

Collaborative Policy for:  
Clark County Department of Family Services  
Nevada Division of Child and Family Services  
Washoe County Department of Social Services

## **200 FAMILY RISK ASSESSMENT POLICY**

### **201 Policy Statement**

The purpose of this policy is to ensure that all child welfare caseworkers/social workers conduct and consider an assessment of risks to a child in accordance with statute and regulations contained in Chapter 432B, as part of each significant decision made in a child welfare case (NAC 432B.180). An assessment will be conducted using the Family Risk Assessment Protocol (FRAP), worksheet, and guidelines.

### **202 Authority**

**NRS 432B.180; 190; .260; .393**

**NAC 432B.080; .150 (2)(3); .160(5); .180; .1358; .1366; .185; .200; .260; .310**

### **203 Definitions**

**“Assessment”**: Refers to a neutral and impartial approach for gathering information in response to a report of suspected child abuse and neglect. The Family Risk Assessment Protocol structures information gathering through a process using interviews, observations, and the review of documents that are recorded on the Family Risk Assessment Worksheet/Conclusion form. The Family Risk Assessment Protocol includes the identification of:

- The validity of the allegations in the report;
- Additional abuse or neglect issues;
- Negative family conditions that pose present and/or foreseeable danger to child safety;
- Negative family conditions and stressors that represent risk of maltreatment; and
- Family strengths and caregiver protective capacities.

**“Child maltreatment”**: Encompasses physical abuse, sexual abuse, emotional abuse and neglect. Child maltreatment occurs as a result of parenting behavior harmful or destructive to a child’s cognitive, emotional, social or physical development.

**“Child welfare services”**: As used in this policy (NRS 432B.044) includes, without limitation: 1. Protective Services, including, without limitation, investigations of abuse or neglect and assessments; 2. Foster care services, including. Without limitation, maintenance and special services, as defined in NRS 432.010; and 3. Services related to adoption.

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**“Foreseeable danger”:** A family situation or household member’s behavior that is determined to be out-of-control (unpredictable/chaotic) in the presence of a vulnerable child and has implications for severe harm within the near future. Near future is a time qualification for foreseeable danger. Near future implies that a threat to child safety is inevitable or imminent. Near future suggests that with a degree of certainty the prudent judgment is the condition(s) that threaten child safety will re-emerge quickly from the point of initial contact with a family through the next couple of weeks. The assessment of foreseeable danger is as critical as present danger, with the only difference being how the safety threat is manifested and when it is active. Foreseeable danger usually only becomes apparent throughout the course of the investigation and ongoing service delivery. Diligent efforts must be made to gather sufficient family data in order to assess family functioning.

**“Information Collection Standard”:** The required information necessary to identify family strengths, risk of maltreatment and to conduct a safety assessment. Information gathering in the Family Risk Assessment Protocol is structured by the use of six critical questions. The following six questions are used for assessing and analyzing family strengths, risk of maltreatment and child safety: the extent of maltreatment; surrounding circumstances accompanying the maltreatment; child functioning on a daily basis; adult functioning with respect to daily life management and general adaptation (including mental health functioning and substance usage); and the disciplinary approaches used by the parent; and the overall, typical, pervasive parenting practices.

**“Present danger”:** This is an immediate, significant, and clearly observable family condition that is actively occurring or “in process” of occurring and will likely result in serious harm to a child. The identification of present danger requires an immediate intervention through safety planning.

**“Protective capacities”:** A parent’s or caregiver’s strengths or abilities to manage existing safety threats, prevent additional safety threats from arising, or stop risk influences from creating a safety threat. Protective capacities may be grouped into four different categories that include: cognitive, behavioral, emotional and family network/environment.<sup>1</sup>

Cognitive protective capacity refers to the parent’s ability to recognize hazardous conditions in a child’s physical environment or recognize others who may present a threat to a child. Another cognitive capacity is the ability of the caretaker to defer his/her own needs in favor of the child’s.

Behavioral capabilities related to protective capacity can include meeting the basic needs of the child and protecting the child from others as needed for child

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<sup>1</sup> Taken from the State of Oregon, Department of Human Services website, [www.cwpsalem.pdx.edu/gap/protect](http://www.cwpsalem.pdx.edu/gap/protect)

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safety. Physical protection might mean the ability to physically isolate the child, or to mediate conflicts that could escalate into harmful situations. In addition, the caregiver must address forms of personal behavior or conditions that may contribute to the child being unsafe, such as: alcohol and drug abuse, selection of dangerous partners, and mental health issues.

Emotional protective capacity refers to the attachment or emotional bond between a child and their parent or caregiver. Attachment constitutes an emotional bond that provides motivation to protect and nurture a child. Love provides a similar basis for motivation. Most parents who maltreat express the emotion of love for their children and may also demonstrate signs of attachment. Consider how the attachment does or does not contribute to the increased safety of the child and the potential impact of disrupted attachment.

Family Network/Environmental protective capacity refers to the visibility of a child within the community and the existence of other care giving and concerned adults who represent positive attributes and potential sources of protective capacities. The viability of these other adults often depends on their degree of access to the child and their capacity for immediate intervention, should a safety threat arise.

**“Risk of maltreatment”:** The likelihood of future harm based on the current condition of the family. Risk indicates negative conditions and/or circumstances in a family that contribute to the likelihood of occurrence or re-occurrence of maltreatment. Risk represents negative family conditions in a family that are related to CPS involvement but not likely to have a severe and/or immediate threat to child safety. Risk is future oriented and is useful in developing the case plan. (risk does not inform the severity of a situation- severity has implications for safety/ danger)

**“Safe child”:** A child may be considered safe when there are no present or foreseeable threats of serious harm or there sufficient caregiver protective capacities or mitigating strengths within the home to control and manage the identified danger.

**“Unsafe Child”:** A child is considered unsafe when present or foreseeable safety threats cannot be managed by the family’s protective capacities or by the agency’s intervention to reduce the threat of harm.

## **204 Procedures and Practice Guidelines**

The process of the Family Risk Assessment Protocol is a methodical and interactive intervention with a family for the purpose of identifying negative factors or conditions that are known to contribute to the likelihood of child maltreatment, as well as to

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determine the strengths and/or protective capacities that can help mitigate risk and safety threats. The assessment process results in a conclusion regarding the existence of present or foreseeable danger.

The Family Risk Assessment Protocol provides a comprehensive assessment process that promotes the standardized collection of family system information. The information collected as a result of the Family Risk Assessment Protocol is used to effectively determine who needs to be served. Once the investigation is completed and the decision is to provide services to a family, the results of the Family Risk Assessment Protocol can be used to help inform ongoing child welfare practice and decision-making including safety management, case planning, case evaluation, reunification efforts, permanency and case closure.

The Family Risk Assessment Protocol and tool has eight primary functions:

- To determine if there is present danger to the child;
- To determine the findings of maltreatment allegations;
- To determine the nature, extent and effects of maltreatment through the description of family functioning;
- To identify negative conditions that contribute to the potential for future maltreatment or reoccurrence of maltreatment;
- To identify if there are any safety factors indicating foreseeable danger to the child;
- To identify the families who require ongoing services from Child Welfare agencies;
- To establish a baseline for continuing ongoing safety evaluations, management and planning through the life of the case.
- To provide comprehensive assessment information about family member and family functioning that can be used to inform the case planning process and case evaluation.

### **Procedures:**

The procedure for conducting a risk assessment is through the use of the Family Risk Assessment Protocol, the Family Risk Assessment Protocol Worksheet/Conclusion form and accompanying Guidelines. The assessment must be future-oriented rather than based solely on the child's injuries or current condition (NAC 432B.180).

**Risk Assessment Decision Points: NAC 432B.180 Assessments of risk required. (NRS 432B.190)** "An assessment of risks to a child must be conducted and considered as

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part of each significant decision made in a child welfare case. Those decisions include the provision of child welfare services for the child, from intake through case closure. The assessment must be future-oriented rather than based solely on the child's injuries or current condition."

A risk assessment must be conducted at the following case junctures:

- (1.) Intake pursuant to NRS 432B.260(1)/NAC 432B.260 (1);
- (2.) Investigation;
- (3.) Reunification (NAC 432B.185) and case closure pursuant to NAC 432B.310(4); and
- (4.) Significant decision pursuant to NAC 432B.190 - whenever the caseworker/social worker determines that a "significant decision is made in a child welfare case."

When conducting an investigation the use of the Family Risk Assessment Protocol begins at the point of initial contact with a family and is concluded at the point that a decision is made to either provide child welfare services or close the case with referrals being made for community response.

Once a family transfers to ongoing Child Welfare services, the Family Risk Assessment Protocol will be completed at the following key decision-making points: reunification and case closure.

Family Risk Assessment Protocol and Safety Intervention:

Safety intervention and decision-making is integrated and embedded in the Family Risk Assessment Protocol process. The six questions associated with the Family Risk Assessment Protocol represent the fundamental areas of casework-family study that must be understood in order to effectively assess child safety at the conclusion of an investigation and throughout ongoing Child Welfare. The Family Risk Assessment Protocol information standard (6 assessment questions) coupled with interviewing/practice guidelines assure that there is sufficient information to achieve the assessment functions previously defined.

The Family Risk Assessment Protocol specifically focuses worker and supervisor attention on safety from two perspectives:

- Safety must be addressed at initial contact with a family. At the point of initial contact the main concern for CPS is regarding whether there is present danger that is immediately threatening child safety, and therefore prohibiting the assessment/information gathering from proceeding until immediate actions can be taken.

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- Safety is further addressed during and at the conclusion of the Family Risk Assessment Protocol. As more information is known about family functioning CPS can begin to make judgments about information that reveals foreseeable danger and the need for continuing safety planning and safety management.

When conducting an investigation:

- The Family Risk Assessment Protocol must be completed within 45 days of assignment. This includes necessary information gathering, documentation, analysis and decision-making.
- All documentation must be recorded in UNITY and provide sufficient information to support the case conclusion.

The procedures for completing the Family Risk Assessment Protocol are as follows:

**A. Planning and Preparation for Conducting the Family Risk Assessment Protocol:**

- Prior to initiating contact with the family, planning should occur regarding the most effective and efficient way for completing the assessment.
- Review existing relevant information known about the family:
  - (1.) Information gathered during the intake process.
  - (2.) Police and/or medical reports.
  - (3.) Consider information that suggests that there is either present or foreseeable danger.
  - (4.) Consider prior history; previous referrals/ reports; previous investigations
  - (5.) Consider information in the referral that is unknown and may have implications of interviewing/ information gathering.
  - (6.) Consider information that suggests that you may need to conduct multiple interviews. Anticipate challenges to information gathering and attempt to accommodate those as is feasible.
- Examine the need for supervisor consultation prior to initiating contact with the family.

**B. Initial Contact:** Family Risk Assessment Protocol information gathering and decision-making begins at the point of direct CPS involvement with a family.

- Introductions with the family must include agency purpose, reason for involvement, essence of the referral/ allegations being made about the family, purpose for conducting the Family Risk Assessment Protocol and enlisting the

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family's assistance in completing the assessment. The Parent's guide to Child Protection Services must also be given to the parents.

- Throughout the initial contact with family members and as information collection proceeds it must be determined if there is an indication of present danger. If present danger is determined to exist, immediate actions must be taken (i.e. initial safety plan or emergency placement) to control the safety threat. At the point of initial contact with a family or prior to the completion of comprehensive information collection, the use of an initial safety plan or placement is viewed as a temporary "stop-gap" action to assure child safety so that the Family Risk Assessment Protocol can be completed.

*(Cross-Reference Nevada Safety Assessment Policy)*

**C. Information Collection Standard:** The Family Risk Assessment Protocol requires caseworkers/social workers to collect, document, and analyze specific information about a family. The number of interviews and/or the amount of time that it will take for completing information collection is contingent on the sufficiency of information about a family necessary for decision-making. Therefore it is critical that the Family Risk Assessment Protocol, which includes safety assessment (judgment regarding the existence of foreseeable danger- reference Nevada Safety Assessment Policy) be viewed as a dynamic information gathering process.. There are six questions that are fundamental to the assessment that must be considered with each contact during the course of information collection. The results of information collection related to the six questions will be documented and analyzed and documented using the Family Risk Assessment Protocol worksheet form, if applicable.

The six fundamental assessment questions are as follows:

- (1.)What is the extent of child maltreatment?
- (2.)What are the circumstances surrounding the child maltreatment?
- (3.)How do the children function on a daily basis?
- (4.)How do the adults (primary caregivers) function on a daily basis (including mental health functioning and substance usage)?
- (5.)What are the general parenting practices in this family?
- (6.)What are the disciplinary practices in this family?

The corresponding subsets for each of the six assessment questions are listed below:

**1. What is the extent of child maltreatment?**

- The kind and specific description of the maltreatment
- The severity of the maltreatment
- The specifics of the events, injuries and conditions present

- The conclusion reached by the worker confirming the maltreatment

**2. What are the circumstances surrounding the child maltreatment?**

- The caretakers' response to CPS
- The caretakers' explanation of what happened, the injuries and related conditions including the child's condition
- History and duration of the situation
- Co-existing factors and conditions such as substance abuse, domestic violence or mental health
- Contextual issues such as use of instruments, acts of discipline, threats, caretaker intentions, etc.

**3. How do the children function on a daily basis?**

This includes exploration of the following factors for all children in the home:

- Behavior
- Cognitive abilities
- Social Relations
- Emotions
- Physical
- Temperament
- Development
- Vulnerability

**4. How do the adults (primary caretakers) function on a daily basis?**

- Behavioral, emotional, physical, social and cognitive functioning
- Reality orientation
- Life management
- Problem solving
- Communication
- Social Support and relations
- Role performance
- Mental health
- Substance abuse

**5. What are the general parenting practices in this family?**

This includes an exploration of over all parenting practices and what influences them:

- Age and child appropriate
- Sensitive to child's needs and limitations
- Realistic in view of circumstances and intentions

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- Creative
- Satisfaction and motivation
- Reasonable expectations
- Parenting style
- Parenting history

## **6. What are the disciplinary practices in this family?**

Focus is placed on the socialization, direction giving, guidance, punishment, reward, and teaching practices apparent in the family:

- Caretaker intention
- Caretaker self-control
- Purpose of disciplinary action
- Relationship to child's needs or caretaker's needs
- Methods
- Flexibility
- Appropriateness

### **Interviewing Protocol**

The family will be the primary source of information in what should be a neutral approach to gathering information. When circumstances permit, the family members should be seen in a specific order to gain the broadest understanding of the family's situation. The protocol is based on family-centered practice and identifies the preferred order for conducting family assessment interviews. Consideration should be given to present danger when deciding the specific order in which the family members are interviewed. The order of the interview may change if the perpetrator is unknown.

Supervisory approval must be obtained when the interview protocol is not followed.

A. The Family Assessment interview protocol is as follows:

- (1.) The identified child: The child is the first source of information about him or herself, the alleged maltreatment, and the family.
- (2.) Other children in the home: Interviews should include all children in the home. The interview objectives are to explore all areas of abuse/neglect with each child and to obtain corroboration and additional family information.
- (3.) Introduction with the caretakers: The caretakers should be the initial contact when the alleged child victim is found in the home. Attempts should be made to enlist the parents in assisting the caseworker/social worker to complete the assessment.
- (4.) The non-maltreating parent: When interviewing non-maltreating parent(s) and other adults living in the home, seek to identify the concerns, difficulties,

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opinions, and perceptions of these individuals. Demonstrating interest in this person as an individual and as part of the family system must be shown. One important objective for this interview is to determine the protective capacities of this parent.

(5.) The alleged maltreating parent: This interview includes parents and those performing parental duties that are alleged to be maltreating. An interest in and openness toward the person must be demonstrated. Sharing the maltreatment issue and what is known from previous interviews can reduce defensiveness and denial. This approach does not demand or depend on admissions

(6.) Collateral contacts: Anyone with information about the family.

(7.) Closing contact: A closing contact (i.e., letter, phone call or face to face visit) will be made with a parent when the results of the Family Risk Assessment Protocol indicate that ongoing service will not be provided by the child welfare agency. The closing contact provides information regarding the findings of the assessment and the referrals to community resources.

B. In situations where the child lives in two households and the allegations are about both caretakers, two separate family assessments must be completed. If the allegations are specific to one home, a Family Risk Assessment Protocol should be completed relating to that household and household members.

**D. Completion Time Frame - Forty-Five (45) Days:** Depending upon the existence of present and/or foreseeable danger, completion of the FRAP may take several business days, however, information gathering, documentation of the Family Risk Assessment Protocol worksheet, information analysis and decision-making should be finalized within 45 days of the assignment.

All interviews with family members and collaterals should be concluded before the completion of the Family Risk Assessment Protocol worksheet format. While specific documentation of the Family Risk Assessment Protocol may coincide with information collection/ interviewing, the form should not be completed in the presence of families. It is best practice to promote critical discussion and engagement between the family and the caseworker/social worker with the least amount of distractions, but there may instances when it is necessary to make a notation.

Documentation of the Family Risk Assessment Protocol worksheet:

(1.) When documenting the Family Risk Assessment Protocol worksheet, caseworkers/social workers should use the Family Risk Assessment-Supplementary Assessment Content Guidelines. The assessment guidelines

are intended to assure efficient information collection. In some cases the use of the Supplementary Assessment Content Guidelines may reveal that there are gaps in critical information, requiring the caseworker/ social worker to conduct additional interviews or collateral contacts.

- (2.) Once the Family Risk Assessment Protocol worksheet has been documented the caseworker/social worker will analyze what is known about the family and make a determination regarding whether there is foreseeable danger. The 16 safety factors used in the safety assessment model specifically correspond to and are informed by at least one of the six assessment questions used in the Family Risk Assessment Protocol. The selection of one or more of the 16 safety factors requires that the documentation within the six assessment questions clearly describes and justifies foreseeable danger.

**E. Family Risk Assessment Protocol Conclusion:** Once information collection, documentation and analysis has occurred regarding protective capacities, risk and the determination of foreseeable danger (the identification of one or more of the 16 safety factors), the following Family Risk Assessment Protocol decisions will be made:

- (1.) Families that child welfare agencies serve at the conclusion of the Family Risk Assessment Protocol:
  - a. Families where children are identified as being unsafe - the existence of safety factors within families is the primary determinant or basis for proceeding with the provision of ongoing child welfare services.
  - b. The identification of one or more of the 16 foreseeable danger safety factors indicates that a child is unsafe and ongoing child welfare services must be provided to the family.
- (2.) Families that child welfare agencies will not serve and cases that can be closed at the conclusion of the Family Risk Assessment process:
  - a. Families where no safety factors have been identified. The results of the family assessment indicate that there may be the presence of negative conditions perhaps influencing risk of maltreatment, BUT there is NO foreseeable danger.
  - b. Supervisors maintain the discretionary judgment to override the decision to not serve a particular family. Based on a review of assessment documentation and consultation with the assigned caseworker/social worker, a supervisor may determine that there is a prudent need to provide child welfare services to families where there are risk influences but no safety threats.

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(3.) Connection with resources – documentation and conclusion when:

- a. The ongoing case will not be opened or referred for community services.
- b. Referrals will be made to connect at-risk families with appropriate community resources when there is no foreseeable danger.

(4.) Findings of the Allegation(s):

- a. The findings related to specified allegations and/or maltreatment not noted in the referral will be documented in the *Extent of Maltreatment* question within the Family Risk Assessment Protocol.
- b. The documentation within the assessment format must:
  - Reconcile what is alleged in the referral;
  - Cite and describe the specific maltreatment that is found;
  - Provide findings for each type of maltreatment found;
  - Provide specific information that supports the findings;
  - Identify and describe additional maltreatment that was not included in the referral; and
  - Note sources supporting the findings:- statutes, regulation, and policy as applicable.

**F. Documentation:** Documentation of case information regarding the six assessment questions should be thoroughly descriptive, comprehensive and detailed. Documentation must contain information regarding:

UNITY Case Notes: The UNITY case notes are used primarily to document a precise accounting of the level of effort that went into the completion of the Family Risk Assessment Protocol. The case notes should indicate contacts attempted, contacts made, interviews conducted with family members and collaterals. The UNITY cases notes should also be used selectively to document specific relevant case information that would not be specifically related to the documentation of the six Family Risk Assessment Protocol questions.

The documentation required for each contact in the UNITY case notes is as follows:

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- The exact date of contact and the person(s) contacted;
- The type of contact attempted or made (i.e. in person by home visit, in person by office visit, in person visit at another agency or location, by telephone, by e-mail, or by any other means of contact);
- The location or site of the contact or visit;
- The purpose/reason for the contact;
- A brief statement of how the contact furthers the achievement of the purposes for the Family Risk Assessment Protocol (as applicable), and:
- Any other pertinent information that would not be documented in one or more of the Family Risk Assessment Protocol's six questions.

The documentation requirement for UNITY Family Risk Assessment Protocol worksheet is as follows:

- The FRAP Worksheet must be completed in the UNITY Forms System and attached to the case record.

**G. Supervisor Expectations:** Supervisors have responsibility for consulting, analyzing, and providing oversight for the Family Risk Assessment Protocol and making appropriate recommendations. Supervisory consultation should occur at the following points in the case process:

- (1.) At the point of initial contact when present danger has been identified and immediate safety intervention is indicated.
- (2.) At any point during information collection (as needed) to assist staff with obtaining information and interviewing and to assure the sufficiency of information for decision-making.
- (3.) At the conclusion of the information gathering process, a supervisor must consult with the worker regarding the sufficiency of information related to the six assessment questions and consider if there are negative family conditions associated with specific information within the six categories of assessment that is consistent with the safety threshold criteria and therefore indicates that there is foreseeable danger.
- (4.) Supervisors will refer to the assessment content guidelines when reviewing and judging the sufficiency of case information contained in the Family Risk Assessment Protocol.
- (5.) The determination that a child is unsafe is fundamentally a departmental decision. Supervisory review and/or consultation is mandatory for documenting the Family Risk Assessment Protocol. Supervisory approval must be received before the final determination is made regarding the agency's need to provide ongoing services or close a case.

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- (6). A supervisor will provide consultations regarding the completion of the Family Risk Assessment Protocol prior to the decision to reunify and prior to case closure.

**205 References and Cross-References**  
**Safety Assessment Policy**