



## **Environmental Risk Assessment (ERA) Tool**

Assessment of environmental risk factors  
in families of children birth to age three

**With special thanks to:**

University of New Mexico's FOCUS families and staff  
who participated in the development of this assessment tool

The Family Solutions Committee Members of the UNM FOCUS Programs

The FIT Environmental Risk Eligibility Committee

The FIT Environmental Risk Steering Committee

The New Mexico Family Infant Toddler (FIT) Program

**Table of Contents:**

|  |    |
|--|----|
| History and Background.....                | 3  |
| Nature and Purpose of the Tool.....        | 3  |
| Tool Overview.....                         | 4  |
| Administration of the Tool.....            | 4  |
| Administration Instructions.....           | 5  |
| Scoring and Eligibility Determination..... | 12 |
| Case Studies.....                          | 13 |

### **History and Background:**

The Family Infant Toddler (FIT) Program defines environmental risk as the presence of family environmental risk factors including but not limited to abuse and neglect, domestic violence, substance abuse, severe mental illness, or any risk factor that may pose a threat to the child's development (7.30.8.7C NMAC). The environmental risk category has been under used in New Mexico to determine eligibility, perhaps because examples of environmental risk factors were limited and because the state has not established guidelines for determining eligibility for these children. The FIT Program Environmental Risk Assessment was designed to broaden early intervention personnel's understand of environmental risk factors and to provide a standard format for determining eligibility across the state.

The New Mexico Family Infant Toddler Program Environmental Risk Assessment has undergone multiple adaptations since its development in 2000-2001 as a New Mexico Department of Health, Family Infant Toddler (FIT) Program system improvement project grant (Day, Bouchard, and Hsi, DOH contract # 1720). This tool itself was based upon an earlier version. The initial tool, a comprehensive biological and environmental risk screening tool, also created for the Department of Health, included 46 factors (Los Pasos Assessment, Clarke 1997). These encompassed birth history, well child care history, family history, family's hierarchy of needs, home structure, child characteristics, parental disposition, and communicative interaction. Items that required a professional education to administer were removed from this assessment, along with biological and medical risk factors and established condition items. In 2000, the remaining risk factors were reviewed and piloted by two interdisciplinary teams at the University of New Mexico's Department of Pediatrics, one team working with children at environmental risk who were also prenatally drug exposed (i.e., biological risk) and another team working with children exposed primarily to a number of environmental risks.

In 2004, the revised tool was presented to and reviewed by a subcommittee of a statewide Environmental Risk Steering Committee. The Environmental Risk Eligibility Committee, The Environmental Risk Steering Committee, and several parents of the FOCUS Programs at the University of New Mexico edited the instrument for sensitivity, accuracy, and completeness. The current version is the result of their efforts.

### **Nature and Purpose of the Tool:**

The purpose of the FIT Program Environmental Risk Assessment is to assess the extent and range of vulnerability in the child's family system in order to make a clinical determination of eligibility for early intervention services due to environmental risk. The tool is designed to encourage current and new FIT

providers to consider the "at environmental risk for developmental delay" category when determining eligibility for children birth to three for early intervention services. The assessment may also be used for making treatment planning and referral decisions for infants and toddlers living with multiple environmental or social stressors once eligibility has been determined.

### **Tool Overview:**

The Environmental Risk Assessment (ERA) includes 12 parent, family, and social variables that place a young child at risk for later developmental delay and 4 categories related to "Primary Caregiver Disposition." These four categories are of particular value to programs who receive referrals under the revised Child Abuse Prevention & Treatment Act (CAPTA) regulations (i.e., children under the age of three who have a substantiated child abuse/neglect report are to be referred to an early intervention program, such as the FIT Program). An "other" section is included in the tool to accommodate unique or less common risk factors that place the child at significant risk for developmental delay, and may include factors not considered by caregivers but observed/assessed through clinical judgment.

Once eligibility has been determined, the risk assessment can be used to organize family needs and to document fluctuations in current family stressors so that appropriate planning can be made for supports to prevent developmental delay.

Benefits of administering this tool include the identification of:

- Typically developing children who are at risk for developmental delays due to family environment factors including economic, social, and psychology factors that pose a substantial threat to the child's development.
- Children who would benefit from full developmental evaluation due to their "at risk" status.
- Families with children birth to three who would benefit from service coordination or a social work services to address the environmental stressors impacting a child's development. The tool can help in the generation of family outcomes in the Individualized Family Service Plan (IFSP).

### **Administration of the Tool**

The risk assessment should be administered during the child's first three years of life and particularly at the time of the initial evaluation for children who are to be made eligible using the Environmental Risk Assessment (ERA). It is recommended that the ERA tool be administered through a combined process of reviewing medical and other records, clinical observation and caregiver interview by an

interdisciplinary team. It does not have to be completed in one interview. In fact, because of the sensitive nature of some of the items, the assessment may take several visits in order to develop a rapport with the family. Following FIT regulations (30.8.7.4.2 NMAC), qualified Service Coordinators and Developmental Specialists II or III may use this instrument for the purpose of determining eligibility for early intervention services under the definition of environmental risk. It is recommended that early intervention personnel receive Environmental Risk Assessment training prior to administering this tool.

The tool is arranged to take advantage of previously documented information about the child and family structure that can be accessed through reviewing medical and other records and/or a FIT program's intake interview. Clinical observations of the child and of the quality of the child caregiver interaction are necessary to complete this tool. Home environment factors can be scored either through clinical observation of the home or through the administration of a set of structured questions. Factors that cannot be assessed through review of records are assessed through caregiver interview and observation.

It is recommended that a conversational interviewing style of open-ended questions be used to obtain the information covered on the Environmental Risk Assessment instrument. For the purpose of determining a child's eligibility for services, it is not necessary to score every item on the risk assessment, and information offered by family members should be treated with respect and sensitivity. *Although it is possible to determine eligibility by scoring a few of the 17 items on the assessment, a complete assessment is clinically useful to facilitate the development of family outcomes on the IFSP.*

## **ADMINISTRATION INSTRUCTIONS**

Listed below are criteria for administering and scoring each item on the Environmental Risk Assessment. The items are designed to collect data on the child's cumulative lifetime exposure to environmental risks. Therefore, score items according to whether the stressor was ever present in the child's environment unless a specific time frame is stated below.

**The first three items identify protective factors in the environment.** For questions one to three, add the number of protective factors present to obtain the item score. Use the item score to obtain risk:

- 4-5/6 protective factors present = no risk
- 3 protective factors present = medium risk
- 0-2 protective factors present = high risk

## **1. Baby's Basic Needs**

Administration: Score the following items through caregiver interview or review of the records.

### **A. Child supplies available (car seat, clothes, food, etc.)**

**Scoring:** Give credit if caregiver(s) report that there have always been adequate supplies in the home or if the caregiver has consistent access to supplies from community resources, family, or friends. Do not give credit if caregiver reports lack of food in the house, the child has been dressed in clothing that is inappropriate for the season or the car seat is not appropriate for the weight/size of the child.

### **B. Stable housing for at least 3 months**

**Scoring:** Give credit if caregiver(s) report that they have lived in the same location for at least 3 months and if they have a realistic means of maintaining their housing in the future. Do not give credit if the caregiver is currently residing in a hotel, facing an eviction or if the caregiver(s) report that they are planning a move to an unstable residence in the next 3 months (i.e., temporary arrangement with family or friends).

### **C. Receives steady source of income**

**Scoring:** Give credit if caregiver(s) report that they or an immediate family member residing with them has been steadily employed for at least 3 months, if the caregiver(s) receive SSI or if each assistance is in place. Do not give credit for illegal income.

### **D. Accesses needed social support services**

**Scoring:** Give credit if caregiver(s) report they have obtained or an application has been submitted for all needed benefits, including: ISD benefits (Medicaid/medical insurance for their child, and/or food stamps, and/or cash assistance), and WIC or commodities. Give credit if no social support or financial assistance is necessary. Do not give credit if needed social support services are lacking or are not accessed.

### **E. Has transportation or access to public transportation**

**Scoring:** Give credit if caregiver(s) report consistent access to a car, taxi service or public transportation for their child's medical needs. Do not give credit if transportation is lacking or not consistently accessed.

### **F. Has adequate and appropriate child care, as needed.**

**Scoring:** Give credit if caregiver(s) report safe and responsible childcare, which is consistently available when needed. Do not give credit if the placement puts the child at risk.

## 2. Support Network

### A. Primary caregiver of child has a partner who is involved and is a positive influence

**Administration:** Assessment of the partner of the caregiver is made by the combination of the primary caregiver's report and the recorder's clinical judgment.

**Scoring:** Give credit if the partner demonstrates a positive attitude towards the child, assists financially, and recognizes paternity if the father of the child. Do not give credit if the partner has a history of or current domestic violence against any family member, is incarcerated, does not provide financial support, questions relationship to the child, has heavy alcohol use or is currently using illegal drugs.

**Administration:** Score items B, C, and D through caregiver interview or review of records.

### B. Positive relationships with extended family living nearby

**Scoring:** Give credit if caregiver(s) report that there is at least one person in the family available to help with child-care, resources, transportation, and/or emotional support on a consistent basis.

### C. Positive support of friends

**Scoring:** Give credit if caregiver(s) report that there is at least one friend available on a consistent basis to help with childcare, resources, transportation, and/or emotional support.

### D. Reports affiliations to community groups

**Scoring:** Give credit if at least one organization (e.g., church, support groups, AA/NA etc.) is described as a current support by the caregiver.

### E. Has telephone or message phone

**Scoring:** Give credit if family reports a current working telephone or consistent access to a message phone for at least 3 months.

## 3. Home Structure

**Administration:** Score the following items through observation of the home or caregiver interview if observation of the home has not been conducted.

### A. Is adequately organized, there is evidence of a routine

**Scoring:** By observation: Give credit if home appears organized, and there is evidence that a consistent routine is followed. By interview: Give credit if caregiver(s) describe an organized home and are able to describe a child care routine.

**B. Is not overly crowded or substandard**

**Scoring:** Give credit if there is a separate sleeping space for household occupants and there does not appear to be and/or there is no report of traffic coming in and out of the home. Do not give credit if occupants sleep on the floor or couches due to overcrowding, or if heavy traffic of unrelated non-occupants is reported or observed. *NOTE: Please make allowances for cultural norms.*

**C. Has appropriate noise level**

**Scoring:** Give credit if there is a quiet room (i.e., absence of TV/radio noise or other household members playing/making noise) in the house where the child can sleep.

**D. Has safe developmentally appropriate toys/play materials**

**Scoring:** By observation or report, give credit if there are at least three toys that are not broken that the child has access to and at least one book if the child is over 12 months. Toys may include rattles, teething rings, mobiles, shoeboxes, dolls/figurines, stackable, etc. Do not give credit if the child has access to toys with choking sized pieces or if many toys are broken.

**E. Has been adapted to meet safety needs of child**

**Scoring:** By observation: Give credit if there are developmentally appropriate changes made to the home (i.e., a safe space for an infant to lie; plugs in sockets, poison/detergents placed out of reach of toddlers) and there are no potentially harmful objects or household substances in view. By interview: Give credit if caregiver(s) report appropriate attempts to provide a safe environment for the child. Do not give credit if the environment appears unsafe.

Examples of an unsafe environment include:

- Detergents, poisons, household cleaners stored within reach of the child (i.e., in an unlocked cabinet)
- Multiple dogs unsupervised in the presence of a young child
- Firearm not kept in a locked cabinet
- A stairway without a gate or banister when child is mobile but has not demonstrated competency in descending stairs (i.e., most children under three)
- Sharp, jagged objects within reach of the child (i.e., broken windows, sharp scissors)
- Multiple objects small enough to choke on within the child's reach
- Prescription drugs/illegal drugs within reach of the child

**F. Is in a neighborhood that is reportedly safe**

**Scoring:** Give credit if caregiver reports neighborhood is safe.

*NOTE: interviewer's concern about neighborhood safety may be reported in "Other," see #17 on the Environmental Risk Assessment.*

The remaining items are risk indicators.

**Administration:** Score no risk (No), if none of the following items apply; score medium (M) risk if one item applies; and score high (H) risk if two or more items are present.

#### 4. Family Educational History

**Family history of school dropout:** score this item by report that any member of the child's immediate family did not complete high school or, if school aged, is not attending class.

**Family history of speech/language delay(s):** score this item by report that any member of the child's immediate family received speech and language pathology services, was diagnosed with hearing loss, or had a hearing aid prior to the age of forty.

**Family history of learning disability(ies) special education:** score this item by report that any member of the immediate family has had special education services or currently is considered disabled due to a developmental disability or head injury.

**Family history of social/emotional or behavioral disorder(s):** score this item by report that any member of the immediate family has received special education services for behavioral problems, or has either been referred to or received counseling for behavioral concerns.

**For items #5 through #16, score no risk (No), medium risk (M) or high risk (H), as described in each item.**

#### 5. Family Health

**Scoring:** A "chronic or life threatening illness" is defined as any illness that may cause death in the next ten years and has impaired the family member(s) ability to function independently and may include but is not limited to: HIV, Hepatitis B or C, chronic liver damage, cancer, emphysema, renal failure, or diabetes with complications.

#### 6. Family Substance Abuse

**Scoring:** "Inappropriate substance use" includes the use of any illegal drug, or the abuse of a legal drug such as alcohol or prescription medications. Abuse is defined

as "a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. There may be repeated failure to fulfill major role obligations, repeated use in situations in which it is physically hazardous, multiple legal problems, and recurrent social and interpersonal problems" (APA, 1994.). "Infrequent use" includes use outside of the home and not in the presence of the child irrespective of frequency of use.

## **7. Family Mental Health**

**Administration:** score if through caregiver interview or review of records any individuals in the household identify the presence of mental health issues such as:

- Schizophrenia and other psychotic disorders
- Mood disorders (major depression, bipolar disorder)
- Anxiety disorders
- Dissociative disorders
- Eating disorders
- Sleeping disorders
- Adjustment disorders
- Personality Disorders (Paranoid, Schizoid, Antisocial, Borderline, Histrionic, Narcissistic, Obsessive-Compulsive)

*CAUTION: Do not attempt to diagnose if you are not licensed to do so.*

## **8. Family Violence**

**Administration:** Score through clinical observation of the home, or caregiver interview, or review of records.

**Scoring:** "Violence" is defined as a physical, sexual, or emotional act that causes serious harm to another person. The violence may occur between any two members in the household. The child is considered exposed if he or she is the victim of the violence, witnesses the violence or witnesses the after effects of violence towards another member of the household. If the reported perpetrator is not living in the household, score as "exposed" if any of the above criteria are met or if there continues to be contact between the perpetrator and the victim.

## **9. Abuse or Neglect**

**Administration:** Score through caregiver interview or review of records.

**Scoring:** Parent(s) or household member(s) can also include a biologic parent not living in the home who has child contact, or a partner with child contact irrespective of living arrangements.

Children, Youth and Families Department (CYFD) Protective Services (PS) involvement includes an investigation, an open case, receiving services such as Family Preservation, or if child(ren) are in state custody or in an alternative

placement (family members, shelter, group home) that is facilitated by CYFD PS. A "substantiated PS investigation" is a finding that abuse or neglect has occurred that may or may not result in an open case or any action by PS.

#### **10. Justice System Related Legal History**

**Administration:** Score the following items through caregiver interview or review of records.

**Scoring:** Parent(s) or household member(s) can also include a biologic parent not living in the home who has child contact, or a partner with child contact irrespective of living arrangements.

#### **11. Primary Caregiver Age at Child's Birth**

**Administration:** Score through caregiver interview or review of records.

**Scoring:** If child was in the custody of his/her mother at time of discharge from the nursery, use mother's age at time of child's birth to score this item. If child is immediately placed with an alternative caregiver, use that caregiver's age at time of the child's birth to score this item.

#### **12. Multiple Placements**

**Administration:** Score through caregiver interview or review of records.

**Scoring:** A placement is any location where the child has spent 24 hours consecutively.

#### **13. Primary Caregiver Acceptance of and Affection Toward Child**

**Administration:** Score through clinical observation of the primary caregiver with the target child.

**Scoring:** Look for positive comments and nurturing touch towards the child when scoring this item. If parent shakes child, pulls child abruptly, or hits child in your presence score high risk for this item.

#### **14. Primary Caregiver Expectations of Child**

**Scoring:** Score this item after discussing the child's level of developmental functioning with the parent. The parent's comments on expectations should be within a three-month range of the child's actual functioning.

#### **15. Primary Caregiver Interpretation of Child Cues**

**Scoring:** Score this item after observing the parent and an alert, healthy child interact for at least 15 minutes. If child is asleep or is medically fragile, do not

score this item. Examples of cues that may be misinterpreted or ignored are cues for hunger, fatigue, attention, and pain.

**16. Primary Caregiver Responds to Child's Cues**

**Scoring:** Score this item at any time during the interview or visit. (This item may follow #15, the interpretation of cues.) Example of not responding to cues is allowing child to cry for several minutes before attending to the child.

**17. Other Physical, Social, Economic, and/or Caregiver/Family Member Disposition Factors That May Pose a Substantial Risk to Development**

**Scoring:** Add any factor not already mentioned above if the factor substantially adds to the child's environmental risk, such as clinical observations of risk that are not acknowledged by the caregiver(s).

**SCORING AND ELIGIBILITY DETERMINATION**

Items are rated on a "No," "Medium," and "High" scale to obtain the magnitude of environmental stress the child has been *exposed to in their lifetime*. Items 1 through 3 outline basic protective factors necessary for adequate child growth and development, and the absence of these factors is to be considered in the determination of environmental risk status. Items 4 through 16 are organized along a "no stressor," "medium stressor," and "high stressor" continuum, and should be scored to reflect the lifetime experience of the child. Item 17 is open-ended to add descriptions of other environmental stressors that place a child at risk for delay.

Scoring is only needed when using the Environmental Risk Assessment tool to determine FIT Program eligibility. If using the ERA tool for a child eligible under another category scoring is not necessary.

To determine that a child is eligible due to environmental risk, the following criteria apply:

- \_\_\_\_\_ a) a "High" rating in one, or more of the following: No. 6, 7, 8, 9, *or*;
- \_\_\_\_\_ b) a "High" rating in a minimum of two risk factors; *or*
- \_\_\_\_\_ c) a "Medium" rating in four risk factors.

Children who demonstrate a 25 percent delay in one or more areas of development should be identified as eligible for early intervention services under the Developmental Delay eligibility category, irrespective of degree of environmental

risk. Likewise, children who have an established condition or biological/medical risk condition should be determined as eligible under that category.

## CASE STUDIES:

### Case Study #1 Susan and Sandra

Susan is 32 and has been in and out of mental health treatment centers where she has carried a diagnosis of bipolar disorder. Her 19-month-old daughter, Sandra, has been living intermittently with grandparents, both here and in Texas, while her mother was in treatment or working as a prostitute. Susan has always been very good at convincing her parents and social service workers as well that she is getting her life under control.

Susan's partner, Samuel, died of a heroin overdose six months ago while sleeping in bed with Susan and Sandra. Susan had another child who died of SIDS.

#### Discussion and Application of the Environmental Risk Assessment:

This is a good example of the "grey areas" an individual might encounter when attempting to score the instrument:

- ◆ No information is available regarding #1, 2, 3, 4, 13, 14, 15, 16.
- ◆ #5 ("Family Health") is difficult to assess because we are unsure of why the sibling died of SIDS; further, we don't know when the child died. This area needs further probes but is likely "high."
- ◆ #6 ("Family Substance Abuse"). Because the partner died of a heroin overdose, with Sandra present, we would rate this as "high."
- ◆ #7 ("Family Mental Health"). Susan has been in and out of treatment, and at a minimum, her rating is Medium, although further clinical interviews may put her at High.
- ◆ #8 ("Family Violence"). Sandra has been exposed to emotional violence (e.g., witnessing the death of her father).
- ◆ #9 ("Abuse and Neglect"). Although there is no specific mention of CYFD involvement, reference to Susan's interaction with "social service workers" suggests involvement. This needs further exploration.
- ◆ #10A ("Justice System Related Legal History"). Further probes area needed to determine if Susan was arrested for prostitution (or any other offense).
- ◆ #12 ("Multiple Placements"). Sandra has had 2-3 different caregivers but we are unsure about the time period involved. Most likely, as it relates to the partner's overdose 6 months ago, it probably happened within the past year.
- ◆ #17 ("Other"). This catch-all item allows for concerns if a second or third interview would not occur.

**Does the score rate Sandra as eligible under the Environmental Risk Category with the current information?**

## Case Study #2 Nathan and Anna: Environmental Risk Case Study Protocol and Implication for Practice

### Background:

#### I. Case referred for early intervention:

Family consists of:     Mother, Anna, age 26  
                                  Son, Nathan, age 6 months, the target child  
                                  Daughter, Maria, age 6  
                                  Son, Jacob, age 3  
                                  Daughter, Tanya, age 20 months

Nathan was referred to the program by a Hospital Social Worker who was concerned about his safety when his mother, Anna, was interviewed shortly after his birth. The Social Worker learned that her other three children were in CYFD custody. The CPS allegations were sexual abuse of Maria by unknown person and physical abuse of Maria (bruises documented by doctor). There was physical neglect of Tanya (broken arm from falling out of a crib). The biological father of Tanya and Nathan was in the home during the allegations and then left and has not been back. Father was in country illegally. Maria was later placed with biological father in Santa Fe. Anna worked full-time prior to children being removed but quit when her three children were taken into custody. It is uncertain how she manages, since her family is not a support to her.

#### II. Environmental Risk Assessment

An Environmental Risk Assessment was completed and the family was determined eligible for our program due to multiple environmental factors. Those factors include:

- Anna was assessed on basic need factors and qualified because she did not have a steady income.
- Although Anna has family in town, they are not a support to her.
- Anna does not receive support from the children's fathers.
- The family qualifies as a high risk in abuse/neglect due to the children having been in custody.

Other factors learned by the Service Coordinator:

- The family is at high risk due to a family history that includes social and emotional disorders and a dropping out of school.
- They also qualify for environmental risk due to Anna's limited knowledge of

age appropriate behaviors and children's needs, and an ability to interpret and respond to children's cues.

Anna and the team developed the following IFSP outcomes:

1. Be aware of the different developmental stages Nathan will be experiencing monthly
2. Help Nathan become physically and emotionally stronger
3. Use positive ways to interact with Nathan
4. Get a job and/or enroll in school to get GED
5. Get custody of children back from CYFD

Strategies:

Mother began attending a parent group every other week and began counseling. In the parent group she was given information regarding attention to children's cues, limit setting, reinforcing positive behavior, and the value of preparation to help children with transitions, redirection, and appropriate consequences, as well as specific instruction on social and emotional development as it pertained to her particular situation. An emphasis was also placed on helping Anna understand the importance of taking care of herself in order to be more aware of her parenting skills and the needs and safety of her children.

The program Case Worker (DSI) provided supportive services, including housing applications, and helped secure basic needs. She also reinforced principles Anna learned at a parent group. Individual counseling focused on parenting, relationship, and loss issues related to losing custody of the children. Team members also attended periodic meetings with CYFD and other parties such as attorneys, parents, child advocates, and the program team.

### III. Reflections From Team

Frequent interdisciplinary team staffings were utilized to provide more cohesive interventions and review goal progress. Anna was an important, active member of the team. She initiated requests for specific services/information regarding the care of her children. Home visits helped her to stay focused on working towards realistic goals because she felt she was being supported at home as well as during visits in our offices when she attended a parent group and transition visits with her older children. The combination of services and different disciplines involved worked to create a unique, comprehensive model of prevention and intervention.

Successful interdisciplinary interventions included:

FAMILY:

- Interdisciplinary team planning and review meetings
- Continued counseling for Anna
- Medical care for the family
- Home visits by interdisciplinary team members
- Parent Group attendance (children attended with mother)
- Consultations with a child and family psychologist

CHILDREN:

- Child Find screening for Jacob at Albuquerque Public Schools Preschool Specialized to assess possible delays in all developmental areas
- Assessments: IDA, ASQ-SE, Environmental Risk Assessment, Program's Risk Assessment
- Behavioral management with Jacob by the Child Psychologist
- A therapeutic daycare center placement for all three children

CURRENT STATUS

- The family continues to need guidance, support, and assistance as they work towards stability and self-sufficiency.
- Nathan's developmental status is low-risk: he smiles, vocalizes and babbles, reaches out to mother, can self-regulate well, is alert and interested in everything around him. He attends a parent group with mother for tummy time and language enrichment activities.
- Current Risk Assessment: the family continues to be at moderate to high in areas of mother's medical care, family mental health, past history of abuse/neglect, moderate home safety and basic needs factors, moderate parent-child interactions and responses and high legal concerns.