

Appendix F

Examples of Safety and Risk Assessments for Use by Child Welfare Staff

Examples of Safety and Risk Assessments for Use by Child Welfare Staff

This appendix provides information about and samples of screening and assessment tools for child maltreatment and child development. In the description of each tool, the definition follows the tool acronym.

These tools should be used to support ongoing processes that involve regular communication among staff and between staff and families. Tools by themselves do not provide answers to complicated issues such as substance use disorders and child maltreatment. Tools can, however, contribute to decisions about whether problems exist, the nature and extent of those problems, and what actions all three systems—child welfare, alcohol and drug, and court—should take to address problems.

Although there are broad ranges of documentation procedures describing ways to assess child safety, there are few commercially available safety assessment tools other than those distributed as part of consultation services. That is, a number of organizations provide consulting and training in this area and have instruments that are used in the process, but the instruments tend not to be sold apart from the training. Many jurisdictions have established their own safety assessment and documentation procedures and forms, but do not distribute them as defined tools.

Screening Tools for Child Safety

The following list, alphabetized by tool name, provides information to answer the questions “*Is there a child maltreatment issue? What is the immediacy of the issue?*”

CHILD ABUSE POTENTIAL INVENTORY (CAPI)

The CAPI (Child Abuse Potential Inventory) appears to be one of the more widely researched instruments in terms of the volume of publications on the tool, due in large part to the prolific work of its author. The instrument covers areas such as problems with family, children, and others; rigidity; stress; and general unhappiness, but does not provide any screening for influences of substance use or specific mental health problems.

Administrative Issues	160 items, of which 77 form a physical child abuse scale; 6 factor subscales are contained in the abuse scale; and 3 validity scales Pencil-and-paper self-administered or interview Time required: unspecified, but may be expected to require 40 to 60 minutes A manual, an interpretive manual, and scoring templates are available commercially, but computerized scoring programs are no longer available.
Scoring	Time required: undetermined Scored by hand No computerized scoring or interpretation available
Clinical Utility	The CAP Inventory taps areas that are logically related to maltreatment risks, and the research on the tool seems extensive. The reported concurrent validity of the instrument seems good, especially for identifying nonabusive cases, but the predictive validity is not as clear.
Copyright	Copyrighted by Joel S. Milner
Cost	Data sheets are \$2 for a set of 10; manuals and scoring templates are priced between \$20 and \$50
Source	Psytec, Inc. P.O. Box 564 DeKalb, IL 60115 Phone: 815-758-1415 Fax: 815-758-1725

RISK INVENTORY FOR SUBSTANCE ABUSE-AFFECTED FAMILIES

The Risk Inventory for Substance Abuse-Affected Families is one of the few instruments to explicitly assess the potential influences of substance use and substance use disorders on risks for maltreatment. It consists of eight scales, or ratings, anchored with descriptive statements for defining the level for each scale. This risk inventory assumes that substance abuse or dependence has already been identified as being an issue in the family, and the intent is to assess the risks posed to children. Topics covered include commitment to recovery, patterns of use, effects on child care and lifestyle, supports for recovery, self-efficacy and self-care of the parent, and quality of the neighborhood. Several of the scales cover areas that could provide indications for immediate action. This instrument has scales that could be considered appropriate for this appendix and Appendix D, “Examples of Screening and Assessment Tools for Substance Use Disorders”; therefore, it is listed in each.

Administrative Issues

Eight rating scales; scores range from 1 to either 4 or 5 with options for unknown or not applicable
Ratings are completed by professionals based on observations and discussions with the family members.
Time required: variable

Scoring

Time required: variable
No manuals for administration or scoring available

Clinical Utility

The instrument has good face validity in terms of areas to consider in gauging the potential risks to children based on the parent’s or caretaker’s functioning and commitment to recovery. Lack of information on the performance of the tool and apparent lack of research on the instrument may require initial care in interpretation of findings.

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Cost

\$10 to receive a copy of the instrument

Source

Children’s Friend and Service
153 Summer Street
Providence, RI 02903
Phone: 401-331-2900
Fax: 401-331-3285

STRUCTURED DECISION MAKING (SDM) SAFETY ASSESSMENT

The SDM (Structured Decision Making) model, as described by the Children’s Research Center (CRC) of the National Council on Crime and Delinquency (NCCD), is a procedure for improved practice by child welfare services. CRC states that at the heart of the model is a series of tools to assess families and structure the agency’s response. One tool is the Safety Assessment, used to determine the threat of immediate harm and to identify steps needed to protect children.

The CRC publication, *The Improvement of Child Protective Services with Structured Decision Making: The CRC Model*, provides an example of an SDM Safety Assessment tool developed in one State—The Georgia Safety Assessment and Plan.

Administrative Issues Unknown

Scoring Time required: unknown

Clinical Utility The general information obtainable on the procedure suggests that the concept and practices have merit. A number of States are listed as having implemented the procedure. Data supplied indicate that the risk levels as assessed are related to subsequent referrals, placements, and substantiations. Utility for individual casework cannot be determined from the materials reviewed.

Copyright Unknown

Cost Unknown

Source Children’s Research Center
426 South Yellowstone Drive, Suite 250
Madison, WI 53719
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Fax: 608-831-6446

Assessment Instruments for Child Welfare

The following list of instruments provides information on tools to assess parents and families for factors related to child maltreatment and child and family well-being. Items in these tools that relate to substance use disorders tend to confuse disorders with substance use that is not necessarily problematic. In addition, the items frequently do not reflect the level to which substances may impair functioning or directly increase risks for maltreatment. Much of the assessment research has focused on the impacts of maltreatment on the victim rather than on risk indicators to identify risk from a potential perpetrator. A potential positive element of risk assessment instruments is that they have not been used to replace professional judgment. In some areas of screening, screens have been misused because their findings have been taken at face value in making decisions, without integrating the screen results with other information. Such integration of information appears more the norm with respect to risk assessments for maltreatment.

The maltreatment instruments listed in the following section could also be considered as tools to assist in monitoring and modifying case planning.

The “Child Abuse Potential Inventory,” the “Parenting Stress Index,” the “Risk Inventory for Substance Abuse-Affected Families” and the “Structured Decision-Making Risk Assessment” describe risk assessment instruments and appear in this order. The “Family Assessment Form,” the “Risk Inventory for Substance Abuse-Affected Families,” and the “Structured Decision Making Family Strengths and Needs describe child and family well-being assessment instruments and appear in this order.

These tools provide information to answer the questions: *“What is the nature and extent of the child maltreatment issue?”*

CHILD ABUSE POTENTIAL INVENTORY

The CAP (Child Abuse Potential Inventory) appears to be one of the more widely researched instruments in terms of the volume of publications on the tool, due in large part to the prolific work of its author. The instrument covers areas such as problems with family, children, and others; rigidity; stress; and general unhappiness, but does not provide any screening for influences of substance use or specific mental health problems.

Administrative Issues

160 items, of which 77 form a physical child abuse scale; 6 factor subscales are contained in the abuse scale; and 3 validity scales
Pencil-and-paper self-administered or interview
Time required: unspecified, but may be expected to require 40 to 60 min.
A manual, an interpretive manual, and scoring templates are available commercially, but computerized scoring programs are no longer available.

Scoring

Time required: undetermined
Scored by hand
No computerized scoring or interpretation available

Clinical Utility

The CAP Inventory taps areas that are logically related to maltreatment risks, and the research on the tool seems extensive. The reported concurrent validity of the instrument seems good, especially for identifying nonabusive cases, but the predictive validity is not as clear.

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Cost

Data sheets cost \$2 for a set of 10; manuals and scoring templates are priced between \$20 and \$50

Source

Psytec, Inc.
P.O. Box 564
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PARENTING STRESS INDEX (PSI)

The PSI (Parenting Stress Index) is designed to identify potentially dysfunctional parent–child systems, focuses intervention on high-stress areas, and predicts future psychosocial adjustment of the child. The PSI was developed for use with parents of children ages 3 months to 10 years. The instrument has been available since the early 1980s; there has been a great deal of research and study around the PSI including translation in multiple languages and studies with many cultural and ethnic groups.

Administrative Issues

Standard Form: 101 items; and optional 19-item Life Events Stress Scale is also provided.

Short Form: 36 items (The standard form is recommended over the short form, because the 10 to 15 minutes saved does not appear to outweigh the loss of information.)

Parent self-report

Amount of time required for administering, scoring, and profiling is not indicated.

A computer scoring and report writing program, which allows for the comparison of individual parent profiles to 47 researched clinical profiles, is available,

Scoring

Time required: undetermined

74-page manual

Computerized scoring available

Clinical Utility

There is reported discriminant validity examining PSI scores of mothers of children who are “normal” and mothers of children who have special needs, and discriminating between mothers who are physically abusive and nonabusive, amount of husband support, and single and married mothers.

Spanish version available

Copyright

Copyrighted presumably by Pediatric Psychology Press

Cost

Unknown

Source

Pediatric Psychology Press
320 Terrell Road West
Charlottesville, VA 22901

RISK INVENTORY FOR SUBSTANCE-AFFECTED FAMILIES

The Risk Inventory for Substance Abuse-Affected Families is one of the few instruments to explicitly assess the potential influences of substance use and substance use disorders on risks for maltreatment. It consists of eight scales, or ratings, anchored with descriptive statements for defining the level for each scale. This risk inventory assumes that substance abuse or dependence has already been identified as being an issue in the family, and the intent is to assess the risks posed to children. Topics covered include commitment to recovery, patterns of use, effects on child care and lifestyle, supports for recovery, self-efficacy and self-care of the parent, and quality of the neighborhood.

Administrative Issues	<p>Eight rating scales; scores range from 1 to either 4 or 5 with options for unknown or not applicable</p> <p>Ratings are completed by professionals based on observations and discussions with the family members.</p> <p>Time required: variable</p>
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Scoring	<p>Time required: variable</p> <p>No manuals for administration or scoring available</p>
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Clinical Utility	<p>The instrument has good face validity in terms of areas to consider in gauging the potential risks to children based on the parent's or caretaker's functioning and commitment to recovery. Some of these factors also address the nature and extent of problems. Lack of information on the performance of the tool and apparent lack of research on the instrument may require initial care in interpretation of findings.</p>
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Cost	\$10 to receive a copy of the instrument
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**STRUCTURED DECISION MAKING (SDM)
RISK ASSESSMENT**

The SDM (Structured Decision Making) model, as described by the Children’s Research Center (CRC) of the National Council on Crime and Delinquency (NCCD), is a model for improved practice by child welfare services. CRC states that at the heart of the model is a series of tools to assess families and structure the agency’s response. One tool is the Risk Assessment, which is a research-based tool to estimate the likelihood of future abuse/neglect.

The CRC publication, *The Improvement of Child Protective Services with Structured Decision Making: The CRC Model*, provides an example of an SDM Risk Assessment tool developed in one State—The California Family Risk Assessment.

Administrative Issues Unknown

Scoring Time required: unknown

Clinical Utility The general information obtainable on the procedure suggests that the concept and practices have merit. A number of States are listed as having implemented the procedure. Data supplied indicate that the risk levels as assessed are related to subsequent referrals, placements, and substantiations. Utility for individual casework cannot be determined from the materials reviewed.

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426 South Yellowstone Drive, Suite 250
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FAMILY ASSESSMENT FORM (FAF)

The FAF (Family Assessment Form) was developed as a means of providing standardization to family assessments, but with the intention that the tool be adapted to meet the needs of specific programs and applications. It covers six areas of family functioning and is able to identify strengths as well as problems. The form consists of ratings to be completed by the worker as based on observations and discussions with the family member. This instrument is not to be completed by the family member.

Administrative Issues

Approximately 90 ratings covering 6 areas of family functioning
Paper-and-pencil form is completed by the professional.
Time required: variable, depending upon the professional or technician
Training and supervision are required for the appropriate use of the tool.

Scoring

Time required: variable, depending upon circumstances
No computerized scoring or interpretation available

Clinical Utility

The FAF provides a vehicle for establishing some structure and consistency to family evaluations. Statistics indicate that with proper training and supervision, raters can achieve good reliability so that there is consistency among different workers' ratings.

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Children's Bureau of Southern California

Cost

Contact source.

Source

Children's Bureau of Southern California
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Los Angeles, CA 90004
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Web site: <http://www.all4kids.org>
Contact person for information: Sandy Sladen
fafsupport@all4kids.org

RISK INVENTORY FOR SUBSTANCE-AFFECTED FAMILIES

The Risk Inventory for Substance Abuse-Affected Families is one of the few instruments to explicitly assess the potential influences of substance use and substance use disorders on risks for maltreatment. It consists of eight scales, or ratings, anchored with descriptive statements for defining the level for each scale. This risk inventory assumes that substance abuse or dependence has already been identified as being an issue in the family, and the intent is to assess the risks posed to children. Topics covered include commitment to recovery, patterns of use, effects on child care and lifestyle, supports for recovery, self-efficacy and self-care of the parent, and quality of the neighborhood.

Administrative Issues	<p>Eight rating scales; scores range from 1 to either 4 or 5 with options for unknown or not applicable</p> <p>Ratings are completed by professionals based on observations and discussions with the family members.</p> <p>Time required: variable</p>
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Scoring	<p>Time required: variable</p> <p>No manuals for administration or scoring available</p>
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Clinical Utility	<p>The instrument has good face validity in terms of areas to consider in gauging the potential risks to children based on the parent's or caretaker's functioning and commitment to recovery. Some of these factors also address the nature and extent of problems. The lack of information on the performance of the tool and apparent lack of research on the instrument may require initial care in interpretation of findings.</p>
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**STRUCTURED DECISION MAKING (SDM)
FAMILY AND CHILD STRENGTHS AND NEEDS ASSESSMENT**

The Structured Decision Making (SDM) model, as described by the Children’s Research Center (CRC) of the National Council on Crime and Delinquency (NCCD), is a model for improved practice by child welfare services. CRC states that at the heart of the model is a series of tools to assess families and structure the agency’s response. One tool is the standardized Family and Child Strengths and Needs Assessment, which guides service planning.

The CRC publication, *The Improvement of Child Protective Services with Structured Decision Making: The CRC Model*, provides an example of an SDM Family Strengths and Needs Assessment tool developed in one State—The Wisconsin Urban Caucus Family Strengths and Needs Assessment.

Administrative Issues Unknown

Scoring Time required: unknown

Clinical Utility The general information obtainable on the procedure suggests that the concept and practices have merit. A number of States are listed as having implemented the procedure. Data supplied indicate that the risk levels as assessed are related to subsequent referrals, placements, and substantiations. Utility for individual casework cannot be determined from the materials reviewed.

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The following three instruments are examples of the types of screening instruments available for use with children and youth. These and other instruments help staff determine whether children are experiencing developmental delays and gather information from teachers, parents, and youth themselves. This list is in alphabetical order based on the instrument acronym.

AGES AND STAGES QUESTIONNAIRES (ASQ)

The ASQ (Ages and Stages Questionnaires) is a parent-completed, child-monitoring system that provides a way to screen infants and young children for developmental delays during the crucial first 5 years of life. Parents/caregivers complete simple, illustrated questionnaires at designated intervals, assessing children in their natural environment. Questionnaires cover five key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social.

Administrative Issues 19 30-item questionnaires for use with young children at 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months of age
Parents/caregivers complete questionnaires.
Professionals convert parents'/caregivers' responses.

Scoring Each questionnaire can be completed in 10 to 15 minutes.
Time for conversion of parents'/caregivers' responses by professionals is approximately 2 to 3 minutes.
The *ASQ User's Guide* offers clear guidelines for determining whether children are at high or low risk in various domains.

Clinical Utility Questionnaires are available in English, Spanish, French, and Korean.

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Cost Ranges from \$190 for the complete set of questionnaires to \$165 for the questionnaires only; ASQ CD-ROM available for \$165; Home video available for \$44

Source Available online at Brookes Store <http://www.pbrookes.com/store/books/bricker-asq/>

AGES AND STAGES QUESTIONNAIRES (ASQ)

The ASQ:SE (Ages and Stages Questionnaire: Social Emotional) was developed in response to feedback on the ASQ. It provides an easy-to-use tool focusing on children's social and emotional behavior. It allows professionals to quickly recognize young children at risk for social or emotional difficulties, identify behaviors of concern for caregivers, and identify any young children needing further assessment. Used with children from 6 to 60 months, the ASQ:SE screens in the areas of self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people.

Administrative Issues

Eight color-coded questionnaires for use with young children at 6, 12, 18, 24, 30, 36, 48, and 60 months of age
Parents/caregivers complete the questionnaires.
Professionals score the questionnaires.

Scoring

Eight corresponding score sheets come in the *ASQ:SE User's Guide*.
Each questionnaire takes 10 to 15 minutes to complete.
Professionals can score parents'/caregivers' responses in 2 to 3 minutes.

Clinical Utility

The ASQ:SE has been investigated with more than 3,000 children across the age intervals and their families.
Reliability is 94%; validity is between 75% and 89%.
The *ASQ:SE User's Guide* includes instructions on setting up and running the ASQ:SE, validity data, tips on cultural sensitivity, case studies, and activities.
Available in English and Spanish

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Cost

Ranges from \$125 for the complete set of questionnaires to \$100 for the questionnaires only

Source

Available online at Brookes Store <http://www.pbrookes.com/store/books/squires-asqse/>

**CHILD BEHAVIOR CHECKLIST/6-18 (CBCL/6-18),
TEACHER REPORT FORM/6-18 (TRF/6-18),
YOUTH SELF-REPORT/11-18 (YSR/11-18),
CHILD BEHAVIOR CHECKLIST/1 ½-5 (CBCL/1 ½-5), AND
CAREGIVER-TEACHER REPORT FORM (C-TRF)**

The CBCL/6-18 (Child Behavior Checklist/6-18, TRF/6-18 (Teacher’s Report Form/6-18), and the YSR/11-18 (Youth Self-Report Form/11-18) use national norms from problem, competence, and adaptive scales. They feature DSM-oriented scales in addition to empirically based scales.

CBCL/6-18 obtains parents’ reports of children’s competencies and problems. Profiles for scoring the CBCL/6-18 include six DSM-oriented scales, 3 competence scales, total competence, eight cross-informant syndromes, internalizing, externalizing, and total problems.

TRF/6-18 obtains teachers’ ratings of most CBCL/6-18 problem items, plus other items appropriate for teachers, including scales for academic performance and adaptive functioning

YSR/11-18 can be completed by youth having fifth-grade reading skills, or administered orally. It has many of the CBCL/6-18 items, but 14 CBCL problem items are replaced with socially desirable items endorsed by most youth.

The CBCL/1½-5 (Child Behavior Checklist/1 ½-5) and the C-TRF (Caregiver-Teacher Report Form) measure for six cross-informant syndromes and five DSM-oriented scales, and include a Language Development Survey.

CBCL/1 ½-5 obtains parent ratings on 99 problem items and describes problems, disabilities, parents’ key concerns, and what parents believe to be the best things about their children. The Language Development Survey obtains parents’ reports of children’s expressive vocabularies and word combinations, plus risk factors for language delays.

C-TRF obtains ratings from daycare providers and teachers and describes problems, disabilities, key concerns, and best things about the child.

Administrative Issues

Can be self-administered or administered by an interviewer

Scoring

Time required: unknown
Can be hand scored; computerized scoring available

Clinical Utility

Reliability and validity tests have been conducted on the CBCL instruments; importantly, demographic variables for race and socioeconomic status accounted for a relatively small proportion of score variance; normative data exist on all the instruments.

Spanish versions are available in the CBCL/6-18, YSR/11-18 and CBCL/1 ½-5.

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Cost Each tool and the corresponding hand-scoring forms can be purchased at \$25 for 50 copies; reusable templates for hand-scoring can be purchased for \$7; starter kits for hand scoring and computer scoring can be purchased in a range from \$150 to \$325.

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