

**QUEENSLAND FAMILY AND CHILD CONNECT/INTENSIVE FAMILY SUPPORT  
SDM® FAMILY RISK RE-EVALUATION (Version 3.2)**

Family Name: \_\_\_\_\_ Case No.: \_\_\_\_\_ Case Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Worker Name: \_\_\_\_\_  Family and Child Connect  Intensive Family Support

Agency Name and catchment: \_\_\_\_\_ IFS Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Risk Re-Evaluation Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Re-Evaluation No.: 1 2 3 4 \_\_\_\_

Primary Parent: \_\_\_\_\_ Secondary Parent: \_\_\_\_\_

Is any child:  Aboriginal  Torres Strait Islander  Both

- | <b>R1. Number of prior Child Safety notifications</b>   | <b>Score</b> |
|---|--------------|
| a. Less than two .....  | 0            |
| b. Two or more .....  | 1            |
| <hr/>   |              |
| <b>R2. Prior ongoing Child Safety intervention</b>  |              |
| a. No .....   | 0            |
| b. Yes .....  | 1            |
| <hr/>   |              |
| <b>R3. Was a child injured in the past due to child abuse/neglect?</b>  |              |
| a. No .....   | 0            |
| b. Yes .....  | 1            |
| <hr/>   |              |
| <b>R4. Primary parent history as a child</b>  |              |
| a. No abuse or neglect.....   | 0            |
| b. Experienced abuse or neglect .....   | 1            |
| <hr/>   |              |
| <b>R5. Child characteristics</b> (mark applicable items and add for score)  |              |
| a. No child in the household exhibits any of the characteristics listed below .....                                     | 0            |
| b. Any child in the household is:   |              |
| <input type="checkbox"/> Developmentally or physically disabled .....   | 1            |
| <input type="checkbox"/> Medically fragile or diagnosed with failure to thrive.....                                     | 1            |
| <hr/>   |              |
| <b>R6. Child Safety involvement during this review period</b>   |              |
| a. No new notification to Child Safety .....  | 0            |
| b. Child Safety notification occurred.....  | 2            |
| <hr/>   |              |
| <b>R7. Parent alcohol or drug status during this review period</b> (mark one)   |              |
| a. <input type="radio"/> No history of alcohol or drug misuse .....   | 0            |
| b. <input type="radio"/> No current alcohol or drug misuse; no intervention needed .....                                | 0            |
| c. <input type="radio"/> Alcohol or drug misuse; problem is being addressed.....  | 0            |
| d. <input type="radio"/> Alcohol or drug misuse; problem is <u>not</u> being addressed.....                             | 1            |
| <hr/>   |              |
| <b>R8. Household relationships during this review period</b>  |              |
| a. No domestic or family violence.....  | 0            |
| b. Domestic or family violence.....   | 2            |
| <hr/>   |              |
| <b>R9. Physical care of child by primary parent during this review period</b>   |              |
| a. Consistent with child needs .....  | 0            |
| b. Inconsistent with child needs .....  | 1            |
| <hr/>   |              |
| <b>R10. Progress with the case plan</b> (mark one based on the parent with the least progress)                          |              |
| a. <input type="radio"/> Not applicable; all services were unavailable .....  | 0            |
| b. <input type="radio"/> Achieved safety goal; and/or demonstrating protective actions per plan over time .....         | 0            |
| c. <input type="radio"/> Beginning to demonstrate protective actions per plan, but inconsistent, or not over time ..... | 0            |
| d. <input type="radio"/> Not demonstrating protective actions per plan .....  | 2            |

**TOTAL SCORE** \_\_\_\_\_

**SCORED RISK LEVEL:** Assign the family's risk level based on the following chart:

<b>Neglect Score</b>	<b>Scored Risk Level</b>
<input type="radio"/> 0-2	<input type="radio"/> Low
<input type="radio"/> 3-5	<input type="radio"/> Moderate
<input type="radio"/> 6+	<input type="radio"/> High

**OVERRIDE SECTION:**

**Policy Override to High:** Mark yes if any condition is applicable during the current review/implementation period; override to high.

- Yes  No 1. Non-accidental injury to a child under age of 3 years.
- Yes  No 2. Severe non-accidental injury by a parent.
- Yes  No 3. Parent caused death of a child due to abuse or neglect.

**Discretionary Override:** If applicable, mark yes; increase or decrease scored risk by one level.

Yes  No 4. If yes, list override reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Team Leader approval of discretionary override: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>FINAL RISK LEVEL</b>
<input type="radio"/> Low
<input type="radio"/> Moderate
<input type="radio"/> High