

Initial Assessment

RISK ASSESSMENT SNAPSHOT

Date: _____

Family Name _____ Female: _____ Social Worker: _____

File ID: _____ Male: _____ Team Leader: _____

Child(ren) _____ Other: _____

- a) _____ d) _____
- b) _____ e) _____
- c) _____ f) _____

PARENTAL INFLUENCE	CHILD INFLUENCE	FAMILY INFLUENCE	ABUSE/NEGLECT INFLUENCE	INTERVENTION INFLUENCE
P1 Abuse/Neglect as a Child * F: M: O:	C1 Vulnerability a) _____ d) _____ b) _____ e) _____ c) _____ f) _____	F1 Violence *	A1 Severity F: M: O:	I1 Parent's Response F: M: O:
P2 Alcohol/Drug * F: M: O:	C2 Response to Parent a) _____ d) _____ b) _____ e) _____ c) _____ f) _____	F2 Coping	A2 Access F: M: O:	I2 Parent's Co-operation F: M: O:
P3 Expectations of Child F: M: O:	C3 Behaviour a) _____ d) _____ b) _____ e) _____ c) _____ f) _____	F3 Supports	A3 Intent/Acknowledgement F: 9 M: 9 O:	
P4 Acceptance of Child F: M: O:	C4 Mental Health Development a) _____ d) _____ b) _____ e) _____ c) _____ f) _____	F4 Living Conditions	A4 History Abuse/Neglect * F: M: O:	
P5 Physical Ability F: M: O:	C5 Physical Health Development a) _____ d) _____ b) _____ e) _____ c) _____ f) _____	F5 Identity/Interactions		
P6 Mental and Emotional F: M: O:	Social Worker Signature: _____ Team Leader Signature: _____			
P7 Developmental F: M: O:				

P1

Abuse/Neglect of Parent

Family Name: _____

Female

Male

Other

4. Severe abuse/neglect as a child

3. Recurrent but not severe abuse as a child

2. Episodes of abuse/neglect as a child

1. Perceived abuse/neglect as a child with no specific incidents

0. No perceived abuse/neglect as a child

9. Insufficient information available

File ID: _____

Date: _____

Summary Description (*specify the applicable parent(s) and/or child(ren) to which the risk factor applies*)

P2

Alcohol or Drug Use

Family Name: _____

Female

Male

Other

- 4. Substance use with severe social/behavioural consequences
- 3. Substance use with serious social/behavioural consequences
- 2. Occasional substance use with negative effects on behaviour
- 1. Occasional substance use
- 0. No misuse of alcohol or use of drugs
- 9. Insufficient information available

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

P3

Parental Expectations of Child

Family Name: _____

Female

Male

Other

4. Unrealistic expectations with violent punishment and/or neglect

File ID: _____

3. Unrealistic expectations with angry conflicts and/or neglect

2. Inconsistent expectations leading to confusion

Date: _____

1. Realistic expectations with minimal support

0. Realistic expectations with strong support

9. Insufficient information available

Summary Description (*specify the applicable parent(s) and/or child(ren) to which the risk factor applies*)

P4

Parental Acceptance of Child

Family Name: _____

Female

Male

Other

4. Rejects and is hostile to child

3. Disapproves of and resents child

2. Indifferent and aloof to child

1. Usually accepting of child

0. Very accepting of child

9. Insufficient information available

File ID: _____

Date: _____

Summary Description (*specify the applicable parent(s) and/or child(ren) to which the risk factor applies*)

P5

Physical Ability to Care for Child

Family Name: _____

Female

Male

Other

4. Incapacitated due to chronic illness or disability resulting in ability to care for child

File ID: _____

3. Physical impairment or illness which seriously impairs ability to care for child

Date: _____

2. Moderate physical impairment or illness resulting in only limited impact on child caring ability

1. Very limited physical impairment or illness with virtually no impact on child caring ability

0. Healthy or where disability presents no identifiable risks to child caring ability

9. Insufficient information available

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

P6

Mental/emotional ability to care for child

Family Name: _____

Female **Male** **Other**

- 4. Severe mental/emotional disturbance resulting in inability to care for child
- 3. Serious mental/emotional disturbance which seriously impairs child caring ability; no support or inadequate support for consistently meeting child's needs for safe effective parenting
- 2. Moderate mental/emotional disturbances with limited impairment of child caring ability
- 1. Symptoms of mental/emotional disturbance or developmental disability with no impact on child caring ability
- 0. No identifiable mental/emotional disturbance
- 9. Insufficient information available

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

P7

Developmental Ability to Care for Child

Family Name: _____

Female

Male

Other

4. Severe developmental disability resulting in inability to care for child

3. Serious developmental disability which seriously impairs child caring ability

2. Moderate developmental disability with limited impairment of child caring ability

1. Minor developmental disability with no effect on child caring ability

0. No identifiable developmental disability

9. Insufficient information available

File ID: _____

Date: _____

Summary Description (*specify the applicable parent(s) and/or child(ren) to which the risk factor applies*)

C1
Child

Child's Vulnerability

Family Name: _____

a	b	c	d	e	f
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4. Child 5 years old or younger, or older child with special needs, or child not visible to community
- 3. Child older than 5 years old, not regularly accessible to community observation
- 2. Child is under 12 years old, attends school, daycare or early childhood development program
- 1. Child is over 12 years old, and younger than 18 years old
- 0. Child is 16 years old or older, with adequate self-sufficiency skills
- 9. Insufficient information available

File ID: _____

Date: _____

Summary Description (specify the applicable parent(s) and/or child(ren) to which the risk factor applies)

C2

Child's Response to Parent

Family Name: _____

Child

a	b	c	d	e	f	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Extremely anxious with uncontrolled fear, withdrawal or passivity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Very anxious with negative, disruptive and possibly violent interaction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Moderately anxious with apprehension and suspicion toward parent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Marginally anxious with some hesitancy toward parent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0. Child trusts and responds to parent in age-appropriate way
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Insufficient information available

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

C3 **Child's Behaviour**
Child

Family Name: _____

a	b	c	d	e	f	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Dangerous behaviour problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Serious behaviour problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Moderate but pervasive behaviour problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Minor behavioural problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0. No significant behavioural problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Insufficient information available

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

C4 Child's Mental Health and Development

Family Name: _____

Child

a b c d e f

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Severe mental/emotional disturbances or extreme developmental disability results in inability to function independently |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Serious mental/emotional disturbances or developmental delay impairs ability to function in most daily activities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Moderate mental/emotional disturbances with minimal impact on daily activities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Symptoms of mental/emotional disturbance with minimal impact on daily activities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0. No identifiable mental/emotional disturbance or developmental delay |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Insufficient information available |

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

C5 Child's Physical Health and Development

Family Name: _____

Child

a b c d e f

- 4. Severe physical illness, disability, or lack of physical development; requires medical care
- 3. Serious physical illness, disability, or lack of physical development; restricts activities without special care
- 2. Moderate physical illness, disability, or lack of physical development; restricts activities somewhat but overcome with special care
- 1. Mild physical illness, disability, or lack of physical development; does not restrict activities
- 0. Healthy and no obvious physical illness, disability or lack of physical development
- 9. Insufficient information available

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

F1 Family Violence

Family Name: _____

F

- 4. Repeated or serious physical violence or substantial risk of serious physical violence in household
- 3. Incidents of physical violence in household; imbalance of power and control
- 2. Isolation and intimidation; threats of harm
- 1. Verbal aggression
- 0. Mutual tolerance
- 9. Insufficient information available

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

F2 Ability to Cope With Stress

Family Name: _____

- F**
- 4. Chronic crisis with limited coping
 - 3. Prolonged crisis strains coping skills
 - 2. Stabilized after period of crisis
 - 1. Resolution without adverse affect
 - 0. Free from stress influence
 - 9. Insufficient information available

File ID: _____

Date: _____

Summary Description (*specify the applicable parent(s) and/or child(ren) to which the risk factor applies*)

F3 Availability of Social Supports

Family Name: _____

F

- 4. Effectively isolated
- 3. Some support, but unreliable
- 2. Some reliable support, but limited usefulness
- 1. Some reliable and useful support
- 0. Multiple sources of useful and reliable support
- 9. Insufficient information available

File ID: _____

Date: _____

Summary Description (*specify the applicable parent(s) and/or child(ren) to which the risk factor applies*)

F4

Living Conditions

Family Name: _____

F

- 4. Extremely unsafe; multiple hazardous conditions that are dangerous to children and have caused mental injury or illness
- 3. Very unsafe; multiple hazardous conditions that are dangerous to children
- 2. Unsafe; one hazardous condition that is dangerous to children
- 1. Fairly safe; one possibly hazardous condition that may harm children
- 0. Safe; no hazardous conditions apparent
- 9. Insufficient information available

File ID: _____

Date: _____

Summary Description (*specify the applicable parent(s) and/or child(ren) to which the risk factor applies*)

F5 **Family Identity and Interaction**

F

- 4. Negative family interactions
- 3. Family interactions generally indifferent
- 2. Inconsistent family interactions
- 1. Family interactions usually supportive
- 0. Family interactions typically supportive
- 9. Insufficient information available

Family Name: _____

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

A1

Severity of Abuse/Neglect

Family Name: _____

Female

Male

Other

4. Extreme abuse/neglect or likelihood of extreme abuse/neglect

3. Serious abuse/neglect or likelihood of serious abuse/neglect

2. Moderate abuse/neglect or likelihood of moderate abuse/neglect

1. Minor abuse/neglect or likelihood of minor abuse/neglect

0. No indication of abuse/neglect

9. Insufficient information available

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

A2			Access to child by person who has abused or neglected or may abuse / neglect a child
Female	Male	Other	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Open access with no adult supervision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Open access with ineffective adult supervision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Open access with effective adult supervision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Limited access with effective adult supervision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0. No access to child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Insufficient information available

Family Name: _____

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

A3

Intent and Acknowledgement of Responsibility

Family Name: _____

Female

Male

Other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4. Deliberate or premeditated abuse/neglect
- 3. Hides or denies responsibility for abuse/neglect
- 2. Rationalizes abuse/neglect or doesn't understand role
- 1. Understands role in abuse/neglect and accepts responsibility
- 0. Abuse/neglect accidental
- 9. Insufficient information available

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

A4

History of Abuse/Neglect Committed by Present Parents

Family Name: _____

Female Male Other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4. Severe or escalating pattern of past abuse/neglect
- 3. Serious recent incident or a pattern of abuse/neglect
- 2. Previous abuse/neglect
- 1. Abuse or neglect concerns
- 0. No history of abuse or neglect
- 9. Insufficient information available

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

I1

Parent's Response to Identified Needs

Family Name: _____

Female **Male** **Other**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4. No demonstrated effort to meet child's needs
- 3. Little demonstrated effort to meet child's needs
- 2. Inconsistent effort to meet child's needs but parent has multiple impediments to solving problems
- 1. Parent generally tries to meet child's needs, but has some impediments to solving problems
- 0. Consistent effort to meet child's needs with no apparent impediments to solving problems
- 9. Insufficient information available

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

I2

Parent's co-operation with Intervention

Family Name: _____

Female Male Other

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Refuses to co-operate |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Co-operates minimally, but resists intervention |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Co-operates but poor response to intervention |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Co-operates, with generally appropriate response to intervention |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0. Co-operates with intervention |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Insufficient information available |

File ID: _____

Date: _____

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

Include any other information you believe is important, and has not already been documented in this form.

RISK ANALYSIS WORKSHEETS

Describe the significance, interaction and weighting of the previous risk factors that lead to an overall risk rating and that should be addressed in service planning.

The following areas rated high or unknown:

- P1**
- P3**
- P4**
- P6**
- C4**
- F1**
- F2**
- F3**
- F5**
- A2**
- A3**
- A4**
- I1**
- I2**

Describe significant family or individual strengths that have been identified that may be used as part of the Service Plan to reduce future risk.

Describe how relevant family members view the identified risk elements and any other areas of family functioning identified on the previous page.

OVERALL RISK RATING

Child a):	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk
Child b):	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk
Child c):	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk
Child d):	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk
Child e):	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk
Child f):	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk

Social Worker

Signature: _____

Team Leader _____

