot, the likelihood of future harm may be reduced. In assessing if likely future harm is reduced, the frequency and regularity of extended family contact should be considered. The conditions of the support should also be considered, e.g. are the family members self-motivated to offer support; are extended family members reluctant to offer support?
- Consider factors such as racial or, ethnic, cultural background specific to the client(s) and determine if any special service approaches are necessary.
- A professional network such as individual professionals and/or community agencies supports the family.
- Contact with another professional or community agency may reduce parent or caregiver's stress and increase their ability to cope. A professional support network may act to improve the family's functioning and thus reduce the likelihood and severity of future harm.
- The child is able to access effective supports.
Where the child is seen on a regular basis by a school, day care center, health center and is aware that they can talk to someone about their current circumstances, a measure of safety may be provided for the child. The protective factor is the presence of an effective supportive network for the child or young person as opposed to greater risks from social isolation. This supportive network needs to be effective and able to respond appropriately to the needs of the child.
- For those situations when the Intake worker is unable to obtain information to rate this category the rating must be identified as **Information Unknown -Rate High** and the next service worker, if applicable, should obtain the necessary information to rate the element. If the case is transferred to a service worker and they are still unable to obtain the information, they may continue to rate this element as Information Unknown- High, with an explanation. The worker should discuss this information in the comments to support ratings section.

1. DOMESTIC VIOLENCE

HIGH

Current and recent domestic violence

Examples: not exhaustive

- Incidents, complaints, or arrests for domestic violence within last 12 months
- Violence between caregivers negatively effects ability to parent and/or has resulted in physical or emotional harm to children
- Neighbors fearful of getting involved

MODERATE

History of domestic violence, but no current incident

Examples: not exhaustive

- Families in which domestic violence has occurred, but no longer occurs
- Batter is involved in counseling and making some progress

Maryland Family Risk Assessment (MFRA)

LOW

Domestic discord, lack of cooperation, displaced aggression

Examples: not exhaustive

- Families in which domestic violence has never occurred between caregivers, but between siblings
- All family members are encouraged to solve problems “nonviolently”
- Families in which domestic violence has occurred, but no longer occurs due to batterers’ success in counseling
- Family actively discourages violence

NO RISK

No Domestic Violence

2. ECONOMIC RESOURCES OF FAMILY

HIGH

Unable to meet family needs

Examples: not exhaustive

- Caregiver has not been able to secure any resources and has no other alternative plan or action to meet the family’s needs
- Caregiver/family household members are homeless
- Family utilizes 24- hour facilities for shelter (hospital, parks, bus and train stations, etc.)
- Chronic evictions
- High crime area
- Significant-poverty
- Family threatened with eviction
- Unable to meet rent or mortgage obligations on time, or at all
- Transient
- Family does not have housing, is living with different relatives or friends
- Family is not satisfied with current living situation
- Food particles and/or rotting food on counters and tables
- Nonfunctioning plumbing and/or no electricity
- Many hazards within the reach of children, such as guns, knives, store drugs, or open medicines and poisons
- Family lost employment for “negative” reasons 2 or more times in the past 12 months
- Inability to pay for food, housing and/or clothing
- Caregivers are unemployed
- Money is a major issue
- Child support is not paid and this effects the family’s budget
- Temporary Cash Assistance (TCA) has been canceled
- Family does not have money to meet basic needs
- Family severely in debt
- Family has a history within the past year of being evicted from their home due to bills
- Great difficulty paying bills, and/or bills are paid late
- Chaotic
- Budgeting and family is constantly in crisis over money
- Frequently broke, due to betting or gambling
- Luxuries are bought before necessities
- Many disturbances such as fights and/or outbursts in the neighborhood
- Current/pending divorce or separation

MODERATE

Dependent on outside resources to meet family needs

Examples: not exhaustive

- Caregiver unable to locate reasonable resources that will accommodate family and provide added support for the family
- Caregiver makes frequent voluntary moves, recent or imminent eviction
- No resources geographically
- Socially isolated unsafe conditions exist
- Economic conditions lessen support

Maryland Family Risk Assessment (MFRA)

- No budget plan
- Unreliable/ insufficient source of income, some basic financial needs unmet
- Income mismanagement – family has sufficient income, but does not manage it to provide shelter, food, utilities, clothing, or other basic medical needs, etc.
- Unemployed but with marketable skills and potential for employment
- Employed but not enough money for essentials
- Further indebtedness due to sudden reduction of income or large unexpected expenses
- Family experiencing or previously experiencing minor problems in remaining in the same residence, but family is relatively capable of meeting financial obligations,
- Present housing is not threatened and family is not inhibited in pursuing other obligations due to these problems
- Minimal problems in the home, such as slight overcrowding or some clutter, however, most safety precautions are taken (e.g., poisons are out of sight but not locked)
- Unsanitary situations, including roaches, litter, clutter, and/or unpleasant odors present in the home
- Urine soaked or stained furniture, dirty diapers, dirty dishes, overflowing garbage, and/or animal feces on the floor
- Minor house repairs (e.g., crumbling plaster) may be evident, but do not require immediate attention)
- Family has relatively stable employment in the past 12 months
- Income is sufficient in meeting basic needs, such as food, rent, and clothing
- There are some money pressures such as credit card debt, but they do not significantly inhibit family activities or present purchase of necessities
- Some problems with budgeting, but problems do not prevent family from meeting basic needs for food, rent, etc.
- Children have no clothing appropriate to the season
- Adults have no clothing appropriate to the season

LOW

Periodic reliance on outside resources

Examples: not exhaustive

- Caregiver has been creative and has been able to locate alternative resources that were needed, however were not currently available
- Family has debts but debts are under control
- Caregiver had recent voluntary move but usually stable residence
- Some resources exist with variation in accessibility
- Limited mutual assistance, some social distancing
- Temporary disruption in regular income, i.e., pending TCA, unusual non-recurring expense
- Family has sufficient income to meet their basic needs and manages it adequately however, is experiencing unusual expense, is able to find their own resources to alleviate burden
- Currently underemployed or unemployed with immediate prospects for employment
- Family borrows money, frequently bills not paid on time
- Marginal income

NO RISK

Able to meet family needs

Examples: not exhaustive

- Stable residence
- Resources exist within the neighborhood, which are accessible
- Mutual assistance exists, safe conditions exist, economically adequate
- Adequate employment/ income to meet family needs
- Parent practices adequate income management skills
- Regular, predictable, adequate source of income, i.e., employment, TCA, SSI, etc.
- Family occupying the same adequate residence for more than three years
- If less than three years, a job change or better housing prompts the move, etc.
- Rent/mortgage is paid on time
- There are no problems meeting financial obligations for housing
- Children have plenty of clothing appropriate to the season
- Adults have plenty of clothing appropriate to the season
- Home is very clean and neat
- Plenty of space and privacy for children
- Plenty of furnishings in good repair
- Safety precautions are considered and taken such as the use of smoke alarms and dead bolts on outside doors

Maryland Family Risk Assessment (MFRA)

- Plumbing is in good condition
- Family has stable employment and income over the past 12 months
- More than enough income to pay for food, housing, and/or clothing
- Money is not an issue
- Family has money to meet responsibilities and to spend on leisure activities
- Family using money in a way that provides benefits financially and family has clear spending plans or priorities
- Debt is small and manageable
- There is a planned use of money, and no back bills
- Family is good at bargain hunting

3. ABILITY TO COPE WITH DAILY LIFE STRESSORS

HIGH

Significantly unable to deal with daily stressors

Examples: not exhaustive

- Teen or young parent
- Family is overcome by stress from demographics, unable to avoid these stresses
- Family is unable to deal with crisis brought by demographics
- Cannot manage stresses
- Resource shortage
- Preoccupied with life stresses that are influenced by demographics
- Routinely unable to cope adequately with stress
- Family has no sense of routine

MODERATE

Frequently unable to deal with daily stressors

Examples: not exhaustive

- Family's ability to deal with demographically induced crisis varies
- Having difficulty managing stresses
- Presence of a number of life stresses as influenced by demographics

LOW

Occasionally unable to deal with daily stressors

Examples: not exhaustive

- Family may be experiencing a current crisis from demographic stress
- Stress is manageable
- Presence of some life stresses as evidenced by demographics

NO RISK

Successfully copes with daily stressors

Examples: not exhaustive

- Able to deal effectively with daily stressors
- Family stresses from demographics are being managed
- Lack of significant/extraordinary life stresses as evidenced in demographics

4. SOCIAL SUPPORT FOR FAMILY

HIGH

No family and/or community support systems

Examples: not exhaustive

- Poor or lack of emotional or physical support among family members or community
- No relatives or friends available and isolated
- Has a negative or highly critical kinship or support system
- Numerous transient relationships
- Member of highly deviant, criminal or reclusive group
- No telephone or unlisted number
- No transportation available
- Family does not provide transportation, daycare, or financial assistance when needed
- There is undermining among family members

Maryland Family Risk Assessment (MFRA)

- Members do not tolerate success of other family members
- Significant conflict with extended family
- Outside communication unavailable
- No resources geographically
- Socially isolated unsafe conditions exist
- Significant interference from extended family
- Minor disturbances in the neighborhood, but disturbances do not prevent family members and children from spending time outside in the community
- Evidence of violence, boarded up or barred windows, gunfire, and /or drug trafficking in the neighborhood

MODERATE

Minimal family and/or community support systems

Examples: not exhaustive

- Family, friends, supportive, but not in area
- Family has fairly regular access to reliable transportation
- Occasionally transportation difficulties will cause a problem for family (e.g., arriving late for work or an appointment because of difficulties)
- Some physical support is provided when requested by a family member
- Most requests for help from other family members is received
- Some separation, family fights, live-ins
- No mutual assistance, social distancing
- Minimal interference from extended family
- Outside communication available but utilized inconsistently

LOW

Some family and/or community support systems

Examples: not exhaustive

- Moderately strong family and community support systems
- May have used and gained benefit from few community services
- Some resources exist with variation in accessibility, limited mutual assistance
- Some social distancing
- Minimal support from extended family
- Transportation somewhat available, but generally inaccessible
- Outside communication somewhat available, but generally inaccessible
- Some conflicts are evident but do not appear to be leading to separation, divorce or abandonment
- Some minor difficulties with communication but do not significantly impair relationship

NO RISK

Strong family and/or community support systems

Examples: not exhaustive

- Has a strong family and community support system
- Able to utilize resources when needed
- Family having a car or regular access to a car or public transportation
- Transportation available and utilized
- Family/caregivers interactions overall is good
- Excellent emotional and/or physical support within the family
- Physical support is given when needed such as providing day care, transportation, or financial help
- Family members appear to help each other willingly
- Relationship between caregivers' is stable, consistent, affectionate, and loving
- Couple is able to communicate clearly and encourage each other
- Couple maintains a "separateness from children"
- Extended family caring, supportive, not interfering
- Outside communication available and utilized
- Family and neighbors experiencing home as "warm"
- Safe and secure neighborhood for the children
- Parents can allow children to play outside without fear
- Neighbors look out for each other (i.e., neighborhood watch)

Maryland Family Risk Assessment (MFRA)

OVERALL RATINGS

When the worker is rating for the current assessment period, they must consider:

- Assessment of the level or significance of the harm consider the frequency, chronicity, force, and seriousness of the maltreatment that is linked to the child's vulnerability to potential harm.
- Workers must use their professional judgment when making a determination for the overall risk rating. There is no formula or mathematical computation for making the selection.

High Risk

Indicates that extensive negative family conditions and circumstances are present and influencing family functioning. Unacceptable and ineffective individual and family functioning tends to be extreme. The assessment reveals a complex, problem-filled family, which suggests that a child will be maltreated. These conditions are likely not within the control of the family. Conditions may be so serious that results to the child may be severe. The family's need for help is clear and profound. The nature of the family conditions requires immediate, comprehensive, and focused CPS involvement or ongoing services. Risk influences, which are present, will require the implementation of a service/case plan immediately. Information that is unknown must be rated high risk.

Moderate Risk

Indicates that there is generally an even distribution between negative and positive family conditions and circumstances. However, the negative influences that are present are assessed to be serious. Acceptable functioning or activity within the family may be equally mixed with unacceptable functioning or activity resulting in considerable concern. The assessment of the family suggests likelihood that a child will be maltreated. The nature of the family conditions suggests the need for ongoing services. Without services, the family conditions will likely worsen.

Low Risk

Indicates that there is generally more positive than negative family conditions and circumstances. The negative influences that are present are of low to moderate seriousness. Indications of ineffectiveness or questionable functioning within the family may be isolated within certain risk areas. They may be at the onset of development or may have minimal effect on the family. The assessment of the family suggests an unlikely or slight probability that a child will be maltreated. Referrals for service should occur as appropriate.

No Risk

Indicates that there are generally positive family conditions and circumstances. The negative influences that are present are low to none. Indications of effective, positive functioning or activity are evident and strengths are apparent. The assessment of the family suggests that there is little/no likelihood a child will be maltreated.

CHILD WELFARE SERVICES FAMILY ASSESSMENTS COMPARISON BETWEEN ASSESSMENTS

See attached table that provides a comparison between the Safety Assessment, Family Risk Assessment, and the North Carolina Family Assessment Scale (NCFAS).

**CHILD WELFARE SERVICES FAMILY ASSESSMENTS
COMPARISON BETWEEN ASSESSMENTS**

SAFETY ASSESSMENT		MARYLAND FAMILY RISK ASSESSMENT		NORTH CAROLINA FAMILY ASSESSMENT SCALE
1.	A caregiver is unable or unwilling to protect the child from the alleged maltreater.	D10.	Motivation to change/ Level of Cooperation High Risk Unwilling or unable to address problems /Refuses to work with agency Moderate Risk Shows little motivation to change/ Cooperates in response to court action Low Risk Actively works to resolve the problem/ Responds to agency intervention No Risk No problems identified	D FAMILY SAFETY D1 Absence/Presence: Physical Abuse D2 Absence/Presence: Sexual Abuse D3 Absence/Presence: Emotional Abuse D4 Absence/Presence: Neglect D5 Absence/Presence: Domestic Violence
2.	A caregiver has threatened to harm the child such that the child is in immediate danger.	D6.	Expectations of child High Risk Extremely unrealistic expectations Moderate Risk Frequently unrealistic expectations Low Risk Occasionally unrealistic expectations No Risk Demonstrates realistic expectations	B PARENT CAPABILITY B1 Supervision of Children B2 Disciplinary Practices B3 Provides Developmental/Enrichment Opportunities C FAMILY INTERACTIONS C1 Bonding with Child C2 Expectations of Child
3.	There has been an act of maltreatment in which a weapon or object (e.g. belt/spoon, gun, knife, cord, hanger, corporal punishment etc.) was used to inflict or threaten harm which suggests that child is in immediate danger.	B	TYPE AND EXTENT OF CURRENT CHILD MALTREATMENT INVESTIGATION High Risk Severe incident of child maltreatment Moderate Risk Significant incident of child maltreatment Low Risk Minor incident of child maltreatment No Risk No child maltreatment incident	D FAMILY SAFETY D1 Absence/Presence: Physical Abuse D2 Absence/Presence: Sexual Abuse D3 Absence/Presence: Emotional Abuse D4 Absence/Presence: Neglect
4.	A review of the department records (e.g. reports, investigations, open service cases) and/or personal observation, reveals that a caregiver or any adult residing in the home or with frequent access to the child has a history/pattern of violence towards others, sexual assault or any form of child maltreatment that places the child in immediate danger.	D8. D3. A.	Caregiver's History of Violence (Other than Domestic Violence) High Risk Severe incidents and/or frequent incidents Moderate Risk Significant incidents Low Risk One previous minor incident No Risk No history of violence occurring <hr/> History of Maltreatment as a Child High Risk Chronic and/or severe maltreatment or family violence Moderate Risk Intermittent maltreatment or family violence Low Risk Isolated maltreatment event or family violence No Risk No maltreatment history <hr/> HISTORY OF CHILD MALTREATMENT High Risk Any serious incident and/or increasing frequency of child maltreatment, history of child death/ and or SIDS Moderate Risk More than one documented incident of child maltreatment within last five (5) years Low Risk One previous documented minor child maltreatment incident No Risk No known documented incidents of child maltreatment	D FAMILY SAFETY D1 Absence/Presence: Physical Abuse D2 Absence/Presence: Sexual Abuse D3 Absence/Presence: Emotional Abuse D4 Absence/Presence: Neglect D5 Absence/Presence: Domestic Violence

**CHILD WELFARE SERVICES FAMILY ASSESSMENTS
COMPARISON BETWEEN ASSESSMENTS**

SAFETY ASSESSMENT		MARYLAND FAMILY RISK ASSESSMENT		NORTH CAROLINA FAMILY ASSESSMENT SCALE
5.	A caregiver's extremely negatively description of a child or behavior towards a child places the child in immediate danger.	D5.	<p>Empathy/Nurturance/Bonding</p> <p>High Risk Consistently rejects the child providing no affection/ stimulation/ acceptance/attention</p> <p>Moderate Risk Frequently rejects the child providing little or inconsistent affection/ stimulation/ acceptance/ attention</p> <p>Low Risk Occasionally rejects the child providing minimal affection/ stimulation/ acceptance/ attention</p> <p>No Risk Displays appropriate affection/ stimulation/ acceptance/ attention to child</p>	<p>B PARENT CAPABILITY</p> <p>B1 Supervision of Children</p> <p>B2 Disciplinary Practices</p> <p>B3 Provides Developmental/Enrichment Opportunities</p> <p>B4 Parent/Caregiver Mental Health</p> <p>B5 Parent/Caregiver Phys Health</p>
6.	A caregiver's suspected or observed drug or alcohol use places the child in immediate danger.	D1.	<p>Current Substance Abuse</p> <p>High Risk Substantial incapacity to provide care due to substance abuse</p> <p>Moderate Risk Reduced effectiveness to provide care due to substance abuse</p> <p>Low Risk Indication of some impact of substance use on ability to provide care</p> <p>No Risk Substance abuse not a factor</p>	<p>B PARENT CAPABILITY</p> <p>B6 Parent/Caregiver Drug/Alcohol Use</p>
7.	A caregiver's lack of knowledge, skill, or motivation in parenting (e.g. having extremely unrealistic expectations) such that places the child in immediate danger.	D10.	<p>Motivation to change/ Level of Cooperation</p> <p>High Risk Unwilling or unable to address problems /Refuses to work with agency</p> <p>Moderate Risk Shows little motivation to change/ Cooperates in response to court action</p> <p>Low Risk Actively works to resolve the problem/ Responds to agency intervention</p> <p>No Risk No problems identified</p>	<p>B PARENT CAPABILITY</p> <p>B1 Supervision of Children</p> <p>B2 Disciplinary Practices</p> <p>B3 Provides Developmental/Enrichment Opportunities</p> <p>B4 Parent/Caregiver Mental Health</p> <p>B5 Parent/Caregiver Phys Health</p> <p>B6 Parent/Caregiver Drug/Alcohol Use</p> <p>C FAMILY INTERACTNS</p> <p>C1 Bonding with Child</p> <p>C2 Expectations of Child</p> <p>C3 Mutual Support w/in Family</p> <p>C4 Relationship between Caregivers</p>

**CHILD WELFARE SERVICES FAMILY ASSESSMENTS
COMPARISON BETWEEN ASSESSMENTS**

SAFETY ASSESSMENT		MARYLAND FAMILY RISK ASSESSMENT		NORTH CAROLINA FAMILY ASSESSMENT SCALE
8.	A caregiver's behavior as a result of mental or physical illness or disability places the child in immediate danger.	D2.	<p>Caregiver Functioning</p> <p>High Risk Significant disruption of activities of daily living due to identifiable or indication of mental/intellectual/behavioral /physical/ social impairment</p> <p>Moderate Risk Frequent disruption of activities of daily living due to identifiable or indication of mental/intellectual /behavioral /physical/ social impairment</p> <p>Low Risk Occasional disruption of activities of daily living due to identifiable or indication of mental/intellectual / behavioral / physical/ social impairment</p> <p>No Risk No disruption of activities of daily living due to identifiable or indication of mental/intellectual / behavioral / physical/ social impairment</p>	<p>B PARENT CAPABILITY</p> <p>B4 Parent/Caregiver Mental Health</p> <p>B5 Parent/Caregiver Phys Health</p>
9.	A caregiver's justification or denial of his/her own harmful behavior or the harmful behavior of others places the child in immediate danger.	D4.	<p>Use of Discipline</p> <p>High Risk Harsh/cruel - Use of excessive and extreme discipline; or Complete absence of discipline</p> <p>Moderate Risk Frequent inappropriate discipline for the age of child</p> <p>Low Risk Occasional inappropriate use of discipline</p> <p>No Risk Appropriate and consistent discipline</p>	<p>A ENVIRONMENT</p> <p>A9 Learning Environment</p> <p>B PARENT CAPABILITY</p> <p>B1 Supervision of Children</p> <p>B2 Disciplinary Practices</p> <p>B3 Provides Developmental/Enrichment Opportunities</p> <p>C FAMILY INTERACTNS</p> <p>C1 Bonding with Child</p> <p>C2 Expectations of Child</p> <p>C3 Mutual Support w/in Family</p> <p>C4 Relationship between Caregivers</p> <p>D FAMILY SAFETY</p> <p>D3 Absence/Presence: Emotional Abuse</p>
		D5.	<p>Empathy/Nurtance/Bonding</p> <p>High Risk Consistently rejects the child providing no affection/ stimulation/ acceptance/attention</p> <p>Moderate Risk Frequently rejects the child providing little or inconsistent affection/ stimulation/ acceptance/ attention</p> <p>Low Risk Occasionally rejects the child providing minimal affection/ stimulation/ acceptance/ attention</p> <p>No Risk Displays appropriate affection/ stimulation/ acceptance/ attention to child</p>	
10	There is no caregiver or substitute caregiver to adequately plan for the child's supervision, which places the child in immediate danger.	D7	<p>Responds to child's needs/ and Provides Supervision</p> <p>High Risk Rarely responds to child's needs/Unable to supervise</p> <p>Moderate Risk Frequently responds to child's needs/Frequently does not supervise properly</p> <p>Low Risk Occasionally responds to child's needs/ Occasionally needs assistance with supervision</p> <p>No Risk Always meets child's needs/Supervises appropriately</p>	<p>B PARENT CAPABILITY</p> <p>B1 Supervision of Children</p> <p>B2 Disciplinary Practices</p> <p>C FAMILY INTERACTNS</p> <p>C1 Bonding with Child</p> <p>C2 Expectations of Child</p>
11	Domestic violence poses an immediate threat to the child. (A separate protection plan for adult victim may be necessary).	E1.	<p>Domestic Violence</p> <p>High Risk Current and recent domestic violence</p> <p>Moderate Risk History of domestic violence but no current incident</p> <p>Low Risk Domestic discord, lack of cooperation, displaced aggression</p> <p>No Risk No Domestic Violence</p>	<p>D FAMILY SAFETY</p> <p>D5 Absence/Presence: Domestic Violence</p>

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SAFETY ASSESSMENT		MARYLAND FAMILY RISK ASSESSMENT		NORTH CAROLINA FAMILY ASSESSMENT SCALE
12	Environmental hazards place the child in immediate danger because, for example, there is no caregiver or substitute caregiver who is capable of obtaining resources to meet the child's immediate need for food, clothing, and/or shelter.	<p>E2.</p> <p>Economic Resources of Family</p> <p>High Risk Unable to meet family needs</p> <p>Moderate Risk Dependent on outside resources to meet family needs</p> <p>Low Risk Periodic reliance on outside resources</p> <p>No Risk Able to meet family needs</p>	<p>E4.</p> <p>Social Support for Family</p> <p>High Risk No family and/or community support systems</p> <p>Moderate Risk Minimal family and/or community support systems</p> <p>Low Risk Some family and/or community support systems</p> <p>No Risk Strong family and/or community support systems</p>	<p>A ENVIRONMENT</p> <p>A1 Housing Stability</p> <p>A2 Safety in Community</p> <p>A3 Habitability of Housing</p> <p>A4 Income/Employment</p> <p>A5 Financial Management</p> <p>A6 Food and Nutrition</p> <p>A7 Personal Hygiene</p> <p>A8 Transportation</p> <p>A9 Learning Environment</p> <p>C FAMILY INTERACTIONS</p> <p>C1 Bonding with Child</p> <p>C2 Expectations of Child</p> <p>C3 Mutual Support w/in Family</p> <p>C4 Relationship between Caregivers</p>
13	The child's whereabouts are unknown, the family refuses access to the child or other children in the household, or there is reason to believe the family will flee.	<p>D7.</p> <p>Responds to child's needs/ and Provides Supervision</p> <p>High Risk Rarely responds to child's needs /Unable to supervise</p> <p>Moderate Risk Frequently responds to child's needs/ Frequently does not supervise properly</p> <p>Low Risk Occasionally responds to child's needs/ Occasionally needs assistance with supervision</p> <p>No Risk Always meets child's needs/ Supervises appropriately</p>		<p>B PARENT CAPABILITY</p> <p>B1 Supervision of Children</p>
14	The child has special needs, behaviors, or medical concerns that the caregivers do not address such that the child is in immediate danger.	<p>B2</p> <p>Child Functioning</p> <p>High Risk Significant disruption of activities of daily living due to identifiable or indication in the child of mental/developmental/ behavioral /physical/ social impairment/substance addiction/ substance exposed newborn</p> <p>Moderate Risk Frequent disruption of activities of daily living due to identifiable or indication in the child of mental/developmental /behavioral /physical/ social impairment/substance usage</p> <p>Low Risk Occasional disruption of activities of daily living due to identifiable or indication in the child of mental/developmental /behavioral /physical/ substance exposure (not related to a newborn)</p> <p>No Risk No disruption of activities of daily living due to identifiable or indication in the child of mental/developmental /behavioral /physical/ substance addiction, usage or exposure</p>		<p>A ENVIRONMENT</p> <p>A7 Personal Hygiene</p> <p>E CHILD WELL-BEING</p> <p>E1 Child's Mental Health</p> <p>E2 Child's Behavior</p> <p>E3 Child's School Performance</p> <p>E4 Relationship with Caregiver</p> <p>E5 Relationship with Sibling(s)</p> <p>E6 Relationship with Peers</p> <p>E7 Motivation to Maintain Family</p>

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SAFETY ASSESSMENT		MARYLAND FAMILY RISK ASSESSMENT		NORTH CAROLINA FAMILY ASSESSMENT SCALE
15.	The child's extreme anxiety or fear about the current placement or home environment indicates that the child is in immediate danger.	B3.	Capacity to Self Protect High Risk No ability to protect self Moderate Risk Inconsistent ability to protect self Low Risk Can verbalize a protection plan and has demonstrated the ability to follow through No Risk Able to protect self	E CHILD WELL-BEING E1 Child's Mental Health E2 Child's Behavior E4 Relationship with Caregiver E5 Relationship with Sibling(s) E7 Motivation to Maintain Family
16.	The child is under age six OR unable to protect self, and conditions in the home indicate immediate danger.	C1.	Age High Risk 2 years or younger Moderate Risk 3-7 years old Low Risk 8-12 years old No Risk 13-18 years old	
17.	A child in the home has sustained a serious injury that the caregiver does not sufficiently explain. <i>(If yes, this case must be staffed immediately.)</i>	D4.	Use of Discipline High Risk Harsh/cruel - Use of excessive and extreme discipline; Complete absence of discipline Moderate Risk Frequent inappropriate discipline for the age of child Low Risk Occasional inappropriate use of discipline No Risk Appropriate and consistent discipline	B PARENT CAPABILITY B1 Supervision of Children B2 Disciplinary Practices D FAMILY SAFETY D1 Absence/Presence: Physical Abuse E CHILD WELL-BEING E1 Child's Mental Health E2 Child's Behavior
18.	Services provided to a caregiver to address harmful behavior resulted in no change placing the child in immediate danger. <i>(If yes, this case must be staffed immediately.)</i>	A.	History of Child Maltreatment High Risk Any serious incident and/or increasing frequency of child maltreatment, history of child death/ and or SIDS Moderate Risk More than one documented incident of child maltreatment within last five (5) years Low Risk One previous documented minor child maltreatment incident No Risk No known documented incidents of child maltreatment	B PARENT CAPABILITY B2 Disciplinary Practices C FAMILY INTERACTIONS C3 Mutual Support w/in Family C4 Relationship between Caregivers D FAMILY SAFETY D1 Absence/Presence: Physical Abuse D2 Absence/Presence: Sexual Abuse D3 Absence/Presence: Emotional Abuse D4 Absence/Presence: Neglect E CHILD WELL-BEING E7 Motivation to Maintain Family
19.	There are multiple reports from the community. <i>(If yes, this case must be staffed immediately with a multidisciplinary team.)</i>	A.	History of Child Maltreatment High Risk Any serious incident and/or increasing frequency of child maltreatment, history of child death/ and or SIDS Moderate Risk More than one documented incident of child maltreatment within last five (5) years Low Risk One previous documented minor child maltreatment incident No Risk No known documented incidents of child maltreatment	A ENVIRONMENT - Overall B PARENT CAPABILITY - Overall C FAMILY INTERACTIONS- Overall D FAMILY SAFETY - Overall E CHILD WELL-BEING - Overall