Massachusetts Department of Children and Families
Assessment Field Test Results

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I. BACKGROUND

From August 1 through September 30, 2008, the Massachusetts Department of Children and Families (DCF) field-tested three assessments for use in providing child protective services (CPS) to families. The assessments aid CPS investigators and ongoing workers with assessing safety and estimating risk among families served by DCF. The assessments consist of the assessment of danger and safety, which is conducted at the start of the investigation to determine if there are immediate safety issues in the family home;[1] a risk assessment, used at the close of the investigation to estimate risk of child maltreatment in the family home; and a risk reassessment, used at periodic intervals in ongoing cases to monitor the risk level in homes of families receiving ongoing protective intervention. The three assessments were developed by DCF in collaboration with the Children's Research Center (CRC) in 2007.[2]

The assessments that were tested are modifications of the assessments used in CRC's Structured Decision Making® (SDM) case management system. As part of a larger effort to bring consistency and validity to the CPS decision-making process, DCF examined multiple decision-making systems for use in CPS agencies. After an exhaustive search, DCF selected the SDM® system as the most valid and reliable case management system available. DCF then worked with CRC to modify three of the SDM assessments to meet jurisdictional requirements. For example, DCF added protective capacity items to the risk assessment and the risk reassessment, and there was an emphasis on ensuring that assessments would be done in conjunction with families.

The purpose of the field test was to examine how well the assessments could be conducted under actual field conditions and if they could be effectively completed in conjunction with the family. This was accomplished by having workers use the assessments during CPS investigations and ongoing cases and by conducting three surveys: an issues survey, a worker survey, and a family survey. As workers used the assessments in the field, they were asked to record any issues related to assessment design, flow, and definitions. Workers recorded results on an online issues survey hosted by Vista (a web-based survey provider). At the end of the field test, workers were asked to provide their overall opinion about the assessments, including how using the assessments affected the way they talked with families. The worker survey was also web-based. Finally, DCF hired former CPS clients to conduct telephone interviews with select families who were assessed during the field test to get client input on the use of the assessments. Family responses were recorded on paper surveys and submitted to CRC for analysis.

In actual practice, assessment of danger and safety results would be used to indicate whether a child should be removed or can stay safely in the family home; risk assessment results would be used to support the decision to open a case for ongoing intervention, and if opened, how frequently the worker should make contact with the family; and risk reassessment results would be used to help the worker determine if the family is eligible for case closure or if ongoing protective services should continue. If ongoing services continue, risk reassessment results would be used to establish the minimum level of contact the worker is required to have with the family.

[1] The assessment of danger and safety is also used throughout the life of a case, whenever conditions affecting danger and safety change.

[2] CRC is a division of the National Council on Crime and Delinquency, a nonprofit social research organization.

During the field test, workers tested form design, flow, and definitions as well as whether the assessments could be completed jointly with the family. Policies for decision making were not changed, so workers were not required to follow recommendations based on results of the assessment(s).

The following report summarizes information from the Massachusetts field test of the three CPS assessments. It reflects preliminary results based on assessments and worker and family surveys completed on or before November 20, 2008.

II. METHOD

A. Data Sources

1. Assessments

Each of the following assessments was available in English, Spanish, Portuguese, Vietnamese, and Khmer.

a. Danger and Safety

The assessment of danger and safety consists of three sections. The first part of the first section consists of five factors that may influence child vulnerability. This is followed by a list of 13 danger indicators and a question about whether or not any danger factors were related to abuse or neglect. Workers first indicate if any of the child vulnerability factors exist, and then workers systematically identify whether or not each danger factor was present in the home by checking "yes" or "no." The final question asks workers if any of the danger indicators appear to be related to abuse and/or neglect. The second part of the first section consists of ten protective capacities. If the family has a capacity, workers indicate "yes." If not, the item is left blank. The second section consists of a list of ten possible efforts to prevent removal of children from the family home. These include interventions by workers, actions by household members, and actions by other individuals to help keep the children safe in the home. This section is completed only if danger indicators are present. The final section of the form asks workers to record the safety decision. Family homes can be considered safe, safe with a safety plan, or unsafe. In practice, workers would be required to remove children from unsafe households. In the final section, workers indicated who participated in the assessment and if anyone disagreed with the assessment. If there was disagreement, workers were instructed to provide a brief description, including disagreement with any safety indicator items in Section 1. During the field test, safety assessments were completed by the worker in conjunction with the family whenever possible.

b. Risk

The risk assessment consists of two indices, a ten-item index to measure risk of neglect and a ten-item index to measure the risk of abuse. All 20 items are weighted to reflect their statistical relationship to the likelihood of future abuse or neglect. Every item is scored, and totals are used to reach an overall risk classification; low, moderate, high, or very high. The worker then

determines if the risk level should be overridden. Overrides occur in cases in which unique circumstances suggest that the family may be at a risk level higher than the one scored.

Overrides can occur for policy or discretionary reasons. Policy overrides increase risk level to very high in your specific circumstances. If no policy overrides exist and a worker believes that circumstances suggest that another risk classification may better reflect risk in the family home, he/she can exercise a discretionary override. A discretionary override can raise or lower risk by one level. The worker then assigns the final risk level. In actual practice, this level would help the worker determine if the case should be opened for ongoing protective intervention and if so, the minimum degree to which the worker should be in contact with the family.

Finally, workers recorded who participated in the assessment and whether any participant disagreed with scoring. If so, they briefly described the family perspective. During the field test, workers completed the risk assessment in conjunction with the family whenever possible.

c. Risk Reassessment

The risk reassessment consists of ten items with a statistical relationship to abuse or neglect. Each item is scored, and the total is used to place a family into one of four risk categories. Workers then determine if any policy override reasons exist and, if not, decide if a discretionary override is warranted. Discretionary overrides can be used to change risk by one level. Following the use of overrides, families are classified as low, moderate, high, or very high risk. In practice, risk level would be used to decide which families were eligible to continue to receive ongoing services and which should be closed. If the case remains open, risk level is used to establish the minimum degree of contact a worker is required to have with the family. Finally, workers recorded who participated in the assessment and whether any participant disagreed with scoring. If so, they briefly described the family perspective.

2. Surveys

a. Issues Survey

The issues survey is an 11-item questionnaire developed by DCF and CRC. It was designed for workers to use throughout the field test to record specific issues they encountered with specific cases. Workers were first asked to indicate which assessment(s) they had an issue with. They were then asked to indicate if the issue regarded the way the item was worded, item definitions, instructions, a problem with a translated assessment, a problem using the assessment with the family, and/or any other problems or issues they encountered. Workers could then provide a brief description of the problem or issue as well as listing the specific item(s) that seemed to be most problematic for that particular case. Workers were then asked to describe how they resolved the issue. The issues survey was available to workers via an online survey service throughout the field test.

b. Worker Survey

The worker survey is an 11-item questionnaire designed by DCF and CRC. It was completed by each worker following the completion of the field test. Workers were asked to rate their experiences with the safety, risk, and risk reassessments. Areas surveyed included form flow, item definitions, time to complete, and cultural competency compatibility. Workers also rated their experiences completing the assessments with families. Finally, workers rated the overall use of the assessments in relationship to current practice, personal safety, and the overall effect of the assessments on interactions with families, workers' concepts of safety and risk, and the effect on their ability to have conversations with families with a primary language other than English. The survey was available to workers via an online survey service.

c. Family Survey

Workers asked each family in the field test to participate in an interview about their experiences with the assessments, the worker, and DCF. If the family agreed, their contact information was forwarded to the survey team. An interviewer then called the family. Interviewers were families who had previously been served by DCF. Participants were asked to rate their responses to 13 statements that described family interactions with the worker as the worker completed the safety, risk, and/or risk reassessments. Families were asked if they understood why the assessment was done, if they were supported in their role as decision makers, and if the worker helped them identify support systems to turn to for help. Families responses could include strongly agree, agree, disagree, or strongly disagree. Interviews were conducted over the telephone.

B. Training

In July 2008, CRC staff trained approximately 50 DCF workers from ten CPS units to complete the safety, risk, and risk reassessments. CPS units included rural, suburban, and urban sites, some with racially and/or ethnically and linguistically diverse clientele, as well as offices that used teaming approaches, i.e., the same worker handles the case from intake through ongoing service provision. All regions were represented. The training included case examples that workers completed in conjunction with one another as well as individually. This granted workers case practice using the assessments prior to the field test. The field test started on August 1 and ended on September 30, 2008.

C. Cases

Workers were trained to randomly select families for whom they would complete a safety, risk, or risk reassessment as the need for those assessments occurred. Workers were asked to complete a total of eight assessments of any type. Workers could negotiate with their supervisors to bypass a randomly selected family if they did not feel comfortable trialing a new assessment in a complicated situation. In addition, one office mistakenly completed the risk reassessment instead of the risk assessment during the investigative process.

During the field test, DCF workers completed 84 safety, 109 risk, and 100 risk reassessments. In addition, there were six issues surveys, 21 worker surveys, and 73 family surveys available for analysis.

III. RESULTS

A. Assessments

1. Danger and Safety

There were 84 danger and safety assessments conducted during the field test. Forty-nine (58.3%) were conducted in English, five (6.0%) in Spanish, and workers did not identify the primary language in 30 (35.7%) cases (not shown).

Most of the field test cases came from the Worcester West (17 [20.2%]), Arlington (15 [17.9%]), Lowell (14 [16.7%]), or South Central (14 [16.7%]) offices. See Table 1.

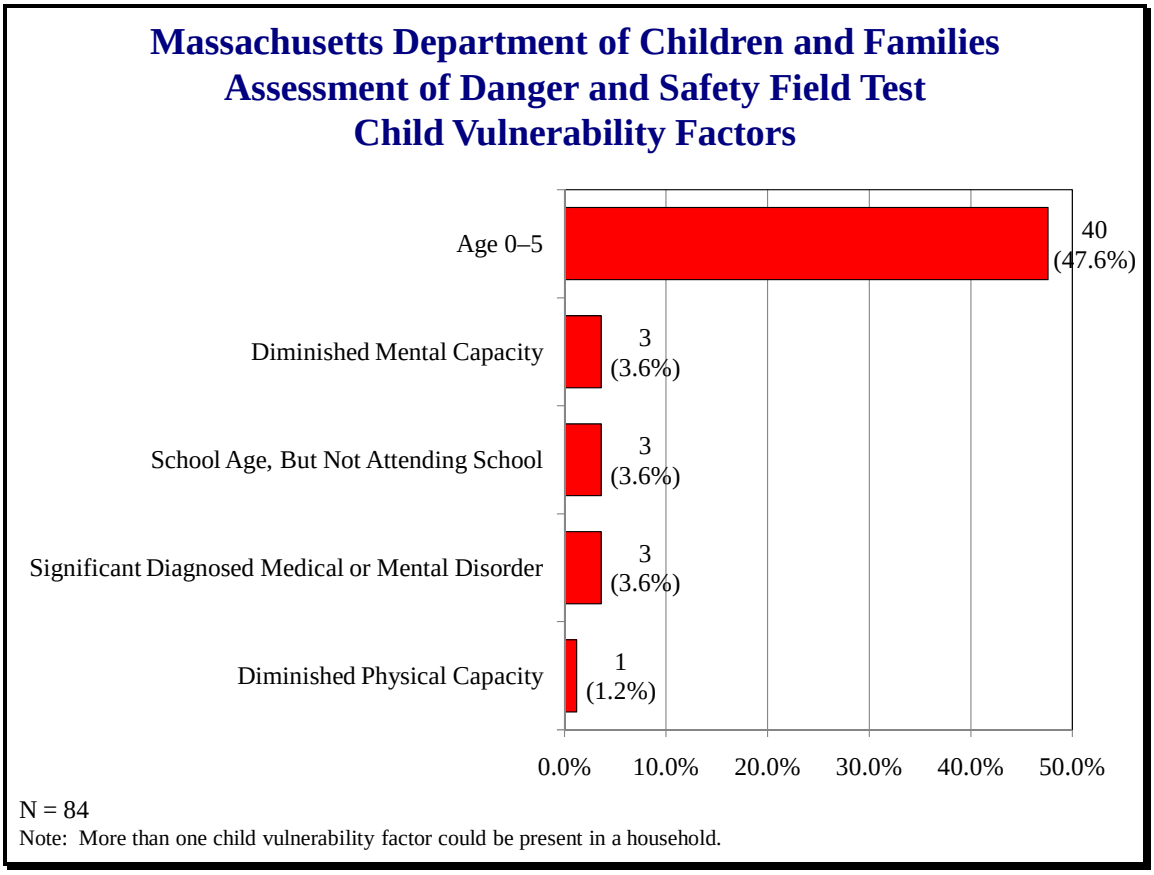
Table 1

Massachusetts Department of Children and Families
Assessment of Danger and Safety Field Test
Safety Assessment by Office

Office	N	%
Arlington	15	17.9%
Lawrence	6	7.1%
Lowell	14	16.7%
North Central	3	3.6%
Park Street	5	6.0%
Pittsfield	6	7.1%
South Central	14	16.7%
Springfield	2	2.4%
Worcester	1	1.2%
Worcester West	17	20.2%
Not Reported	1	1.2%
Total	**84**	**100.0%**

The child vulnerability factor most often present was a child age 0 to 5.

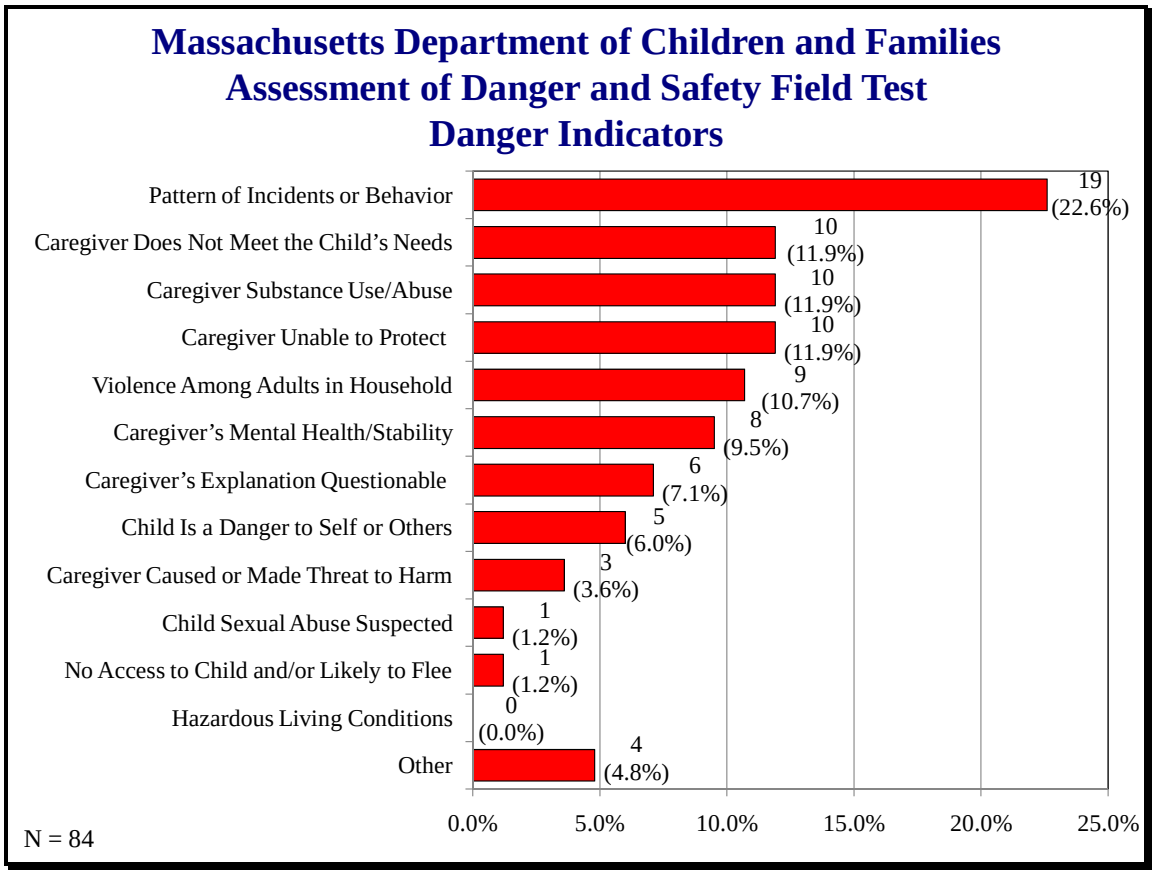
Figure 1



The danger indicators most often present in family homes were a pattern of incidents or behavior (22.6%); caregiver does not meet child's basic needs for supervision, food, clothing, or medical/mental healthcare (11.9%); caregiver substance use/abuse (11.9%); and caregiver unable to protect (11.9%). The number of danger indicators in each case in the field test ranged from zero (41 families, or 48.8%) to five (one family, or 1.2%) with an average of one per case (not shown).

When asked if any of the danger indicators appear to be related to abuse and/or neglect, 22 (41.5%) of 53 workers indicated yes and 31 (58.5%) indicated no.[3]

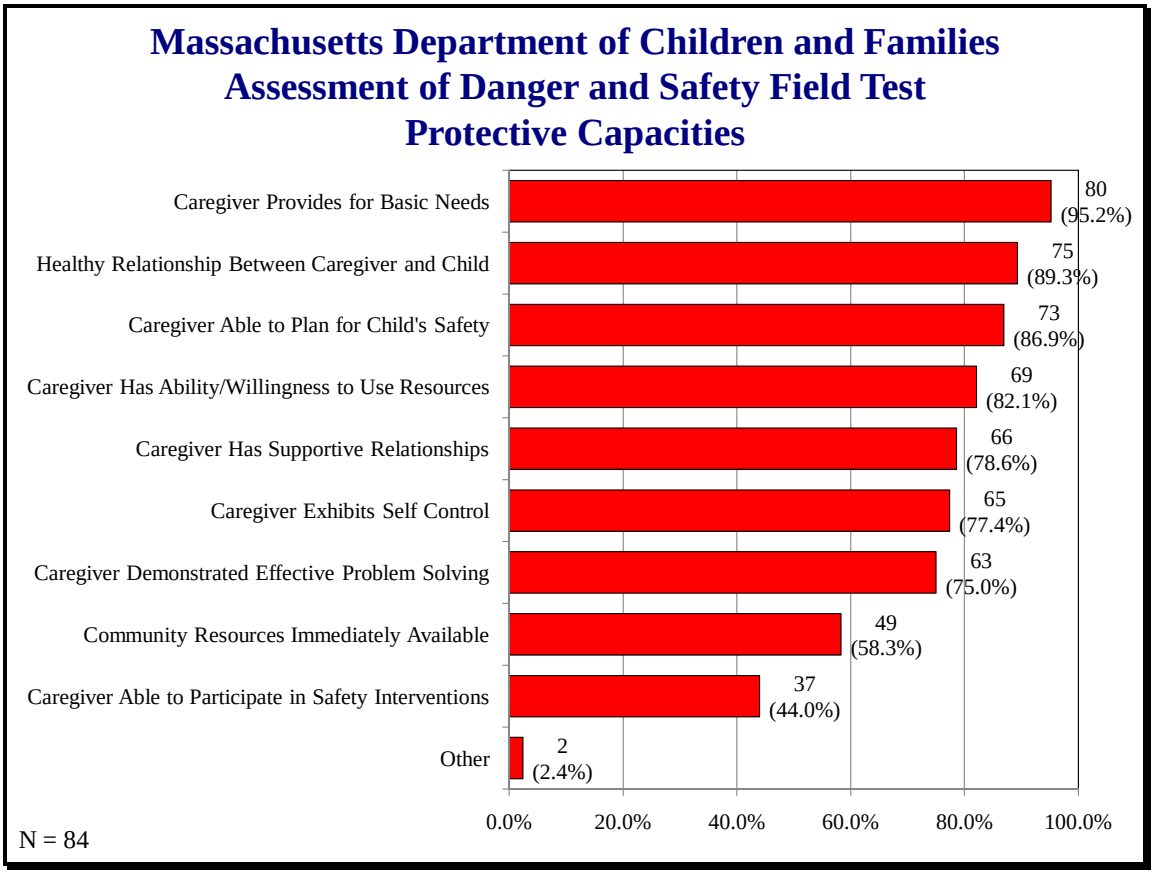
Figure 2



[3] There were 26 cases in which no danger indicators existed, and workers did not provide a response in five instances (not shown).

The number of protective capacities in each case in the field test ranged from zero (three families, or 3.6%) to nine (19 families, or 22.6%) with an average of seven per case (not shown). The presence of each protective capacity is illustrated in Figure 3.

Figure 3

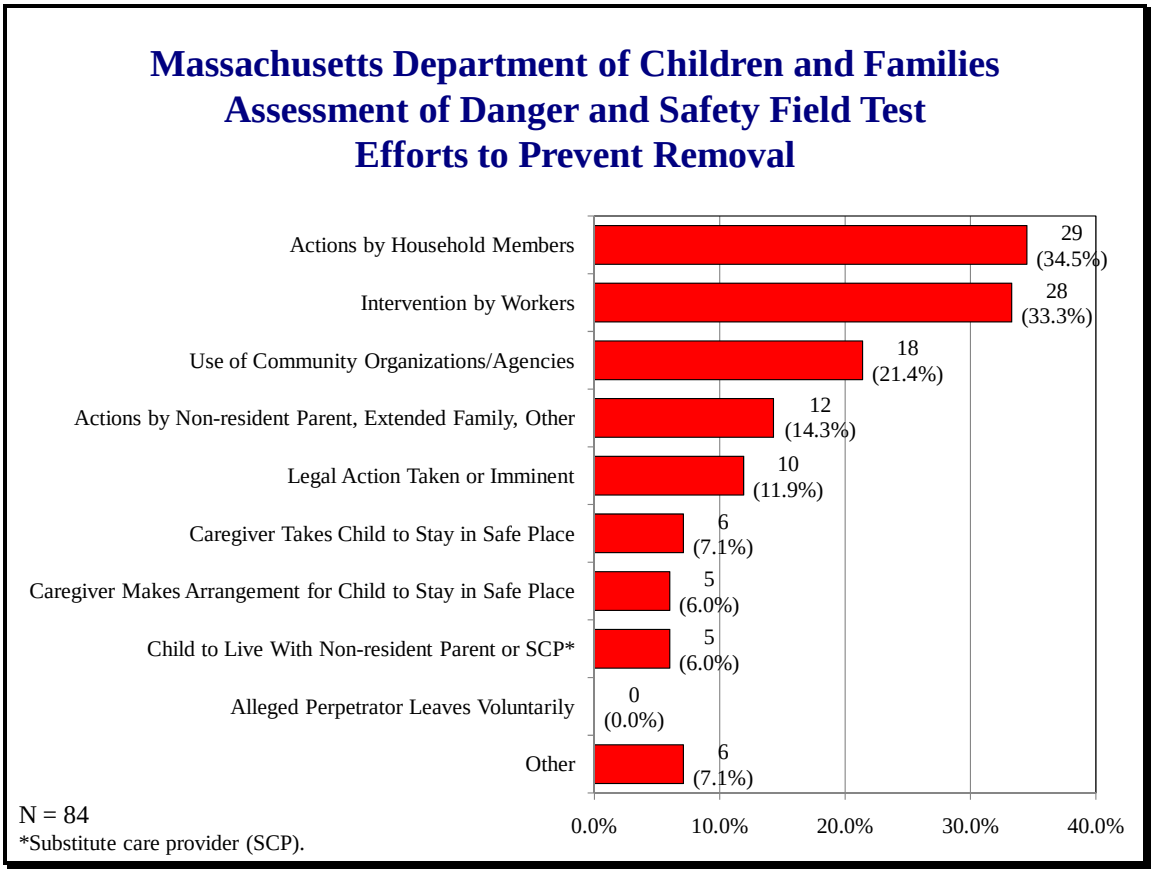


DCF was also interested in examining how often workers indicated that the caregiver had the ability and willingness to utilize resources necessary to ensure safety (protective capacity item 3) and the extent to which community services or resources were immediately available (protective capacity item 9). As illustrated in Table 2, caregivers in 69 families had the willingness and ability to utilize resources. Resources were available to 49 families, 46 of whom were willing to use them.

Table 2 Massachusetts Department of Children and Families Assessment of Danger and Safety Field Test Protective Capacities			
PC3. Caregiver has ability and willingness to utilize resources	**PC9. Community services or resources are immediately available**		
	No	**Yes**	**Total**
No	12	3	15
Yes	23	46	69
Total	**35**	**49**	**84**

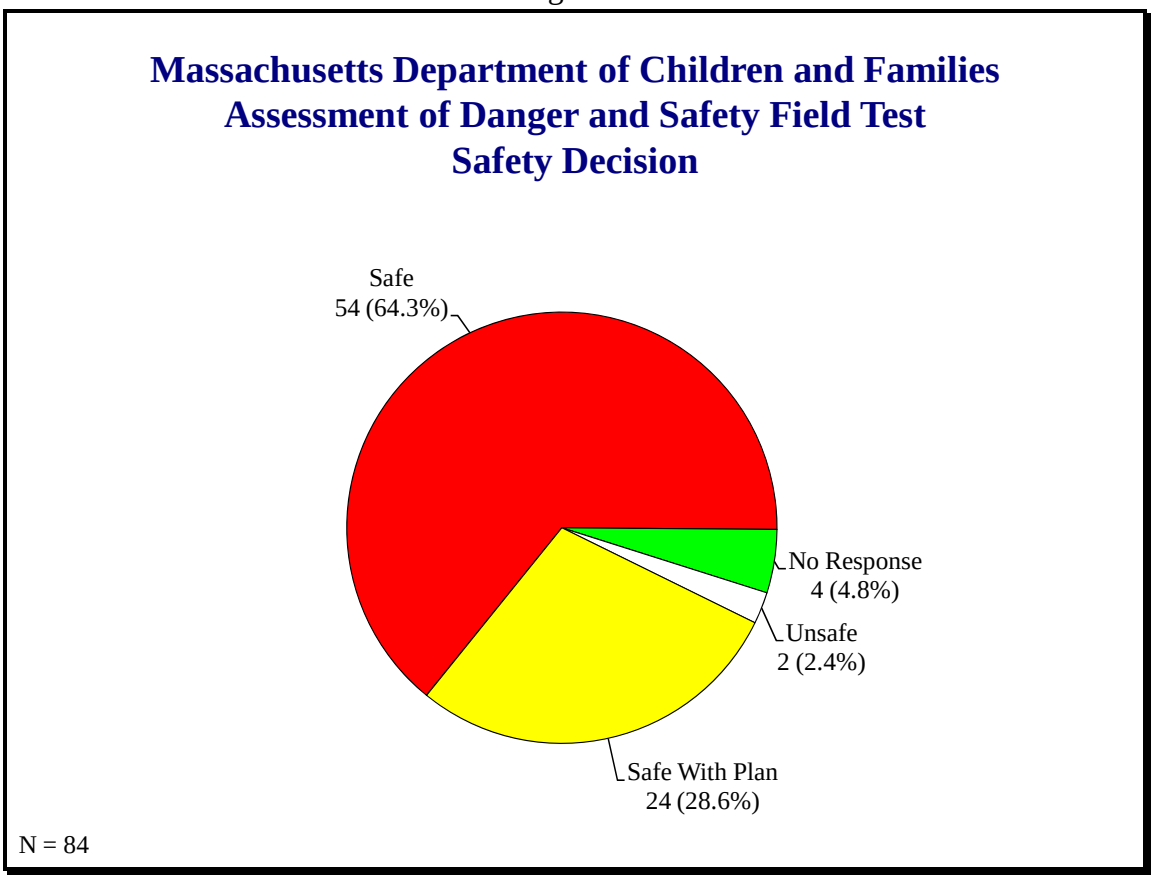
Efforts to prevent removal can include intervention by the worker, actions by household members, and the use of community organizations for immediate help. Efforts to prevent removal are illustrated in Figure 4.

Figure 4



The safety decision for cases included in the field study indicate that most (54, or 64.3%) of households were safe, 24 (28.6%) were safe as long as there was a safety plan in place, and two (2.4%) households were unsafe, i.e., the children should be removed. CRC's experience in other jurisdictions suggests that the low rate of unsafe households is atypical. This may be due to case selection during the field test, as workers were instructed to use the danger and safety assessment unless it caused undue stress in the family. It may be that the low rate of "unsafe" households reflects that assessments were conducted with the more cooperative families.

Figure 5



Safety decisions reached by office are illustrated below.

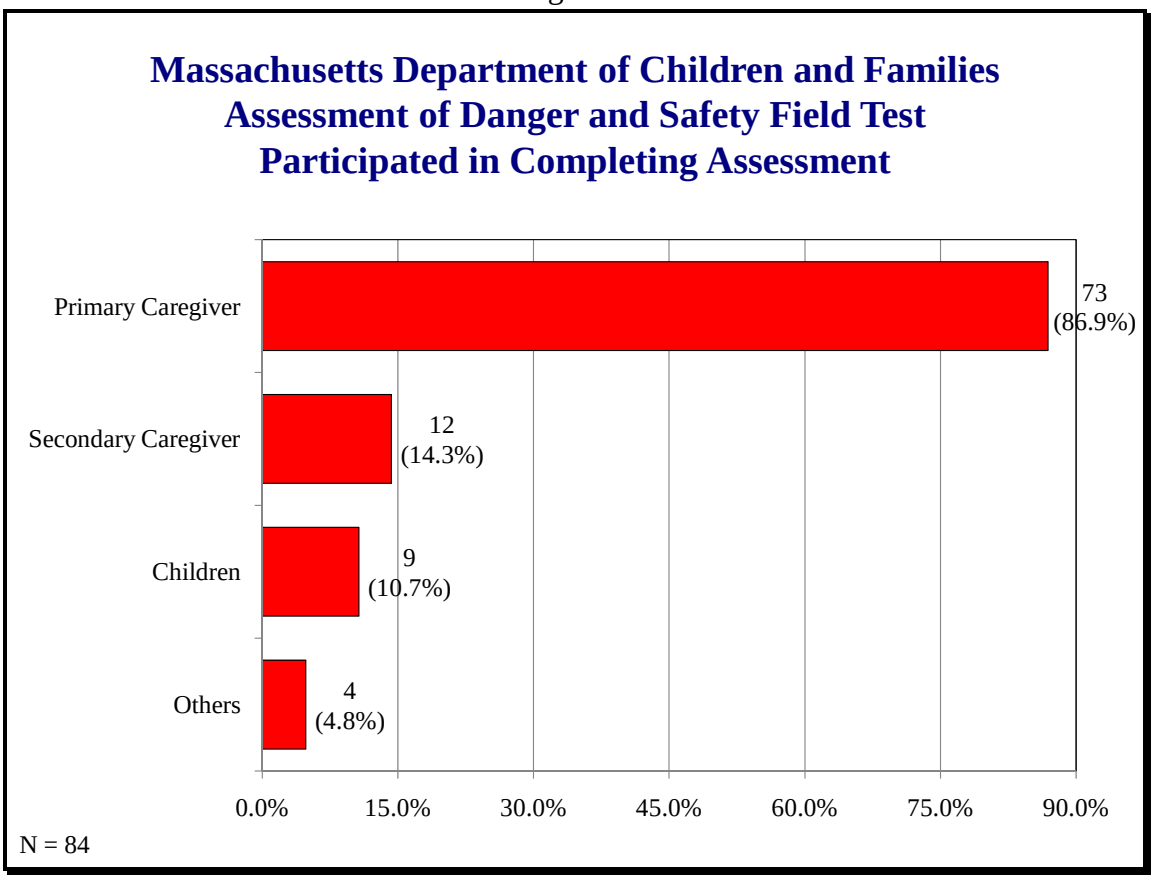
Table 3

Massachusetts Department of Children and Families
Assessment of Danger and Safety Field Test
Safety Decision by Office

Office	Safe		Safe With Plan		Unsafe		Not Reported		Total	
	N	%	N	%	N	%	N	%	N	%
Arlington	10	66.7%	3	20.0%	1	6.7%	1	6.7%	**15**	**100.0%**
Lawrence	4	66.7%	1	16.7%	0	0.0%	1	16.7%	**6**	**100.0%**
Lowell	9	64.3%	5	35.7%	0	0.0%	0	0.0%	**14**	**100.0%**
North Central	0	0.0%	2	66.7%	0	0.0%	1	33.3%	**3**	**100.0%**
Park Street	4	80.0%	1	20.0%	0	0.0%	0	0.0%	**5**	**100.0%**
Pittsfield	5	83.3%	1	16.7%	0	0.0%	0	0.0%	**6**	**100.0%**
South Central	9	64.3%	3	21.4%	1	7.1%	1	7.1%	**14**	**100.0%**
Springfield	1	50.0%	1	50.0%	0	0.0%	0	0.0%	**2**	**100.0%**
Worcester	1	100.0%	0	0.0%	0	0.0%	0	0.0%	**1**	**100.0%**
Worcester West	11	64.7%	6	35.3%	0	0.0%	0	0.0%	**17**	**100.0%**
Not Reported	0	0.0%	1	100.0%	0	0.0%	0	0.0%	**1**	**100.0%**
Total	**54**	**64.3%**	**24**	**28.6%**	**2**	**2.4%**	**4**	**4.8%**	**84**	**100.0%**

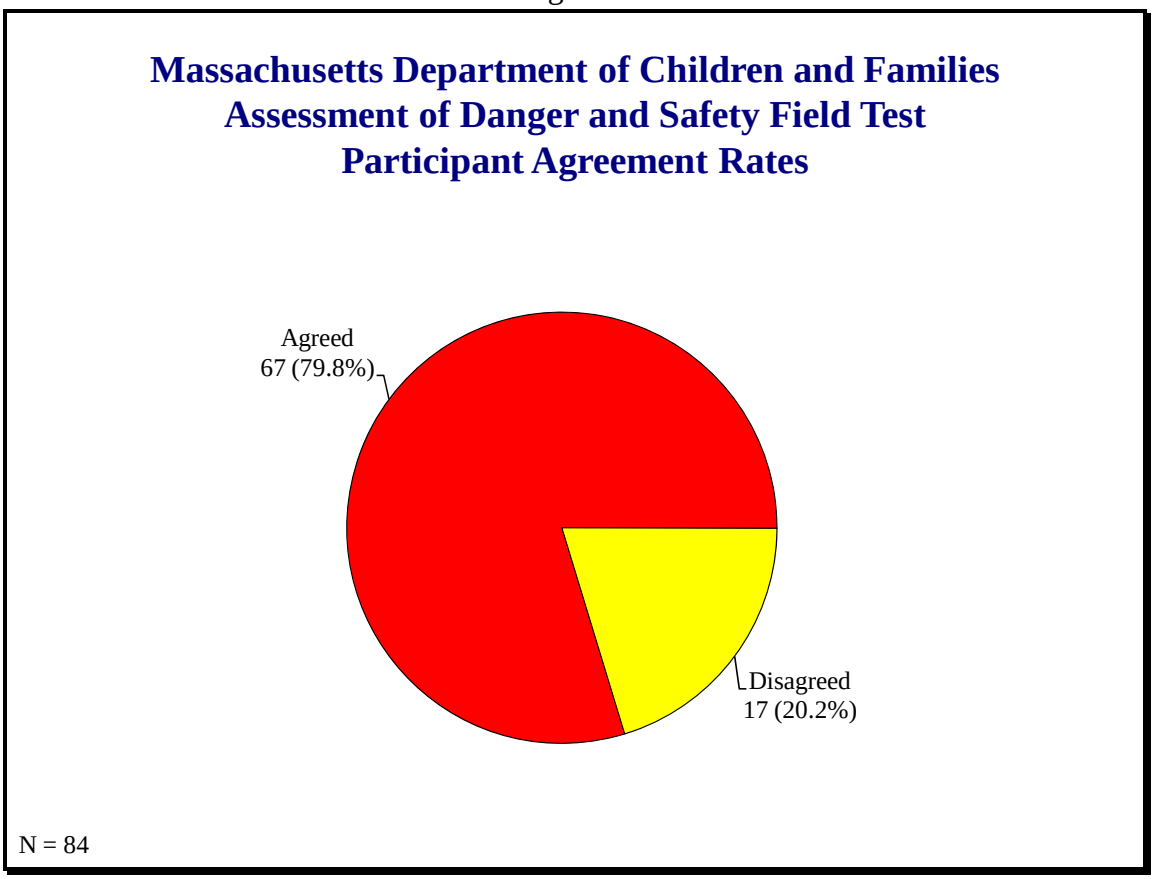
Workers were also asked to indicate who participated in completing the safety assessment. As illustrated in Figure 6, the primary caregiver was present in 86.9% of the cases.

Figure 6



The following describes the rate at which participants agreed with the assessment as well as how often participants disagreed (see Figure 7).

Figure 7



Two families disagreed with how the worker scored danger indicators 1, caregiver caused or made a plausible threat to cause serious physical harm to a child; and two families disagreed with the worker's scoring of item 9, adults in the household are violent and pose a risk of serious physical and/or emotional harm to a child. There was one disagreement each for danger indicators 4, 6, 8, 10, 11, and 12. One family disagreed with all danger indicators related to primary caregiver, stating that the definition of primary caregiver could be "manipulated" in certain situations. One caregiver did not think the protective capacities section was applicable because she keeps her children safe.

2. Risk Assessment

There were 109 risk assessments conducted during the field test. Fifty-one (46.8%) were conducted in English, 20 (18.3%) in Spanish, and workers did not identify the primary language in 38 (34.9%) cases (not shown).

Most risk assessments were completed in the Lawrence (30.3%) or Worcester West (25.7%) offices. See Table 4.

Table 4

Massachusetts Department of Children and Families
Risk Assessment Field Test
Risk Assessment by Office

Office	N	%
Arlington	8	7.3%
Cambridge	3	2.8%
Fall River	5	4.6%
Lawrence	33	30.3%
Lowell	11	10.1%
Park Street	4	3.7%
South Central	11	10.1%
Springfield	3	2.8%
Worcester	2	1.8%
Worcester West	28	25.7%
Not Reported	1	0.9%
Total	**109**	**100.0%**

The following illustrates item scores on the risk assessment.

Table 5

Massachusetts Department of Children and Families
Risk Assessment Field Test
Item Scores
(N = 109)

Neglect	N	%	Abuse	N	%
N1. Current report is for neglect			A1. Current report is for abuse		
No	27	24.8%	No	77	70.6%
Yes	82	75.2%	Yes	29	26.6%
N2. Prior investigations			No response	3	2.8%
None	48	44.0%	A2. Number of prior abuse investigations		
One or more, abuse only	15	13.8%	None	76	69.7%
One or two for neglect	26	23.9%	One	18	16.5%
Three or more for neglect	19	17.4%	Two or more	12	11.0%
No response	1	0.9%	No response	3	2.8%
N3. Prior ongoing case management			A3. Prior ongoing case management		
No	70	64.2%	No	74	67.9%
Yes	39	35.8%	Yes	32	29.4%

Table 5

Massachusetts Department of Children and Families
Risk Assessment Field Test
Item Scores
(N = 109)

N4. Number of children involved in the CA/N incident				No response	3	2.8%
One, two, or three; or current report is not for CA/N	102	93.6%	A4. Prior injury to a child resulting from CA/N		
Four or more	7	6.4%		No	94	86.2%
N5. Age of youngest child in the home				Yes	12	11.0%
Two or older	73	67.0%		No response	3	2.8%
Under two	36	33.0%	A5. Primary caregiver's view of abuse incident		
N6. Primary caregiver provides physical care that				Not applicable	98	89.9%
Meets child's needs	106	97.2%		Blames child	4	3.7%
Does not meet child's needs	3	2.8%		Justifies maltreatment of child	4	3.7%
N7. Primary caregiver has a past or current mental health problem				No response	3	2.8%
No	75	68.8%	A6. Household violence among adults in the past year		
Yes	34	31.2%		None or one	86	78.9%
N8. Primary caregiver has a past or current alcohol or drug problem				Two or more incidents of household violence within the past year	20	18.3%
Not applicable	86	78.9%		No response	3	2.8%
Alcohol or drug	23	21.1%	A7. Primary caregiver characteristics		
N9. Characteristics of children in household				Not applicable	92	84.4%
None of the child characteristics are present	87	79.8%		Provides insufficient emotional/psychological support	5	4.6%
Medically fragile/failure to thrive	5	4.6%		Employs excessive/inappropriate discipline	1	0.9%
Developmental or physical disability	8	7.3%		Domineering parent	1	0.9%
Positive toxicology screen at birth	2	1.8%		No response	3	2.8%
N10. Housing			A8. Primary caregiver has a history of abuse or neglect as a child			
Family has a safe and stable residence	105	96.3%		No	72	66.1%
Current housing is physically unsafe	0	0.0%		Yes	33	30.3%
Homeless at the time of investigation	4	3.7%		No response	4	3.7%
			A9. Secondary caregiver has a past or current alcohol or drug problem			
				No	82	75.2%
				Yes	24	22.0%

Table 5

Massachusetts Department of Children and Families
Risk Assessment Field Test
Item Scores
(N = 109)

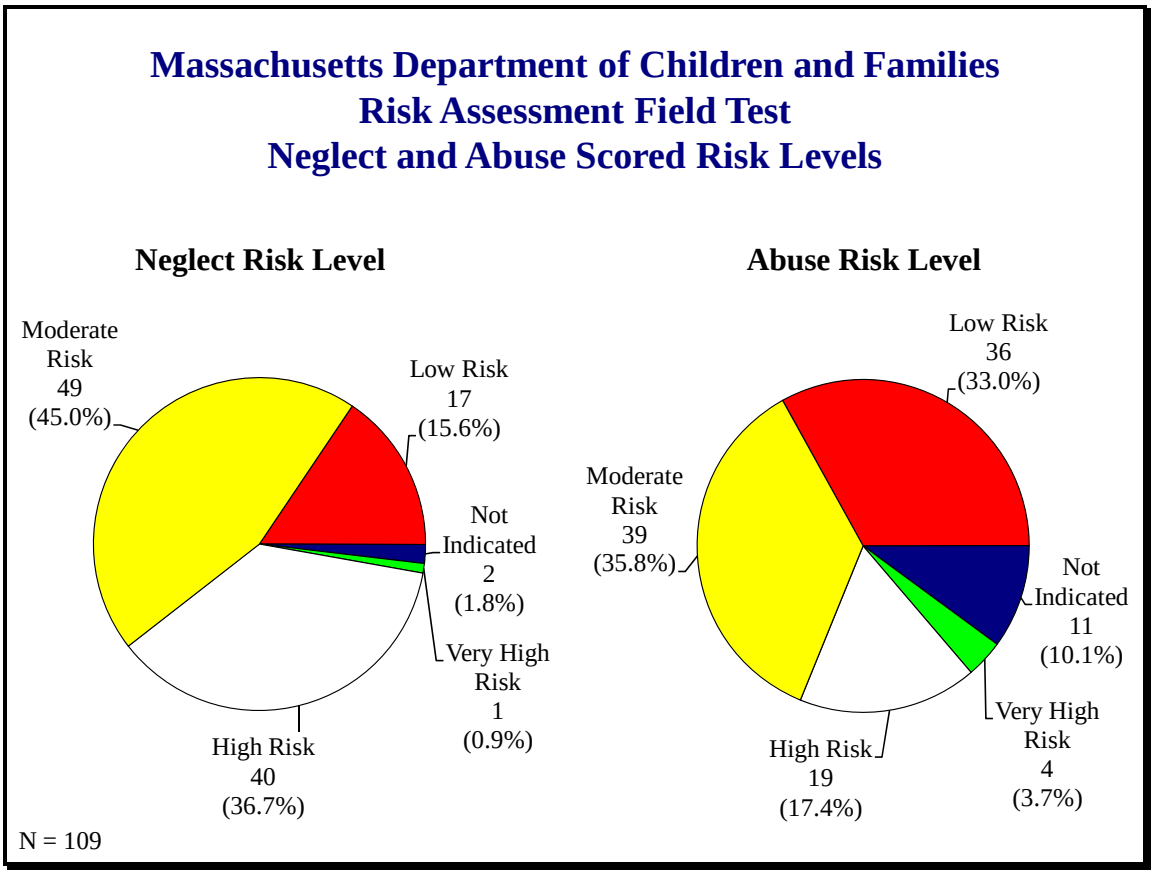
			No response	3	2.8%
			A10. Characteristics of children in household		
			None of the characteristics are present	74	67.9%
			Delinquency history	4	3.7%
			Developmental disability	8	7.3%
			Mental health/behavioral problem	9	8.3%
			No response	3	2.8%

Note: Abuse item A5 should be changed to read "Primary caregiver's view of abuse *or neglect* incident."

a. Risk Levels

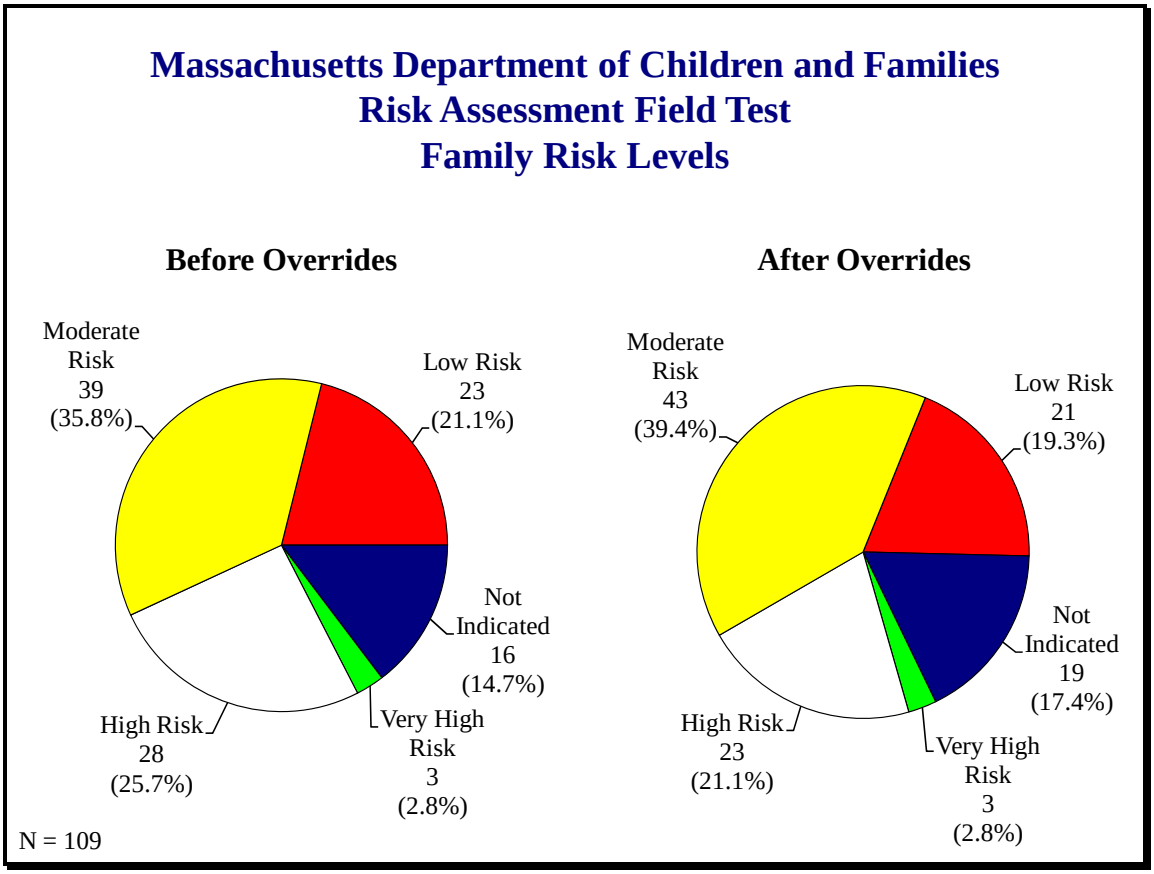
Based on item scores, each family is assigned a neglect risk level and a risk level for abuse. The initial risk level is the higher of the two. As illustrated below, 17 (15.6%) families were at low risk for neglect, 49 (45.0%) were at moderate risk, 40 (36.7%) families were classified high risk, and one (0.9%) family was at very high risk for neglect. Neglect levels for two families were not indicated. Thirty-six (33.0%) families were at low risk for abuse, 39 (35.8%) were at moderate risk, 19 (17.4%) were high risk, and four (3.7%) families were at very high risk of abuse. Abuse risk level was not indicated for 11 (10.1%) families.

Figure 8



Based on scores, there were 23 (21.1%) families classified as low risk, 39 (35.8%) as moderate, 28 (25.7%) as high, and three (2.8%) families were at very high risk for child maltreatment. Risk level was not indicated for 16 (14.7%) families. Following the use of overrides, 21 (19.3%) remained low risk, 43 (39.4%) were classified as moderate, 23 (21.1%) as high, and three (2.8%) families were at very high risk. Workers did not indicate a risk level for 19 (17.4%) families (see Figure 9).

Figure 9



During the field test, workers exercised one policy and three discretionary overrides. In an additional case, the worker indicated both a policy and a discretionary override, which is unnecessary, as the policy override raises risk to the highest level (not shown).

Risk levels following the use of overrides for each office are illustrated in Table 6.

Table 6

Massachusetts Department of Children and Families
Risk Assessment Field Test
Risk Levels After Overrides by Office

Office	Low		Moderate		High		Very High		Not Indicated		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Arlington	0	0.0%	4	50.0%	3	37.5%	1	12.5%	0	0.0%	**8**	**100.0%**
Cambridge	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	**3**	**100.0%**
Fall River	0	0.0%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	**5**	**100.0%**
Lawrence	10	30.3%	13	39.4%	8	24.2%	0	0.0%	2	6.1%	**33**	**100.0%**
Lowell	3	27.3%	5	45.5%	2	18.2%	1	9.1%	0	0.0%	**11**	**100.0%**
Park Street	0	0.0%	2	50.0%	0	0.0%	0	0.0%	2	50.0%	**4**	**100.0%**
South Central	0	0.0%	4	36.4%	4	36.4%	0	0.0%	3	27.3%	**11**	**100.0%**
Springfield	1	33.3%	0	0.0%	0	0.0%	0	0.0%	2	66.7%	**3**	**100.0%**
Worcester	0	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	**2**	**100.0%**
Worcester West	6	21.4%	7	25.0%	5	17.9%	1	3.6%	9	32.1%	**28**	**100.0%**
Not Reported	0	0.0%	1	100.%	0	0.0%	0	0.0%	0	0.0%	**1**	**100.0%**
Total	**21**	**19.3%**	**43**	**39.4%**	**23**	**21.1%**	**3**	**2.8%**	**19**	**17.4%**	**109**	**100.0%**

b. Protective Capacities

The number of protective capacities in each case in the field test ranged from zero (five families, or 4.6%) to 17 (one family, or 0.9%), with an average of seven per case. Frequencies for each protective capacity are illustrated below.

Table 7

Massachusetts Department of Children and Families
Risk Assessment Field Test
Protective Capacities
(N = 104)*

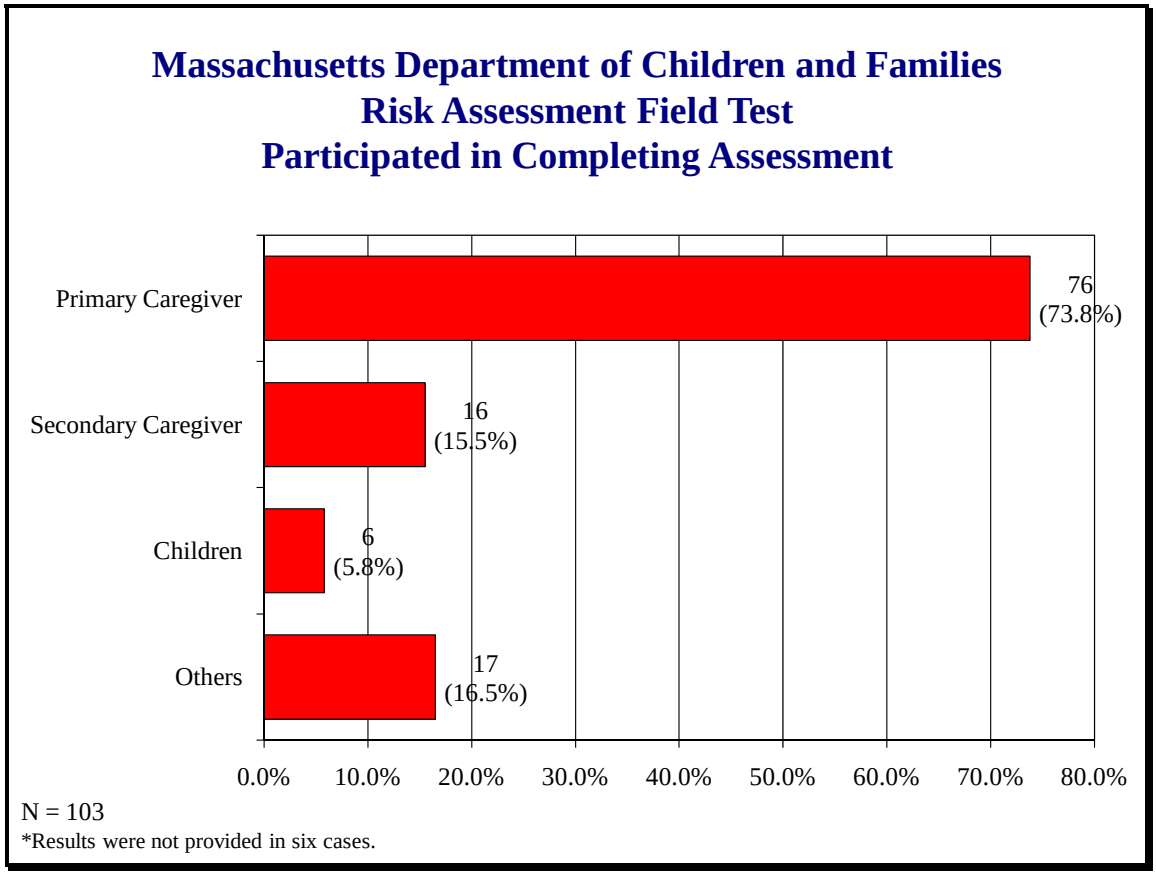
Risk Assessment Protective Capacity Indicator		N	%
PC1.	The source of this report was the caregiver requesting help	14	13.5%
PC2.	Caregiver is aware of safety, risk, and needs areas and is committed to working toward solutions	82	78.8%
PC3.	Despite current situation, caregiver has had at least two continuous years since the birth of his/her first child during which no CA/N reports were received	54	51.9%
PC4.	Caregiver, upon acquiring knowledge of the injury caused by another household member, took protective action	25	24.0%
PC5.	Caregiver effectively resolved issues during prior ongoing case management	25	24.0%
PC6.	One or more willing and competent adults (other than the parents) routinely assists in caregiving	58	55.8%
PC7.	Family functioning supports strong coping skills and resiliency in times of stress	49	47.1%
PC8.	Caregiver demonstrates an ability to utilize necessary resources to address the child's specific exceptional needs	53	51.0%
PC9.	Despite current situation, caregiver has had at least two continuous years since the birth of his/her first child during which the child's basic physical care needs were met	61	58.7%
PC10.	Despite current situation, caregiver has had at least two continuous years since the birth of his/her first child during which safe and stable housing was provided	61	58.7%
PC11.	Despite home hazard, caregiver has carried out effective steps to protect the child	15	14.4%
PC12.	Primary caregiver was identified as having mental health concerns, but has been following a treatment plan for at least six months and has at least significant symptom reduction	17	16.3%
PC13.	Primary caregiver expresses an understanding of how his/her mental health concern impacts his/her caregiver skills and has taken steps to protect child	17	16.3%
PC14.	Caregiver was identified as having a substance abuse concern but has achieved at least six months' abstinence from substances	9	8.7%
PC15.	Caregiver with substance abuse concern expresses an understanding of the impact of substance abuse on his/her caregiving and has taken steps to protect the child	15	14.4%
PC16.	Caregiver demonstrates understanding of the impact of household violence on the child and addresses the impact, and caregiver demonstrates a willingness to protect self and the child from household violence	34	32.7%
PC17.	Caregiver demonstrates willingness to learn from others about managing and supporting the child	64	61.5%
PC18.	Caregiver has healthy child-rearing practices typical for his/her culture	69	66.3%

Table 7 Massachusetts Department of Children and Families Risk Assessment Field Test Protective Capacities (N = 104)*		
Risk Assessment Protective Capacity Indicator	**N**	**%**
PC19. Caregiver has acknowledged history of abuse or neglect and has translated his/her own experience into protective and supportive parenting	35	33.7%
PC20. Caregiver has a social support network that provides positive material and emotional support, and is willing to accept help	65	62.5%

*Results were not provided in five of the 109 cases.

Most (73.8%) of the time, the primary caregiver participated in completing the risk assessment.

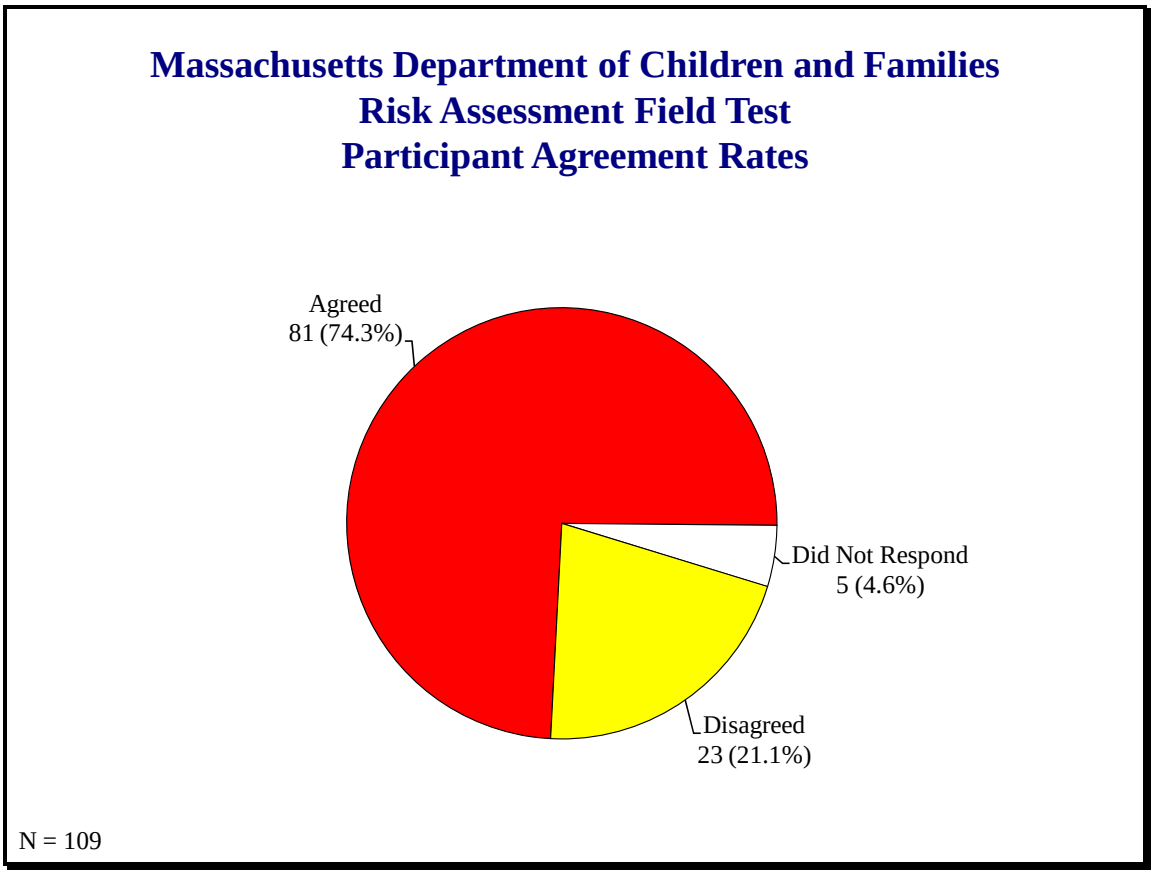
Figure 10



c. Participant Agreement Rates

The following describes the rate at which participants agreed with the assessment as well as how often participants disagreed.

Figure 11



Two families disagreed with how the worker scored abuse item A8, primary caregiver has a history of abuse or neglect as a child; and two families disagreed with the worker's scoring of N9, characteristics of children in the family. There was one disagreement with scoring for each of abuse items A4, A5, A7, and neglect items N1, N2, N5, N7, N8, and N10. There was one disagreement each with protective capacities PC5 and PC16.

3. Risk Reassessment

There were 100 risk reassessments conducted during the field test. Sixty-two (62.0%) were conducted in English, three (3.0%) in Spanish, and workers did not identify the primary language in 35 (35.0%) cases (not shown).

Most cases came from the South Central (34, or 34.0%) or Fall River (34, or 34.0%) offices. See Table 8.

Table 8

Massachusetts Department of Children and Families
Risk Reassessment Field Test
Risk Reassessment Assessment by Office

Office	N	%
Cambridge	3	3.0%
Fall River	34	34.0%
Lawrence	1	1.0%
Lowell	3	3.0%
Park Street	11	11.0%
Pittsfield	8	8.0%
South Central	34	34.0%
Springfield	2	2.0%
Worcester West	4	4.0%
Total	**100**	**100.0%**

Item scores from the risk reassessment are illustrated below.

Table 9

Massachusetts Department of Children and Families
Risk Reassessment Field Test
Risk Reassessment Item Scores
(N = 100)

Risk Reassessment Item		N	%
R1.	Prior abuse/neglect		
	No prior abuse or neglect reports	37	37.0%
	One	23	23.0%
	Two or more	40	40.0%
R2.	Prior ongoing case management		
	No prior ongoing case management	54	54.0%
	One or more prior open for ongoing case management	46	46.0%
R3.	Primary caregiver history of childhood abuse or neglect		
	Primary caregiver was not abused or neglected as a child	57	57.0%
	Primary caregiver was abused or neglected as a child	43	43.0%
R4.	Child characteristics		
	None of the characteristics are present	80	80.0%
	Medically fragile/failure to thrive	4	4.0%

Table 9

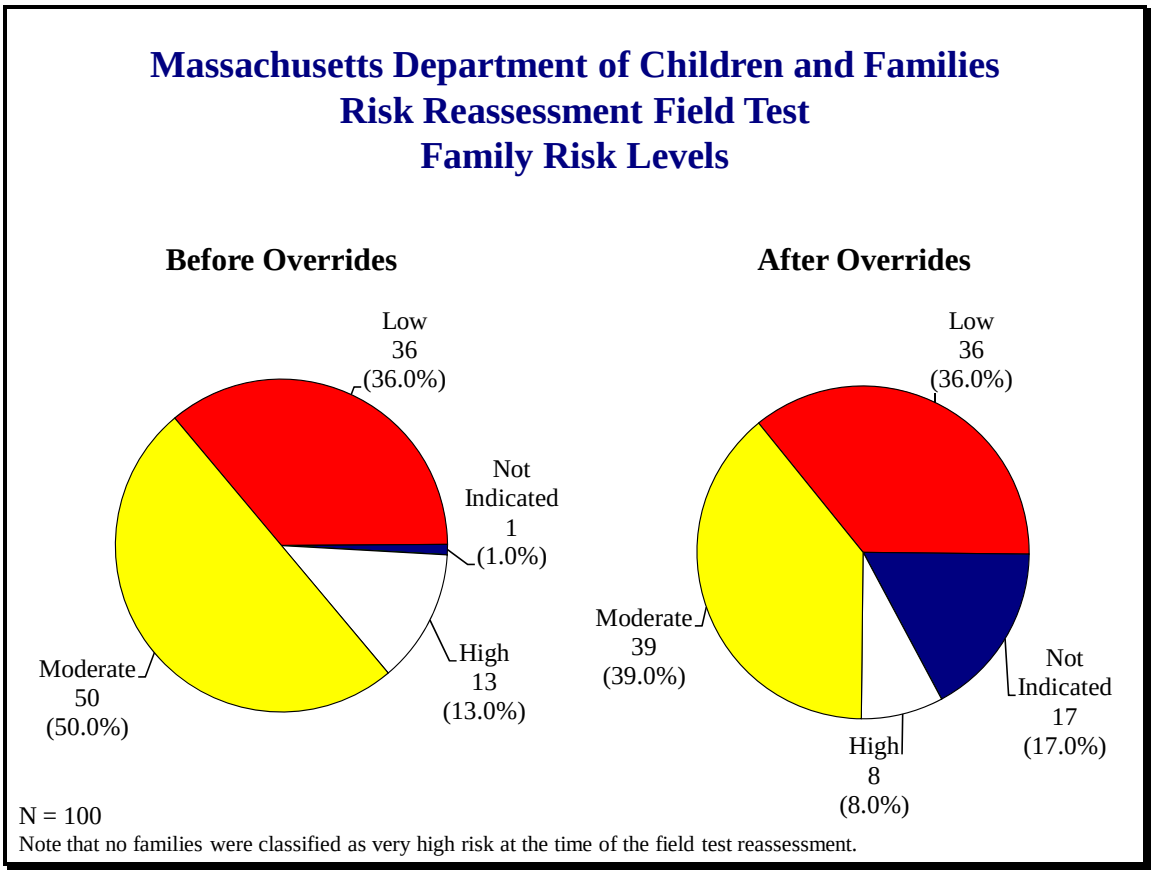
Massachusetts Department of Children and Families
Risk Reassessment Field Test
Risk Reassessment Item Scores
(N = 100)

Risk Reassessment Item		N	%
	Developmental disability	8	8.0%
	Physical disability	2	2.0%
R5.	Substance use		
	No history of substance abuse problem; or one or more caregivers has a history of substance abuse, but there is not current problem that requires treatment, or substance abuse problem is being addressed	89	89.0%
	Substance abuse problem is not being addressed	10	10.0%
	No response	1	1.0%
R6.	Adult relationships		
	No problems with adult relationships	67	67.0%
	No violence, but harmful, tumultuous adult relationships	30	30.0%
	Current household violence	3	3.0%
R7.	Physical care provided		
	Physical care provided meets child needs	97	97.0%
	Physical care provided does not meet child needs	3	3.0%
R8.	Housing		
	Family has safe and stable residence	90	90.0%
	Housing was physically unsafe at some point during review period	4	4.0%
	Homeless at some point during review period	6	6.0%
R9.	Primary caregiver mental health		
	No history of mental health problem, or primary caregiver has a history of mental health problems, but there is no current problem that requires treatment, or mental health problem is being addressed	87	87.0%
	Mental health problem is not being addressed	13	13.0%
R10.	New reports		
	No reports of abuse or neglect during review period required an in-person response	85	85.0%
	One or more reports of abuse or neglect during review period	15	15.0%

a. Risk Reassessment Levels

Risk levels following the reassessment conducted during the field test are illustrated below. Before overrides, there were 36 (36.0%) families at low risk, 50 (50.0%) at moderate risk, and 13 (13.0%) families at high risk. No families were at very high risk of maltreatment at the time of the reassessment. The risk reassessment level prior to overrides was not provided in one (1.0%) case. Following overrides, 36 (36.0%) cases were classified low risk, 39 (39.0%) as moderate, and eight (8.0%) cases were considered high risk for maltreatment. Risk reassessment levels after overrides were not indicated for 17 (17.0%) families.

Figure 12



Five discretionary overrides were indicated; however, there were eight instances in which the final risk level differed from the scored risk level. Five cases were overridden from moderate to low, one case was overridden from moderate to high, and two were overridden from high to moderate (not shown).

Risk reassessment levels following the use of overrides in each office are shown in Table 10.

Table 10

Massachusetts Department of Children and Families
Final Risk Reassessment Levels After Overrides

Office	Low		Moderate		High		Not Reported		Total	
	N	%	N	%	N	%	N	%	N	%
Cambridge	3	100.0%	0	0.0%	0	0.0%	0	0.0%	**3**	**100.0%**
Fall River	12	35.3%	20	58.8%	2	5.9%	0	0.0%	**34**	**100.0%**
Lawrence	0	0.0%	0	0.0%	0	0.0%	1	100.0%	**1**	**100.0%**
Lowell	2	66.7%	0	0.0%	1	33.3%	0	0.0%	**3**	**100.0%**
Park Street	5	45.5%	5	45.5%	1	9.1%	0	0.0%	**11**	**100.0%**
Pittsfield	3	37.5%	2	25.0%	0	0.0%	3	32.5%	**8**	**100.0%**
South Central	8	23.5%	11	32.4%	4	11.8%	11	32.4%	**34**	**100.0%**
Springfield	0	0.0%	0	0.0%	0	0.0%	2	100.0%	**2**	**100.0%**
Worcester	3	75.0%	1	25.0%	0	0.0%	0	0.0%	**4**	**100.0%**
Total	**36**	**36.0%**	**39**	**39.0%**	**8**	**8.0%**	**17**	**17.0%**	**100**	**100.0%**

Note that no families were classified as very high risk at the time of the field test reassessment.

b. Protective Capacities

Families exhibited between zero and ten protective capacities, with an average of five protective capacities in the family (not shown). Protective capacities present at the time of the risk reassessment are shown below.

Table 11

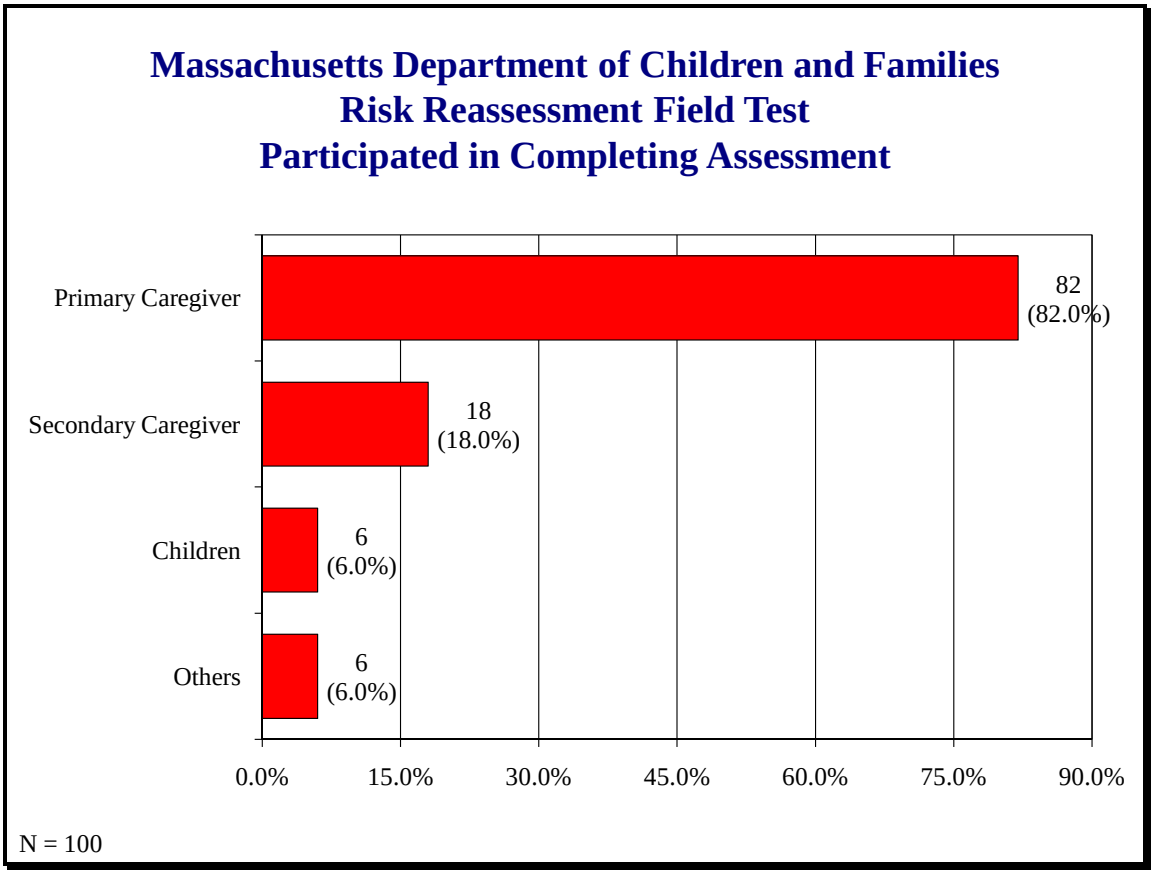
Massachusetts Department of Children and Families
Risk Reassessment Field Test
Protective Capacities
(N = 100)

Risk Reassessment Protective Capacity Indicator		N	%
RPC1.	Despite current situation, caregiver has had at least two continuous years since the birth of his/her first child during which no child abuse or neglect reports were received	57	57.0%
RPC2.	Caregiver effectively resolved issues during prior ongoing case management	36	36.0%
RPC3.	Caregiver has acknowledged history of abuse or neglect and has translated his/her own experience into protective and supportive parenting	44	44.0%
RPC4.	Caregiver demonstrates an ability to utilize necessary resources to address the child's specific exceptional needs	49	49.0%
RPC5.	Family has connections and/or involvement in the community	69	69.0%
RPC6.	Caregiver was identified as having a substance abuse concern, but has achieved at least six months' abstinence from substances	23	23.0%
RPC7.	Caregiver demonstrates understanding of the impact of household violence on the child and addresses the impact, and caregiver demonstrates a willingness to protect self and the child from household violence	29	29.0%

Table 11 Massachusetts Department of Children and Families Risk Reassessment Field Test Protective Capacities (N = 100)		
Risk Reassessment Protective Capacity Indicator	**N**	**%**
RPC8. Despite current situation, caregiver has had at least two continuous years since the birth of his/her first child during which the child's basic physical care needs were met	65	65.0%
RPC9. Despite current situation, caregiver has had at least two continuous years since the birth of his/her first child during which safe and stable housing was provided	64	64.0%
RPC10. Despite home hazard, caregiver has carried out effective steps to protect the child	17	17.0%
RPC11. Primary caregiver was identified as having mental health concerns, but has been following a treatment plan for at least six months and has at least significant symptom reduction	23	23.0%
RPC12. Primary caregiver expresses an understanding of how his/her mental health concern impacts his/her caregiving skills and has taken steps to protect the child	24	24.0%

In most (82.0%) cases, the primary caregiver participated in completing the risk reassessment.

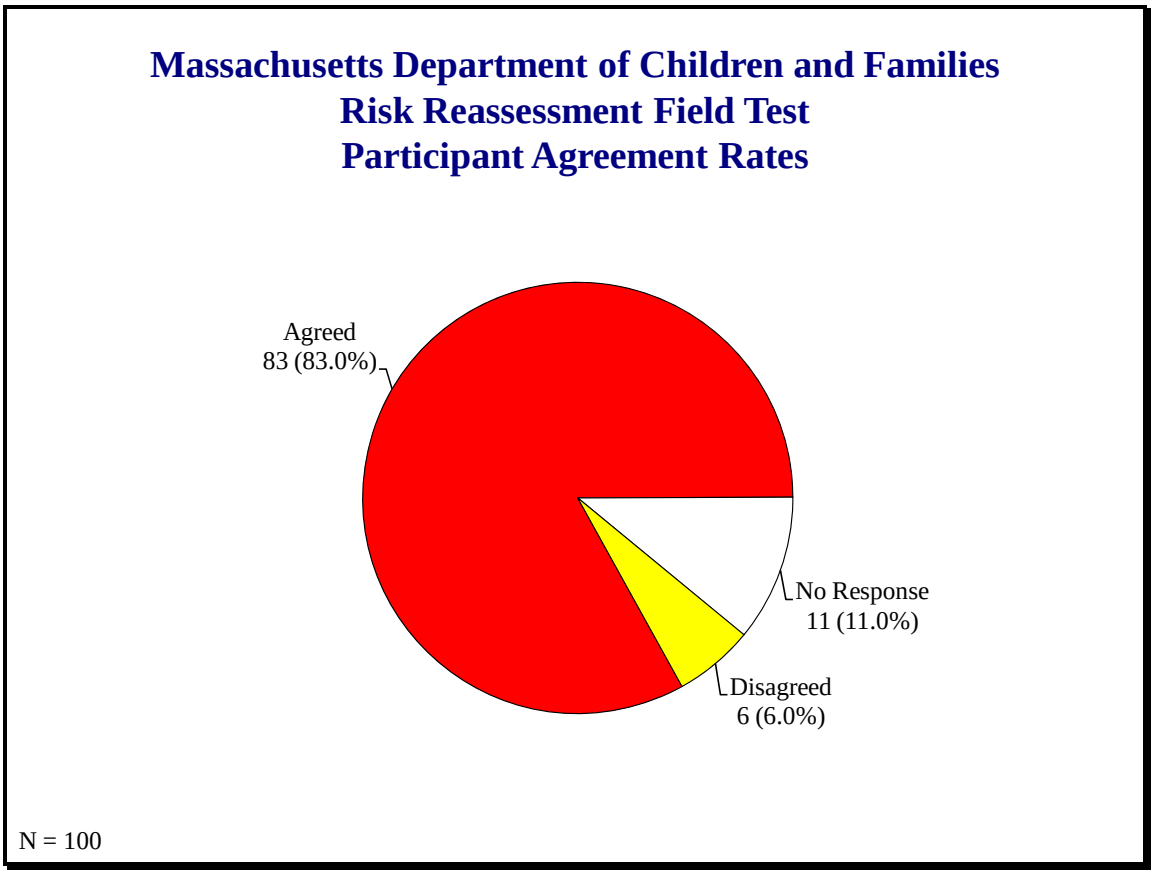
Figure 13



c. Participant Agreement Rates

The following describes the rate at which participants in completing the risk reassessment agreed with the assessment as well as how often participants disagreed.

Figure 14



Two families disagreed with the scoring for item 10, new reports of abuse or neglect; R5, substance abuse; and R3, primary caregiver history of childhood abuse or neglect; and there was one disagreement for each of the following items: R1, prior abuse/neglect; R6, adult relationships; and R9, primary caregiver mental health. One family also disagreed with protective capacity item 7, caregiver's understanding of household violence, and one disagreed with protective capacity item 10, home hazards.

Finally, there were two risk reassessments conducted for the same case. It appeared that the child had two households and a reassessment was completed for each home. It is important that DCF has clear policies and procedures for conducting assessments on the same case in different households, and that risk reduction and service participation are monitored for each.

B. Surveys

1. Worker Survey

Twenty-one workers submitted a worker survey. Of these, two (9.5%) worked in the investigation unit, 11 (52.4%) in the assessment unit, six (28.6%) in the ongoing unit, and two (9.5%) in the adolescent unit. They had an average of 7.7 years of experience in CPS and had spent an average of seven years with DCF. Most had bachelor's degrees (16, or 76.2%); and five (23.8%) had a master's degree. There were 18 (85.7%) females and three (14.3%) males who responded to the survey. Most workers were white (13, or 61.9%); five (23.8%) were Hispanic; one (4.8%) was Asian; and two (9.6%) were of another race/ethnicity (demographic data not shown).

Thirteen workers completed at least one assessment of danger and safety during the field test. Worker opinions about the assessment are illustrated below.

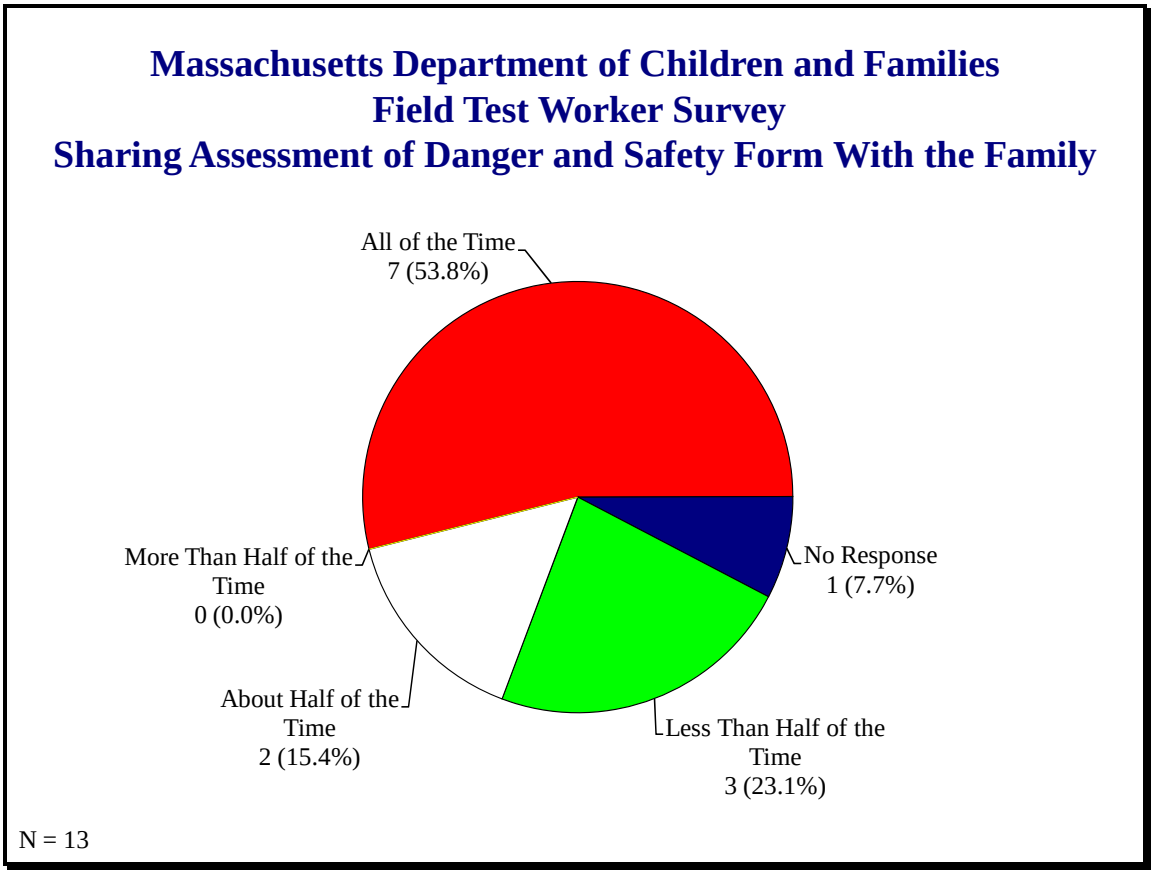
Table 12

Massachusetts Department of Children and Families
Field Test Worker Survey
Assessment of Danger and Safety
(N = 13)

	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		No Response	
	N	%	N	%	N	%	N	%	N	%	N	%
Form flowed logically	0	0.0%	6	46.2%	7	53.8%	0	0.0%	0	0.0%	0	0.0%
Item definitions were clear	0	0.0%	4	30.8%	7	53.8%	2	15.4%	0	0.0%	0	0.0%
Form fit in current process	0	0.0%	3	23.1%	3	23.1%	3	23.1%	2	15.4%	2	15.4%
Instructions were clear	1	7.7%	5	38.5%	3	23.1%	2	15.4%	2	15.4%	0	0.0%
Aided in making the safety decision	0	0.0%	3	23.1%	5	38.5%	2	15.4%	3	23.1%	0	0.0%
Assessment of safety took less time than in current practice	2	15.4%	1	7.7%	2	15.4%	4	30.8%	4	30.8%	0	0.0%
Assessment is compatible with culturally competent practice	1	7.7%	3	23.1%	5	38.5%	2	15.4%	2	15.4%	0	0.0%

Seven (53.8%) workers tended to share results with the family all the time, two (15.4%) about half the time, and three (23.1%) shared results of the danger and safety assessment with the family less than half the time. One did not indicate how often he/she shared results.

Figure 15



Workers then rated the following. Nearly half (46.2%) of workers would not leave a completed form with the family.

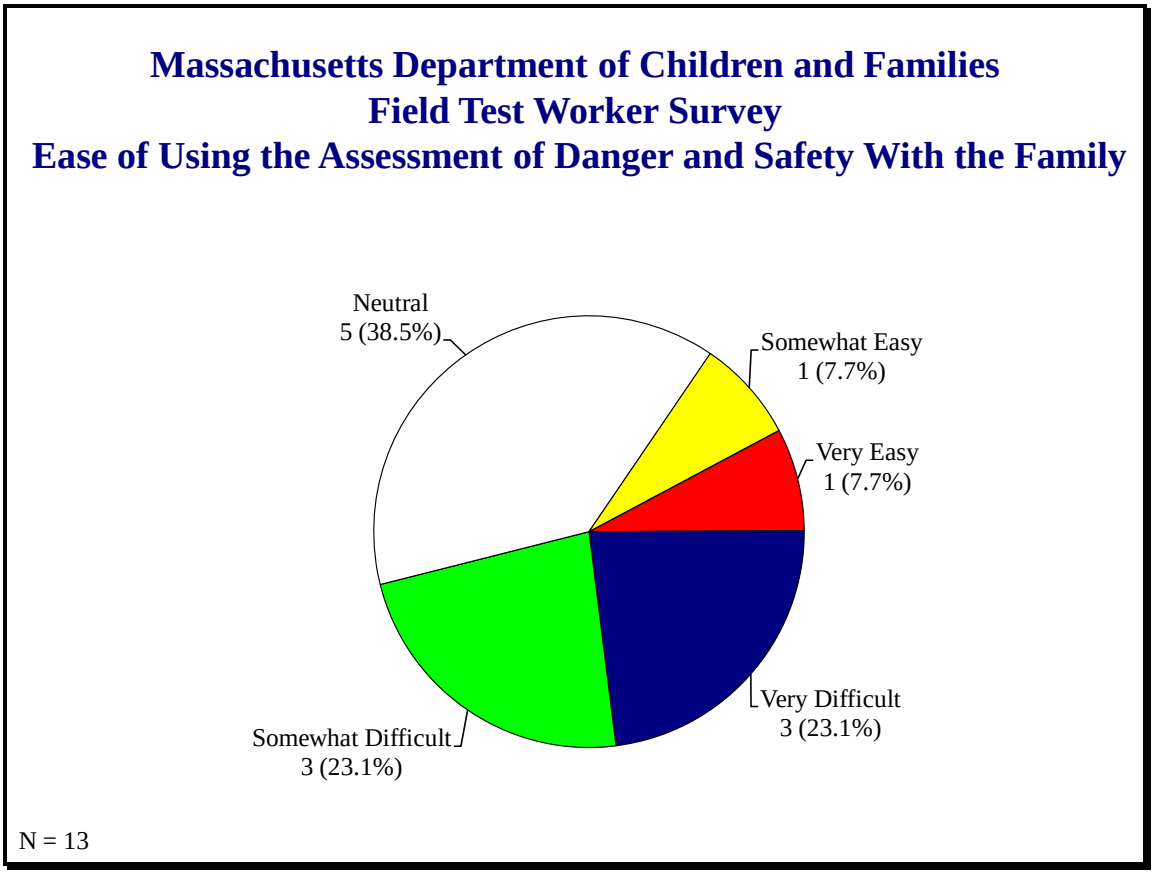
Table 13

Massachusetts Department of Children and Families
Field Test Worker Survey
Assessment of Danger and Safety
(N = 13)

	All of the Time		More Than Half the Time		About Half the Time		Less than Half of the Time		Not At All	
	N	%	N	%	N	%	N	%	N	%
I agreed with the final safety decision.	3	23.1%	3	23.1%	6	46.2%	1	7.7%	0	0.0%
The form was clear to the family.	2	15.4%	1	7.7%	1	7.7%	8	61.5%	1	7.7%
The family agreed with the final safety decision.	2	15.4%	2	15.4%	5	38.5%	3	23.1%	1	7.7%
In the future, I recommend that a copy of the completed assessment be left with families.	5	38.5%	1	7.7%	1	7.7%	0	0.0%	6	46.2%

Six workers thought that the assessment was somewhat difficult or very difficult to use with the family.

Figure 16



When workers were asked to provide comments about the assessment of danger and safety, responses included the following:

- I do not believe that the safety assessment is applicable to Hotline/ERW responses; ran into problems when parents were in jail and the tool was used, where there was no privacy to the family and a police officer helped to translate because neither ERW was able to speak Spanish. Police officer commented that the form was pretty self-explanatory and we were utilizing his time when the department had just done a drug bust and there were many people around. Many situations result in the parents being very emotional or heated and I believe this poses safety issues to ERWs in the middle of the night. In the middle of the night, children and parents are sleepy and the tool often felt rushed. It doesn't get the time that it might deserve during hotline responses.

- I think protective capacities should be first so that you are being strengths-based and because when you acknowledge that the families are doing some things right it makes it easier to hear what they need to work on.

- It clearly needs to be more family friendly and it might be more beneficial if the focus was on the positive/strengths rather than the negative.

- The safety assessment did not have indicators that applied to most scenarios. Often there would be an issue, perhaps even an isolated issue, but despite being serious, no danger indicators applied. Safety assessment did not have indicators that applied to domestic violence incidents in which the child was present (asleep, awake, in the room, out of the room, etc.), if there was an incident in which a father assaulted a mother or vice versa. Oftentimes there still was no danger indicator to reflect that as a concern. I would not complete the assessment with the family, as I feel that circumstances change and as the investigations continues, more information is gathered that might change the way in which I would choose an indicator. I also think completing the tool in the presence of the family can give them a false perspective of how the department views the concerns, especially when there are no danger indicators present. I do not feel the tool is useful and it did not aid in my assessment of danger and safety. I personally would not want to use the tool at all, nor would I want to use it with the family.

- Safety assessment is not family friendly; it should be used during investigation period or when a new 51a report/concern is received. Form does not seem applicable to use at the end of assessment period if looking to close the case.

- The tool does not provide accurate danger indicators in many cases; did not seem to fit with the work that we as investigators currently practice in the department. I would add more indicators for domestic violence and would not complete the form with the family during the investigation visit, as it was very difficult to get agitated parents to focus on the tool, and in some cases where neglect was evident, the tool, used as is, showed no danger indicator, giving the family a false sense of safety.

- The way the questions are worded. Some of the families seem to be upset at the way the questions are defined.

- This process was not appropriate for most of the adolescent unit; most of our cases are CHINS, placement, or voluntary cases, which did not apply to this process.

Sixteen workers completed at least one risk assessment. Worker opinions about the assessment are illustrated below.

Table 14

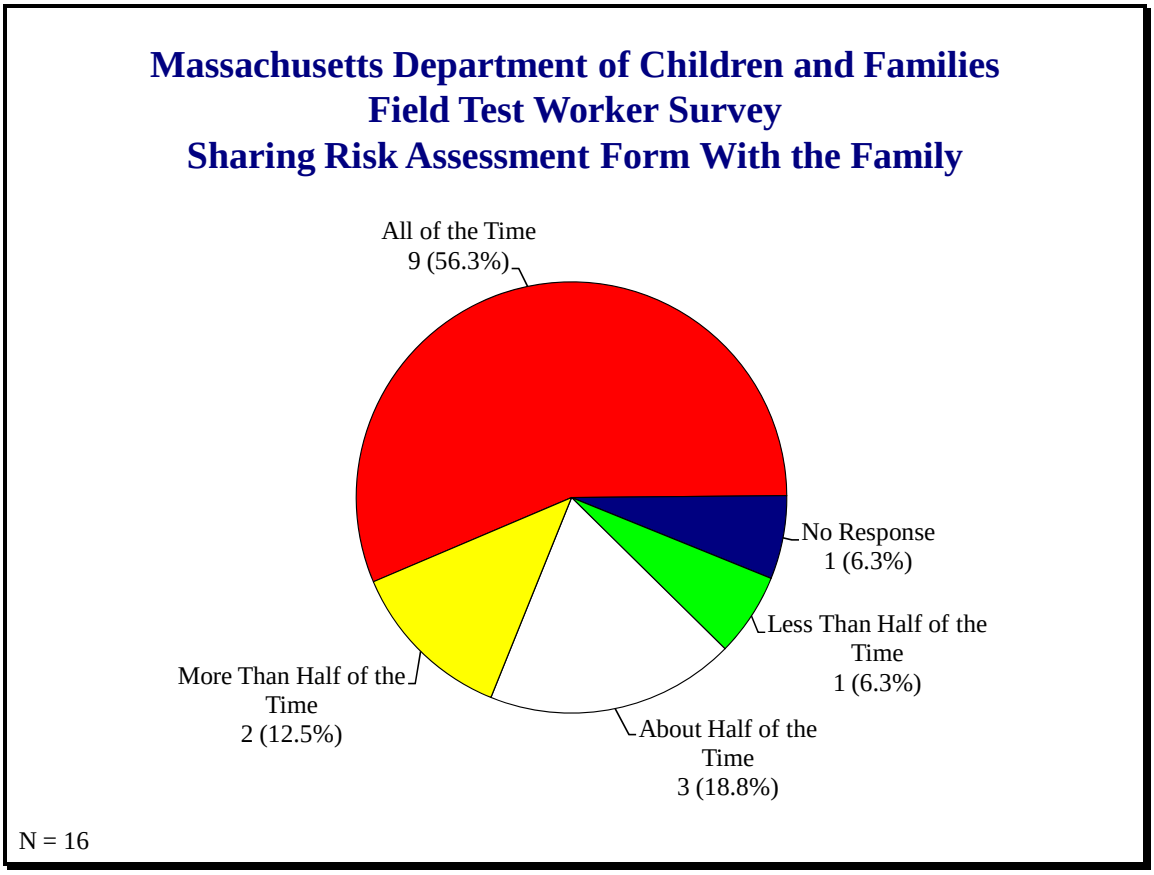
Massachusetts Department of Children and Families
Field Test Worker Survey
Risk Assessment
(N = 16)

	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
	N	%	N	%	N	%	N	%	N	%
Form flowed logically	0	0.0%	10	62.5%	5	31.3%	1	6.3%	0	0.0%
Item definitions were clear	1	6.3%	7	43.8%	6	57.5%	2	12.5%	0	0.0%
Form fit in current process	1	6.3%	6	37.5%	6	37.5%	3	18.8%	0	0.0%
Instructions were clear*	1	6.7%	7	46.7%	4	26.7%	2	13.3%	1	6.7%
Aided in making the risk level decision	1	6.3%	6	37.5%	7	43.8%	1	6.3%	1	6.3%
Helped focus clinical discussion on the most relevant issues	1	6.3%	6	37.5%	7	43.8%	2	12.5%	0	0.0%
Assessment of risk took less time than in current practice	0	0.0%	3	18.8%	7	43.8%	3	18.8%	3	18.8%
Assessment is compatible with culturally competent practice	1	6.3%	3	18.8%	7	43.8%	3	18.8%	2	12.5%

*One worker did not respond.

Most (nine, or 56.3%) workers tended to share results with the family all of the time.

Figure 17



Workers then rated the following aspects of the risk assessment. Note that 46.7% of workers would leave the completed risk assessment with the family all of the time and 40.0% would not leave a completed risk assessment with the family at any time.

Table 15

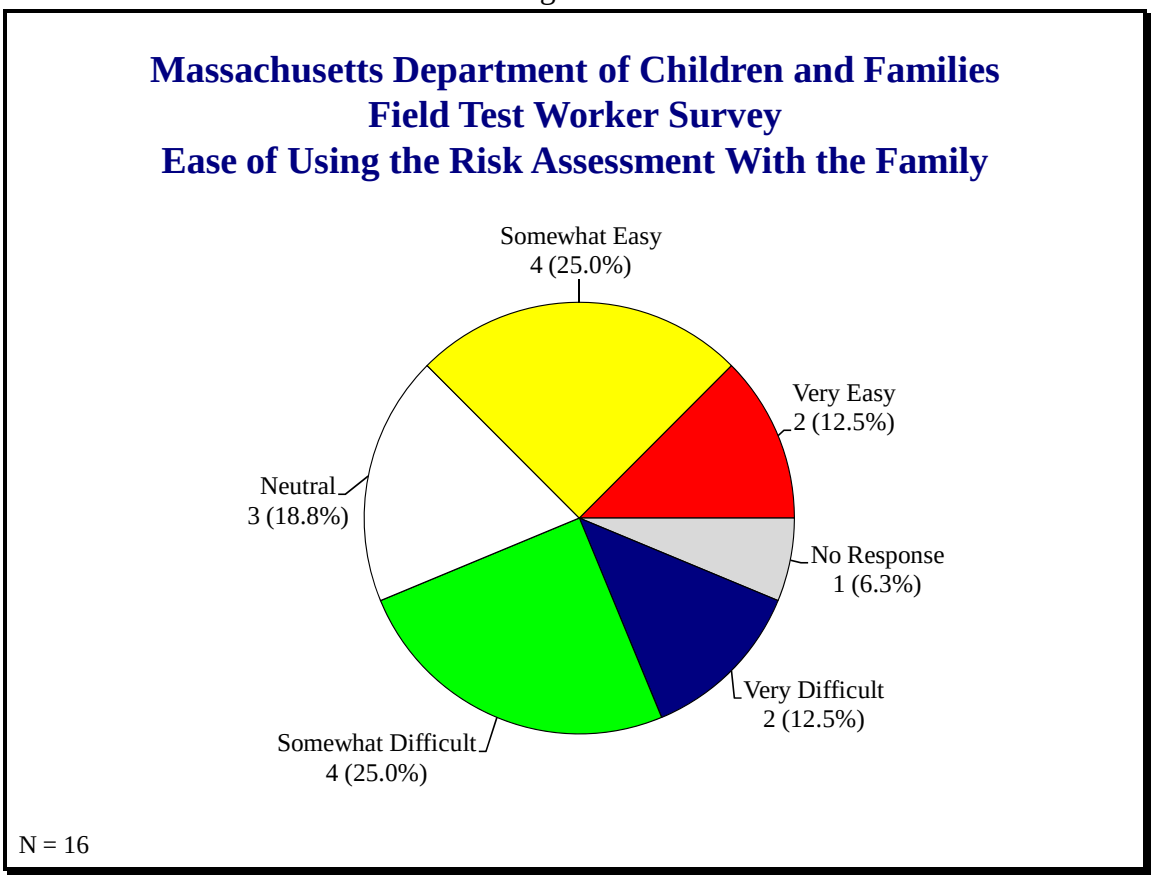
Massachusetts Department of Children and Families
Field Test Worker Survey
Risk Assessment
(N = 16)

	All of the Time		More Than Half of the Time		About Half of the Time		Less Than Half of the Time		Not at All	
	N	%	N	%	N	%	N	%	N	%
I agreed with the final scored risk level decision.	4	25.0%	5	31.3%	5	31.3%	1	6.3%	1	6.3%
The form was clear to the family.	4	25.0%	1	6.3%	3	18.8%	4	25.0%	4	25.0%
The family agreed with the final risk level decision.	1	6.3%	3	18.8%	5	31.3%	4	25.0%	3	18.8%
In the future, I recommend that a copy of the completed assessment be left with families.*	7	46.7%	0	0.0%	1	6.7%	1	6.7%	6	40.0%

*One worker did not respond.

Six of the 16 workers thought that using the risk assessment with the family was somewhat easy (n = 4) to very easy (n = 2). Six thought it was somewhat (n = 4) to very difficult (n = 2).

Figure 18



Workers were then asked to indicate what they would change about the risk assessment and to provide any other comments. The following summarizes worker feedback.

- Change the wording.
- Do not include client history on the risk assessment, particularly parents who were abused as children.
- Do not use the assessment with the family.
- Assessment needs to be more family friendly with a focus on helping family to see the positive.
- Language needs to be more basic for families; more strengths-based; put protective capacities first.
- Put protective capacities first; assign a score to the protective capacities.

- Protective capacities should be based on research so that they can be scored.
- Protective capacities were cumbersome and confusing and added little to the process; did not flow with the risk assessment; disconnected. Might be helpful as a guide or suggestion of things to consider and discuss with the family, but should be used separately from the risk assessment.
- Time consuming, not family friendly.
- Difficult to complete with the family due to timeframe.
- Assessment was helpful for us but difficult for families.
- Risk assessment should be completed by an ongoing worker who has a relationship with the family.
- Assessment is helpful with decision making with regard to risk.
- I would not change anything.

Ten workers completed at least one risk reassessment. Worker opinions about the risk reassessment are illustrated below.

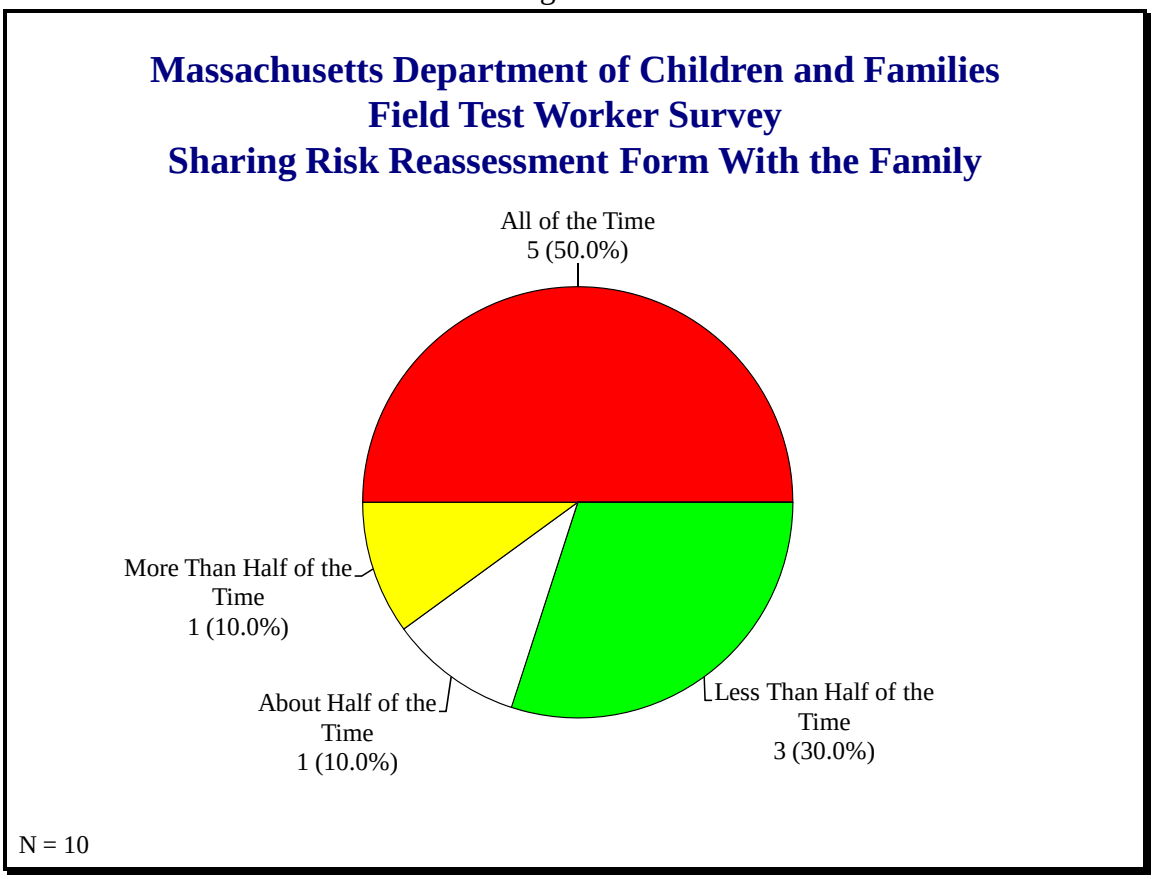
Table 16

Massachusetts Department of Children and Families
Field Test Worker Survey
Risk Reassessment
(N = 10)

	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		No Response	
	N	%	N	%	N	%	N	%	N	%	N	%
Form flowed logically	0	0.0%	6	60.0%	2	20.0%	2	20.0%	0	0.0%	0	0.0%
Item definitions were clear	0	0.0%	3	30.0%	5	50.0%	2	20.0%	0	0.0%	0	0.0%
Form fit in current process	0	0.0%	7	70.0%	2	20.0%	1	10.0%	0	0.0%	0	0.0%
Instructions were clear	0	0.0%	6	60.0%	2	20.0%	2	20.0%	0	0.0%	0	0.0%
Aided in making the risk level decision	3	30.0%	4	40.0%	0	0.0%	1	10.0%	1	10.0%	1	10.0%
Helped focus clinical discussion on the most relevant issues	2	20.0%	3	30.0%	4	40.0%	0	0.0%	1	10.0%	0	0.0%
Reassessment of risk took less time than in current practice	0	0.0%	7	70.0%	1	10.0%	0	0.0%	1	10.0%	1	10.0%
Assessment is compatible with culturally competent practice	1	10.0%	6	60.0%	3	30.0%	0	0.0%	0	0.0%	0	0.0%

Five (50.0%) workers shared results with families all of the time and three (30.0%) shared results less than half of the time.

Figure 19



Workers then rated the following. Note that 60.0% of workers would recommend leaving a copy of the risk reassessment with the family and 20.0% suggested that was not a good idea.

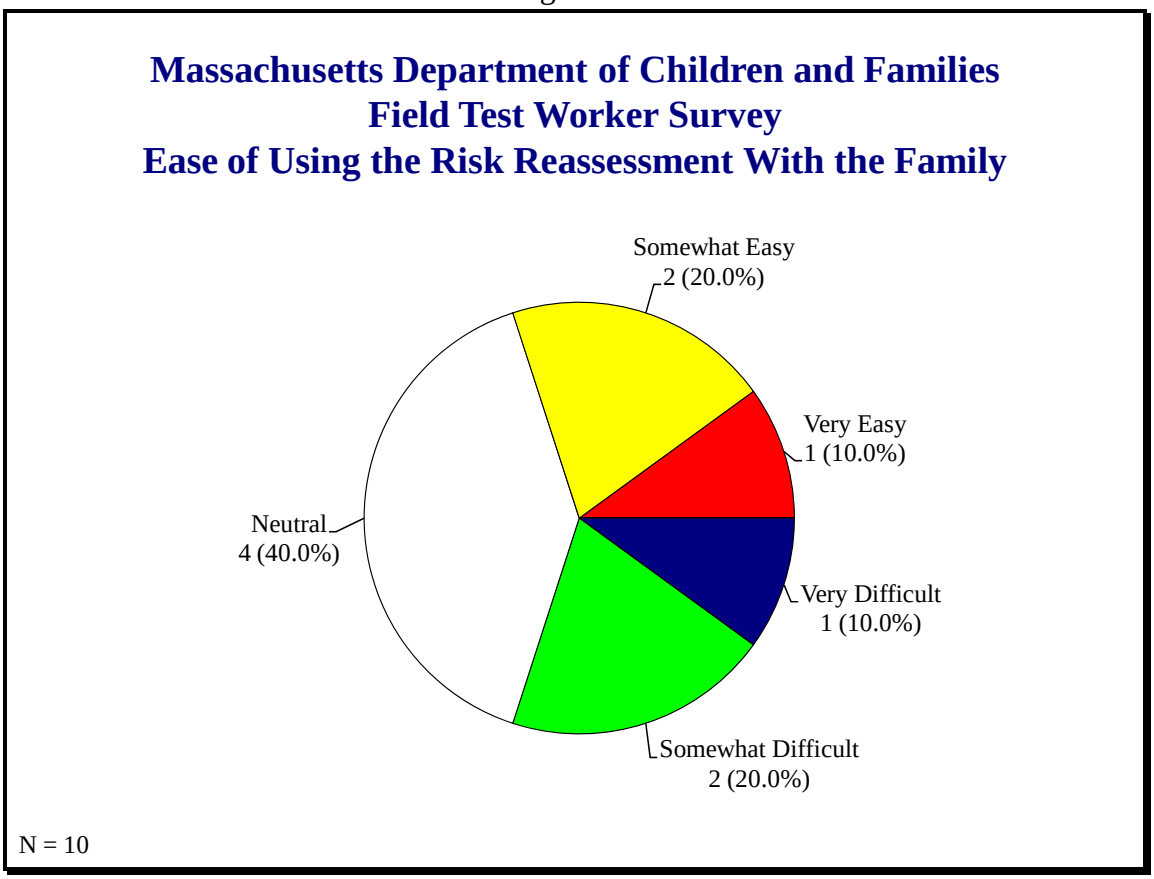
Table 17

Massachusetts Department of Children and Families
Field Test Worker Survey
Risk Reassessment
(N = 10)

	All of the Time		More Than Half of the Time		About Half of the Time		Less Than Half of the Time		Not at All	
	N	%	N	%	N	%	N	%	N	%
I agreed with the final scored risk level decision.	1	10.0%	5	50.0%	3	30.0%	1	10.0%	0	0.0%
The form was clear to the family.	3	30.0%	1	10.0%	2	20.0%	3	30.0%	1	10.0%
The family agreed with the final risk level decision.	2	20.0%	4	40.0%	3	30.0%	1	10.0%	0	0.0%
In the future, I recommend that a copy of the completed assessment be left with families.	6	60.0%	1	10.0%	1	10.0%	0	0.0%	2	20.0%

Three (30.0%) workers thought that using the risk reassessment with the family was somewhat or very easy. Three (30.0%) thought it was somewhat to very difficult.

Figure 20

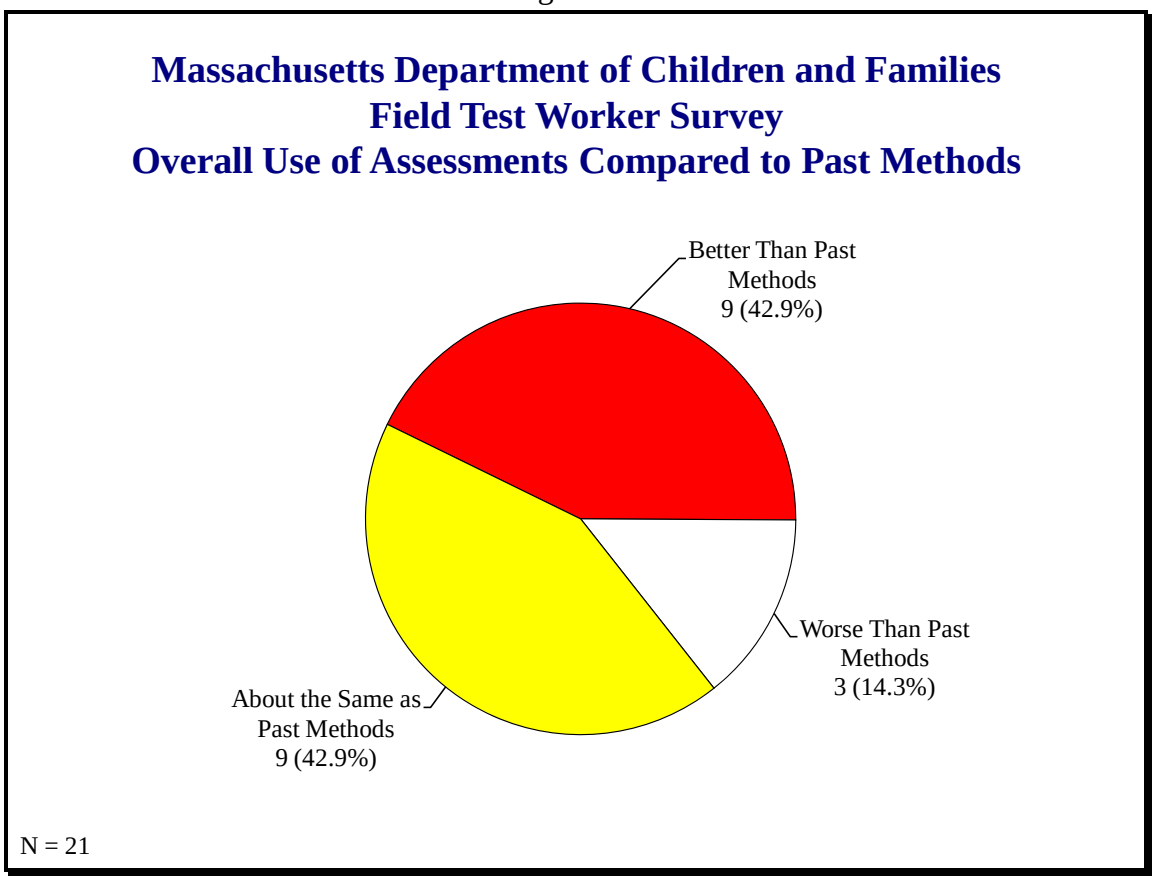


When asked to indicate what they would change about the risk reassessment and to provide any other comments, workers indicated the following.

- Definitions should be more clear; struggled with mental health question, which should also pertain to the child.
- Difficult for the family to understand even though the tool was translated.
- I really liked using the risk reassessment but you need to know the case very well; mental health question was difficult because there may be issues but they are not diagnosed.
- Protective capacity #7 and #10 should be rewritten because if the worker does not check these items, it implies that the lack of capacity is an issue when really it is not applicable.
- Suggest that the risk score be changed to a three-level scale.

Overall, workers indicated that the new assessments were about the same (42.9%) or better (42.9%) than methods used in the past to assess safety and risk. Only three (14.3%) workers thought the new assessments were worse than past methods

Figure 21



When asked to explain if methods were better or worse than prior methods of assessing safety and risk, workers indicated the following.

- Clients had the opportunity to discuss the situation.
- Much easier than past methods; much easier to engage the client.
- The assessments provide concrete answers based on observations, plus we are all on the same page.
- Visual tool that parents were able to see and understand why a case was scored the way it was.
- Tools would be very useful if they are used from the start of a case.
- No better or worse, just a different way to formalize your thinking.

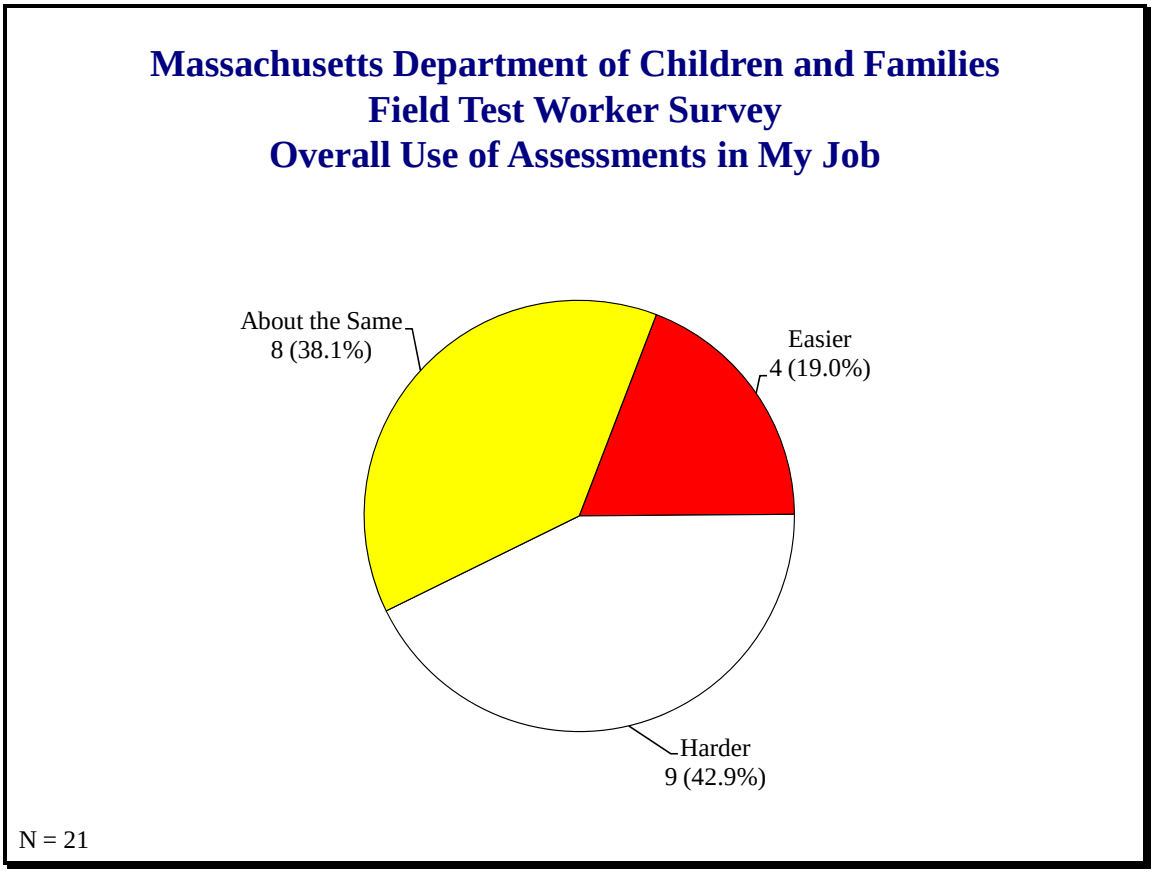
- New methods did not give an accurate picture of the concerns in a family.

- The assessments did not accurately depict the way we come to sound, informed decisions, were a burden and added task that did not aid in final outcome.

- The safety assessment did not play a part in decision making; we had our answers prior to completing the assessment.

Workers were then asked if using the new assessments made their job easier, about the same, or harder than it used to be. Eight (38.1%) workers indicated that their job was about the same and four (19.0%) indicated that using the assessments made their job easier.

Figure 22



When asked to explain if using the assessments made their job easier or harder, workers had the following to say.

- This does not work well in Hotline; may be appropriate in other areas; more time consuming and will affect workload.

- Assessments were not family friendly; made the family confused.

- Assessments made it easier to talk directly about concerns without the client thinking that they were based only on my opinion.

- Assessments would make sense if they were used from the beginning of the family's involvement.

- Time consuming (two workers).

- Help determine whether to keep the case open or not; helps to see family reactions and hear their input.

- About the same, just more paperwork (two workers).

- Requires more work to look into the case if this was not the first time they were involved with the department.

- Added responsibility without having an impact on the final outcome of the case; workers assessing risk should not need a checklist, otherwise they should be supervised by the higher-ups.

- Assessments made working with family harder as results were not in sync with the general practice of the department; families had difficult time grasping how there could be no danger indicators but the neglect allegation was substantiated.

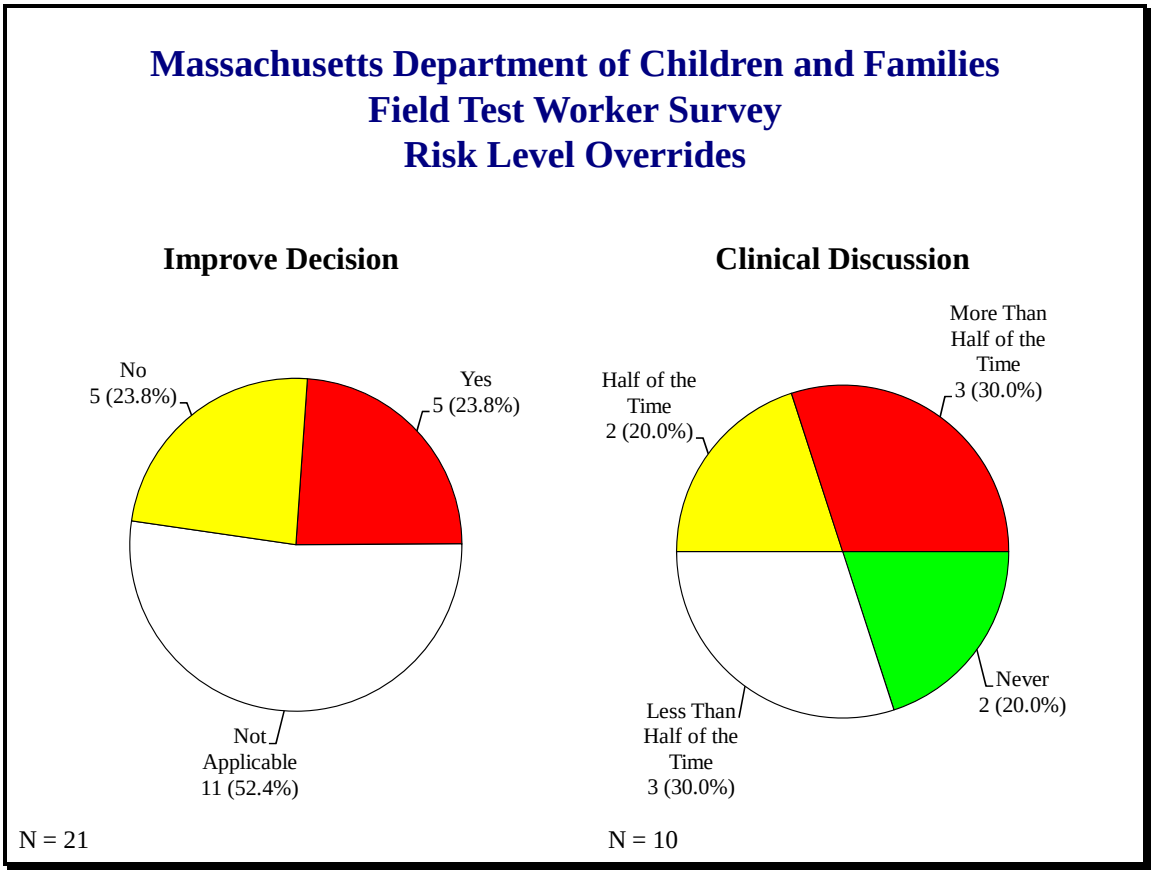
- Explaining the content does not allow for trust building with the families; creates a fear factor in the families.

- These are positive tools; must really understand the definitions.

When asked if the capacity to use risk level overrides led to improved decisions, five (23.8%) workers indicated that it did not and five (23.8%) indicated that it did. Eleven (52.4%) workers indicated that the use of risk level overrides did not apply.

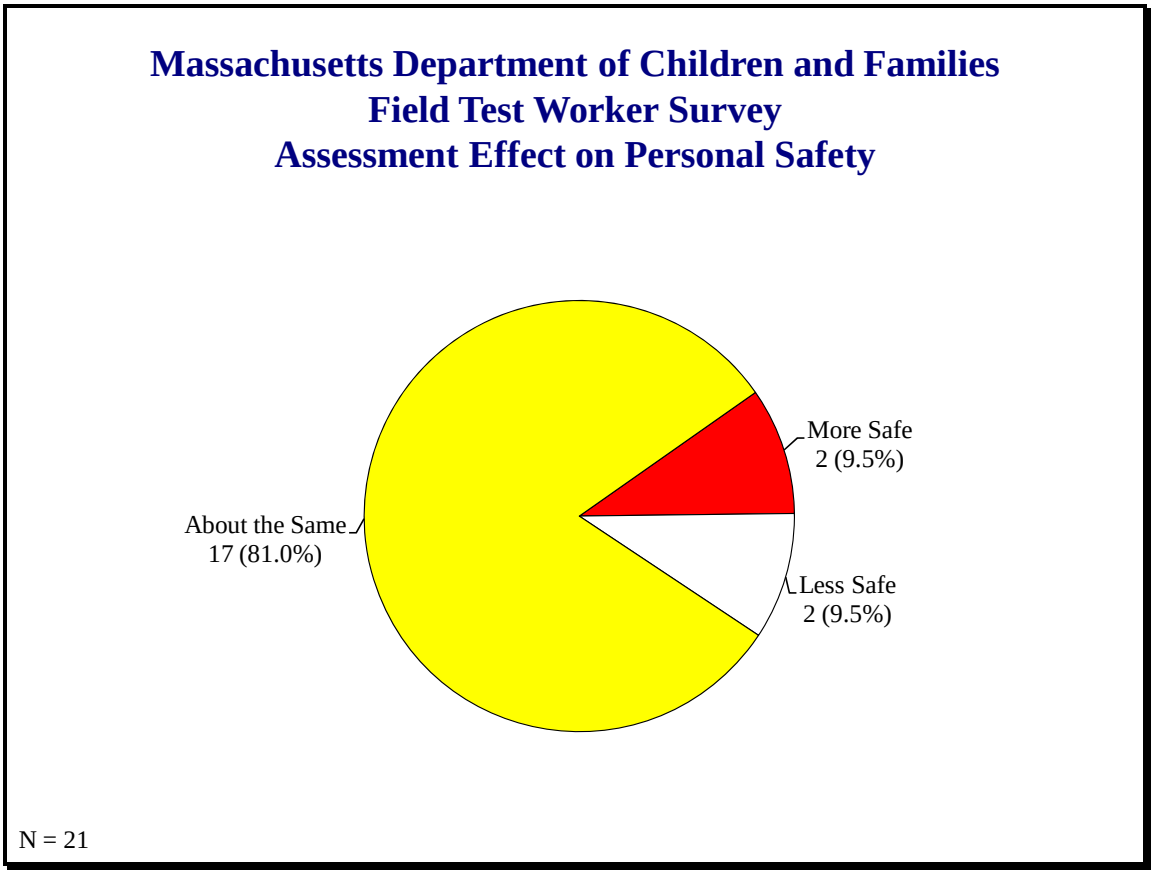
Responses from the ten workers for whom the capacity to override risk level applied show that two (20.0%) of them thought that the use of overrides did not lead to a clinical discussion of the issues, while the other eight (80.0%) indicated that, at least some of the time, the use of overrides led to a clinical discussion.

Figure 23



Workers were then asked to provide their opinion on how using the assessments affected personal safety. Most (81.0%) said they felt the same, two (9.5%) workers said they felt more safe, and two (9.5%) workers felt that using the assessments made them less safe than before.

Figure 24



Workers were then asked to indicate their opinions about the following. The most positive effects were that the new assessments clearly distinguished the concepts of safety and risk and that the assessments clearly assessed all aspects of safety and risk.

Table 18

Massachusetts Department of Children and Families
Field Test Worker Survey
Overall Effect
(N = 21)

	Much More Positively		Somewhat More Positively		Neutral		Somewhat More Negatively		Much More Negatively		Not Applicable	
	N	%	N	%	N	%	N	%	N	%	N	%
The way you talk with families	4	19.0%	6	28.6%	8	38.1%	1	4.8%	0	0.0%	2	9.5%
Your relationship with the family	3	14.3%	7	33.3%	6	28.6%	4	19.0%	0	0.0%	1	4.8%
Conversations with your supervisor about family safety and risk	3	14.3%	4	19.0%	12	57.1%	0	0.0%	1	4.8%	1	4.8%
Clearly distinguished the concepts of safety and risk	4	19.0%	9	42.9%	6	28.6%	1	4.8%	0	0.0%	1	4.8%
Clearly assessed all aspects of safety and risk	3	14.3%	8	38.1%	8	38.1%	0	0.0%	2	9.5%	0	0.0%
Ability to have difficult conversations with a family	3	14.3%	5	23.8%	9	42.9%	2	9.5%	1	4.8%	1	4.8%
Ability to have focused conversation with family of different primary language	2	9.5%	4	19.0%	3	14.3%	1	4.8%	1	4.8%	10	47.6%

2. Family Survey

Surveys were conducted with 73 families. Interviewees ranged in age from 18 to 57 years old. The majority (54, or 74.0%) were female, eight (11.0%) were male, and gender was not reported for 11 (15.1%) participants. Participants from 31 (42.5%) households were white, 15 (20.5%) were Hispanic, five (6.8%) were African American, two (2.7%) were Asian, and race/ethnicity was not reported for 20 (27.4%) participants. Fifty-two (71.3%) interviewees came from homes in which the primary language was English, 15 (20.5%) came from primarily Spanish-speaking homes, two spoke Vietnamese, and the primary language was not reported in four (5.5%) instances. Participant education levels ranged from eighth-grade graduate to college graduate. Thirty-six (49.3%) were single-family homes; 26 (35.6%) were two-parent; three were multi-generational; and one household was described as single, two-parent, and multi-generational. Household type was not reported in seven (9.6%) cases. Income levels ranged from less than $25,000 to over $100,000 per year in the 53 homes for which income information was supplied. Income information was not supplied for 20 homes (demographic data not shown).

Families were served by workers from the following offices.

Table 19

Massachusetts Department of Children and Families
Field Test Family Survey
by Office

Office	N	%
Arlington	7	9.6%
Boston	2	2.7%
Cambridge	3	4.1%
Fall River	10	13.7%
Lawrence	6	8.2%
Lowell	3	4.1%
North Central	1	1.4%
Park Street	2	2.7%
Pittsfield	5	6.8%
South Central	12	16.4%
Springfield	2	2.7%
Worcester West	11	15.1%
Not Reported	9	12.3%
Total	**73**	**100.0%**

Families provided the following ratings. As illustrated, families responded on the positive end of the scale in all instances.

Table 20

Massachusetts Department of Children and Families
Field Test Family Survey
(N = 73)

Statement	Strongly Disagree		Disagree		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%
I understood why this assessment was done	3	4.1%	2	2.7%	49	67.1%	19	26.0%
The assessment tool (AT) helped me to understand what the concerns about my children are	1	1.4%	6	8.2%	49	67.1%	17	23.3%
The AT helped us stay focused on keeping my children safe*	1	1.4%	10	13.7%	45	61.6%	16	21.9%
The AT helped ensure that the entire family was considered, not just certain members of the family	4	5.5%	10	13.7%	39	53.4%	20	27.4%
I was included in the decisions made about my children's care	3	4.1%	5	6.8%	45	61.6%	20	27.4%
The AT helped to make sure that the team listened to and recorded any disagreement that I had	3	4.1%	9	12.3%	48	65.8%	13	17.8%
I was supported in my role as decision maker for my family	2	2.7%	5	6.8%	47	64.4%	19	26.0%
I was encouraged to speak up about my thoughts and feelings	1	1.4%	5	6.8%	45	61.6%	22	30.1%
My family's strengths were identified and included	2	2.7%	4	5.5%	53	72.6%	14	19.2%
My family was encouraged to think about our own supports and strengths	1	1.4%	4	5.5%	55	75.3%	13	17.8%
The AT helped ensure my family's situation was evaluated fairly	3	4.1%	11	15.1%	41	56.2%	18	24.7%
The AT led me to identify family members, friends, neighbors, and/or community supports that I could turn to for help	3	4.1%	10	13.7%	45	61.6%	15	20.5%
My family's cultural, ethnic, and religious beliefs and/or customs were considered**	3	4.1%	10	13.7%	47	64.4%	9	12.3%

*One family did not provide a response.
**Four families did not provide a response.

A summary of comments from 32 of the 73 families were generally positive. Seventeen (53.1%) families had positive things to say about the department and/or worker; three (9.4%) responded positively about the assessments. However, there were nine (28.1%) families who complained about the department/worker and three (9.4%) who did not like the assessment tools (not shown).

3. Issues Survey

Workers had submitted six issues surveys. The following table summarizes the issues that were identified.

Table 21

Massachusetts Department of Children and Families
Field Test
Issues Survey Results

	Safety Assessment	Risk Assessment	Risk Reassessment
The way the item is worded on the form	1	1	1
Item definitions	0	1	2
Unclear instructions	0	0	0
Form flow	1	1	1
A problem with translated assessment	0	0	0
A problem using assessment with family	1	1	0
Other	2	0	0

Worker comments included one worker who indicated that using the assessment of danger and safety was a huge problem on the hotline, specifically with two cases. Based on worker comments, there was one incident in which the worker tried to conduct the danger and safety assessment at the jail where the caregiver was incarcerated; however, there was a language barrier, as well as no privacy; and in another, the caregiver went along with everything the worker suggested, possibly due to learning or cognitive disabilities. In a separate case, another worker requested clarification on risk reassessment item R9, primary caregiver mental health; one worker thought the role of the secondary caregiver was not emphasized enough and that the wording on the assessment was cumbersome for the family; one thought the form focused on failure; one family was unable to stay focused long enough to complete the risk assessment; and one worker thought the wording on the assessment of danger and safety was difficult to work with in a strengths-based approach and that because only two danger indicators were present for a particular family, it made the conversation difficult when discussing the seriousness of the department's concerns. Workers were able to resolve each issue as it arose by 1) completing the risk assessment on his/her own after gathering the information from the family (two instances); 2) focusing on safety planning rather than the safety items (one instance); 3) spending additional time to discuss secondary caregiver issues (one instance); and 4) scoring the risk reassessment item according to the definitions (one instance). There was no resolution to the safety assessment issue, as it was a worker offering an opinion and sharing case scenarios rather than identifying an issue per se.

IV. CONCLUSIONS

As part of an effort to bring consistency and validity to the decision-making process, Massachusetts DCF selected the safety, risk, and risk reassessment components of the SDM system; modified them to meet jurisdictional requirements; and field-tested the assessments to determine how well they could be conducted under actual field conditions and whether or not they could be effectively completed in conjunction with families under investigation or receiving ongoing protective services from the agency. Workers completed the assessments, recorded any issues that arose, and participated in a survey to provide feedback about their experiences. In addition, families with whom the workers had used the assessments were interviewed to examine whether or not families thought that the assessments were helpful.

A summary of major decision points that would be supported in practice by the danger and safety, risk, and risk reassessments indicates that at the start of the investigation, 64.3% of families were in safe households; 28.6% were safe with a safety plan in place; and 2.4% were unsafe households from which children ought to have been removed.[4] At the close of the investigation, relatively few families were at high (21.1%) or very high (2.8%) risk for future maltreatment. And following provision of ongoing services, only 8.0% of families were at high risk for child abuse or neglect.

Results from the field test were generally positive. Responses from workers indicated that most (>50%) workers agreed with or were at least neutral about the assessments' flow and logic, item definitions, process, instructions, decision support, time to complete, compatibility with cultural competency, and ease of use with families, with one exception. When asked if the risk assessment form was clear to the family, 50% of workers said that it was clear less than half the time or not at all. When asked how these assessments compared to past methods for assessing safety and risk, 42.9% of workers said they were better and 42.9% said they were about the same. Approximately 19.0% of workers indicated that the new assessments made their job easier and 38.1% said it was about the same. Nearly all workers indicated that using the assessments had a positive (or at least neutral) impact on the way they talked with families, relationships with families, conversation with supervisors about family safety and risk, worker concepts of safety and risk, and their ability to have difficult conversations with a family.

Responses from families were generally positive. Most families understood why the assessments were done, as well as the department's concerns about their children. Families tended to agree that the entire family was considered, that they were included in decisions about their children, and that the DCF team listened to and recorded any disagreements between the worker and family. Furthermore, most families indicated that they were supported as decision makers, were encouraged to speak up, that family strengths were identified, and that they were encouraged to think about their own supports and strengths. Finally, most families indicated that their situation was evaluated fairly; that they were able to identify family members and support to turn to for help; and that their cultural, ethnic, and religious beliefs were considered.

There were, however, some issues that arose during the field test. DCF may wish to examine each of these issues prior to implementing the three assessments.

[4] As noted in the report, the rate of removal recommendations, i.e., unsafe, may be low due to selection of less complicated circumstances early in the field test.

- Sharing a hard copy of the assessment form with the family is not appropriate in all circumstances. DCF should develop clear guidance about ways to inform families about the assessment and the decision being made. These guidelines MAY include providing a copy of the assessment to the family. The *process* of assessment and decision making must be transparent, family centered, and strength-based. The assessment itself should be reliable and valid. This combination may best be achieved through a practice framework such as Signs of Safety, safety mapping as a strategy for explaining the assessment to the family, and creating field notes. The SDM assessment tools become the *method* for focusing on the relevant content, using consistent definitions, guiding the decision, and recording the information.

- DCF may wish to review item definitions for a few items on the assessments. The issues that arose during the field test were primarily related to clarification of a definition; for example, one worker requested clarification on item R9 on the risk reassessment. These issues can probably be addressed through administrative review rather than re-engaging a workgroup.

- On the danger and safety assessment interventions, the last option might be better read "Other option identified" instead of "Other options may be identified in conversation with caregiver and/or community." Rewording this intervention clarifies that another option was identified.

- Risk assessment A5: The item on the assessment uses term "abuse" while the definition refers to "abuse or neglect." This should be changed so the form reflects both abuse and neglect.

As Massachusetts considers implementing the SDM assessments, it is important to reiterate the following caveats:

- The Massachusetts risk assessment is not a validated actuarial risk assessment. To validate the risk assessment, DCF will need to conduct a prospective validation study. This can be done approximately two years after full implementation. A version of the risk assessment that was field-tested in Massachusetts was validated in California. This assessment is expected to perform well in Massachusetts based on a preliminary review of key risk items (see *A Preliminary Examination of A Risk Assessment's Ability to Classify Families by the Likelihood of Subsequent CPS Involvement*, K. Johnson, D. Wagner, May 2007). At this time, CRC supports implementing the risk assessment and basing case opening and closing decisions on the resulting risk level until a Massachusetts validation study can be completed. CRC encourages a preliminary examination of data approximately six months into implementation to examine risk distributions so that any unusual results can be detected and addressed quickly.

- The protective capacity items are considered supplemental items and do not contribute to the risk level. There is no research supporting their actuarial value at this time.

- At the time of the prospective validation study, DCF should consider all supplemental items as potential risk items. Only those items that bear a strong statistical relationship to child maltreatment outcomes should be considered for inclusion on a validated risk assessment. When validating a risk assessment, it is also important to incorporate the basic tenets of information theory. Information theory suggests that too much information given equal weight can be as harmful to valid and reliable decision making as too little information. Research has consistently indicated that a small number of well-selected items can result in more valid and reliable decisions than much lengthier lists of possible contributors to risk.

- Ongoing use of each of the assessment tools should be monitored. DCF should monitor basic completion rates, item scoring, and concurrent validity, and should conduct a prospective validity study. This monitoring and evaluation helps ensure model fidelity; informs potential need to adjust tool items, definitions, or policies; and the data can help inform agency-level decisions about programs, services, and workload.

This field study represents Massachusetts' commitment to research. Conducting a risk assessment validation study and monitoring implementation of these assessments will continue this investment. CRC is grateful for the opportunity to work with DCF staff on these important projects.