

13 March, 2013

Dear Queensland Child Protection Commission of Inquiry,

Thank you for providing the opportunity to respond to the Queensland Child Protection Commission of Inquiry discussion paper. The review of the state's child protection system highlights a number of important issues to address as Queensland decides how to best move forward with improving its child protection system. We agree with several points in the report, particularly that quality implementation is essential to program success and that decision making in child protection is complex and can be very difficult, especially if staff are asked to make decisions without the aid of accurate assessment tools. However, in several instances the paper misrepresents and/or misconstrues the Structured Decision Making® (SDM) system used by the Department of Communities, Child Safety and Disability Services (formerly Child Safety Services [CSS]). We appreciate this opportunity to address those misconceptions.

Our response is based on our review of Chapter 4 of the discussion paper and on the greater context of our experience with Queensland CSS during the past eight years. We address each issue individually, though many of the issues are interrelated.

The SDM® system for child protection was developed by the Children's Research Center (CRC), a centre of the National Council on Crime and Delinquency (NCCD), more than 20 years ago and was implemented in Queensland in 2005. CRC staff worked closely with CSS staff to tailor and implement a suite of SDM tools to guide decision making through the child protection case process. CRC continues to work with CSS staff to monitor use of the SDM system by producing annual management reports that describe the use of the system to support decisions at critical points in the service delivery system.

First and foremost, the SDM system is a decision-support system. It provides staff with information at critical points along the service delivery system and helps workers focus on clear, well-defined factors that apply to the decision at hand. The assessment results are a guide—the SDM system in no way replaces professional judgement. In fact, the SDM system can enhance professional judgement by ensuring that decisions are consistent and valid. Furthermore, it can reduce bias in decision making by ensuring that the same factors are considered for every family.

The central component of the SDM system is an actuarial risk assessment. It provides a valid, reliable, equitable and useful estimate of the likelihood that families will again become involved in the child protection system. The risk assessment results provide child protection agencies with clear targets for their resources: families at highest risk of re-abusing or re-neglecting their children receive the greatest level of service intensity. All SDM risk assessments are tested across major racial groups to ensure the assessments function equitably for everyone. Evidence from studies in Australia, Canada and the United States support the reliability, validity and equity of the actuarial risk assessment.

NCCD promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice.

The following section responds to several specific misunderstandings about the SDM system in general and the SDM system used in Queensland in particular. It is presented in a question- and answer-format to align our responses with particular misunderstandings.

1. Is evidence for the SDM® system entirely from the United States?

No. Risk assessments like the one in Queensland have been validated in multiple countries outside of the United States, starting in South Australia in 1999. New South Wales is currently undergoing a validation and Northern Territories plans to validate next year. In addition, risk assessments similar to the one in Queensland were recently validated in Ontario and British Columbia, Canada, and validation study planning efforts are underway in Singapore.

CRC strongly encourages each agency that adopts a risk assessment to validate it on the local population. Like many jurisdictions, Queensland first adopted a risk assessment that was developed on a US population, then revalidated it on local cases that were served under local policies and procedures. In 2008, the risk assessment was recalibrated and risk classification cut scores were adjusted. In 2011, a full validation provided evidence that the risk assessment was working as intended, though with minor modifications could be improved. The revised risk assessment has since been implemented. In short, the risk assessment is valid for the Queensland child protection population.

2. Do SDM® assessments produce overly-risk averse decision making and contribute to an increase in the number of children in care?

The SDM system differentiates between immediate *safety* and longer-term *risk*. While they are similar, the differences are important in the context of decision making. *Safety* reflects imminent danger to a child in the current situation and directly supports workers' decisions about whether children can remain safely in their homes while the investigation and assessment proceeds. Decisions about degree of safety are guided by a structured safety assessment that reflects local policy and practice as well as indicators of immediate harm used in numerous child protection agencies. For example, hazardous physical living conditions that pose an immediate threat are a common indicator of immediate harm across numerous child protection agencies. Local factors might emphasize or deemphasize particular factors, such as drugs or firearms, to reflect local experiences.

The *risk* assessment helps workers estimate the likelihood of maltreatment in the next 12 months. This assessment guides decisions about service intensity for families at highest risk. *Risk assessment is unrelated to decisions to remove children from their homes; removal decisions are guided by the safety assessment results.* The goal of reunification is to return children home as soon as safely possible, even if some family issues remain unresolved. Case closure typically occurs when risk has been reduced and ongoing safety concerns have been resolved, not necessarily when everything is perfect in the family.

Evidence from management reports produced by CRC indicates that the rate at which children were found unsafe (i.e., recommended for removal) declined from 10.7% in 2007 to 8.8% in 2011, an 18% reduction.

3. Is group classification useful in child protection?

Risk-based group classification is critical to targeting child protection agency resources to families who need them most; these are exactly the cases in which a child protection agency can have the most impact on reducing child abuse and neglect. As resources become scarcer, risk-based classification takes on additional importance as the agency is faced with difficult decisions about which families it can serve and the intensity of services. While the assessment helps inform this decision, the decision to involve the child protection agency lies with the worker assigned to the investigation and assessment. This decision incorporates the worker's specific knowledge, experience, and insight about the children and family in conjunction with results from the risk assessment to ultimately decide the course of action and the level of agency involvement with the family.

In addition to risk-based group classification, the SDM system includes child- and family-based assessments. The safety and the family strengths and needs assessments, for example, are case-based and reflect issues particular to the family being served.

4. Does the SDM® system add to administrative burden and detract from focus on the human service element?

No evidence shows that the SDM system adds to administrative burden. The SDM system can reduce administrative costs because it allows CSS to target resources where they are most needed and can have the most impact. Also, the SDM assessments used by CSS can reduce the administrative burden by helping workers focus on factors proven to be most related to re-abuse/re-neglect in Queensland. In a recent field test of an SDM risk assessment used in another Australian state, nearly all staff (94%, or 12 out of 13) indicated that it took the same or less time to complete than their previous methods of assessing family risk.

5. Can the SDM® system deal with complexity?

The SDM system was developed specifically to function in the context of complex decision making in child protection. The SDM assessments aid decision makers as they analyse, weigh and synthesise a great deal of information about children and families. Too much information, however, can introduce 'noise' into the decision-making process, which in turn reduces the efficiency and quality of decisions. SDM assessments allow the worker to focus on information relevant to the decision, essentially separating information from noise and resulting in a more valid and reliable decision-making process. While the assessments may appear simple on the surface, asserting that the system is not able to 'deal with complexity' is simply incorrect.

6. Does the SDM® system undermine knowledge and skill?

Use of SDM assessments in practice requires workers to have strong relationship, engagement and interviewing skills, and knowledge in a variety of content areas. These skills, combined with workers' knowledge, experience and insight about the children and family, are used in conjunction with the assessments to support valid and reliable decision making. The tools in no way undermine professional knowledge and skills; if implemented as designed, they should enhance professional knowledge and skills. For example, consider physicians, who arguably require among the highest degree of skill and knowledge to assess complex cases and situations. They benefit

from the availability and use of research-based screening assessments , diagnostic tests and instrumentation to reach accurate conclusions, interpret findings and translate the information into meaningful treatment plans.

7. What is the proper balance between professional judgement and structured tools?

In the commission's discussion paper, the Australian Association of Social Workers in Queensland suggests that practitioners in Queensland rely too heavily on decision-making tools and this overreliance has 'contributed to a demise in the level of knowledge, judgement and expertise of staff who do not possess a strong assessment framework'.

This concern reflects implementation issues in Queensland. The SDM system, like any program or process, must be implemented with fidelity, including an understanding of the purpose of the tools at all levels of CSS. Until the issue of professional judgement vs. structured tools moves from an either/or paradigm to a both/and framework for best practice, the department will continue to struggle with effective implementation. Implementation issues can be resolved through ongoing education; training to weave the tools into strong, child- and family-based assessment practices; use of data to routinely monitor case activity and SDM assessment completion rates; and regular coaching and case conferencing/supervision for staff that promote critical thinking (e.g., how tool findings relate directly to case practice). Use of tools without integration of professional judgement poses risks to a social worker's capacity to engage effectively with families and to understand the harm within the family's broader circumstances. Use of professional judgement without integration of structured tools results in significant bias, high rates of inconsistency and inaccurate determinations of future risk. A strong practice model for child protection requires both professional judgement and structured assessments, along with a model of implementation support that competently addresses how to use the assessments in conjunction with strong family engagement and clinical assessment skills.

8. Is the SDM® system incident-based rather than a holistic assessment of circumstances and facts over time and over a number of abusive and neglectful episodes?

SDM assessments are completed in a larger context of professional decision making that incorporates immediate circumstances related to the incident that led to the investigation and assessment as well as a family's history of abuse or neglect, involvement with the child protection agency and family characteristics that apply to historic and current functioning. For example, the risk assessment accounts for family history of involvement with child protection, whether a child had been injured in any previous event(s) and evolving issues related to a number of family characteristics such as mental health and criminality. It also includes incident-based evaluations such as whether the parent blames the child and/or justifies the abuse or neglect. Like the risk assessment, the following SDM assessments require a comprehensive assessment of family circumstances and history of contact with child protection.

SDM® Assessments at Critical Decision-Making Points			
SDM® Assessment	When to Use	Timeframes	Decision
Screening Criteria	For all concerns received about children, including unborn children and excluding all matters of concern (MOC)	Within 24 hours of receiving the information	Is this matter a notification or child concern report?
Response Priority Assessment	For all notifications received about children and unborn children, excluding MOC	Within 24 hours of receiving the information	What is the appropriate timeframe response for the notification?
Safety Assessment	<ul style="list-style-type: none"> At the commencement of every I&A, excluding MOC and unborn children When circumstances change during the open case At case closure 	At the first contact for an I&A and the form to be completed within 72 hours	<p>Can the child remain safely in the home?</p> <p>What does the child need to be safe in the home?</p>
Family Risk Evaluation	For all I&As, excluding MOC and unborn children	Incorporated into the I&A process	<p>Should there be ongoing intervention to address the risk in the family?</p> <p>What are the required service standards between the CSO and child/family?</p>
Child Strengths and Needs Assessment	<ul style="list-style-type: none"> Prior to a family group meeting to develop a case plan intervention and parental agreement (IPA) child protection order (CPO) Prior to each review of the case plan 	<ul style="list-style-type: none"> Within 30 days of case opening Prior to each review of the case plan—every three months if IPA or child is under 3 years, or every six months 	What child needs will be addressed in the case plan? What are the relevant strengths that can be helpful in addressing identified needs?
Parental Strengths and Needs Assessment	<ul style="list-style-type: none"> Prior to a family group meeting to develop a case plan (IPA, CPO) Prior to each review of the case plan where the goal is reunification 	<ul style="list-style-type: none"> Within 30 days of case opening Prior to each review of the case plan—every three months if IPA or child is under 3 years, or every six months 	What three priority parental needs will be addressed in the case plan? What are the relevant strengths that can be helpful in addressing identified needs?
Family Risk Re-Evaluation	Prior to each review of a case plan where the children are in the home (support service, IPA, CPO)	Prior to each review of a case plan—every three months if IPA, support service or child is under 3 years, or every six months	Will the in-home ongoing intervention continue?
Family Reunification Assessment	Prior to each review of a case plan where at least one child is out of the home and the goal is reunification (CPO)	Prior to the review of a case plan—every three months if child is under three years, or every six months	Should reunification occur, should reunification efforts continue or should an alternative long-term stable living arrangement be pursued?

Source: The Structured Decision Making® System in Child Protective Services, Policy and Procedures manual, Queensland Department of Child Safety, May 2012.

The SDM assessments are in no way limited solely to current circumstances. The system is a comprehensive assessment of historical family functioning, current issues and evolving family characteristics at decision-making points throughout a family's involvement with child protection.

9. Is the SDM® system used as an accountability tool rather than a decision-support tool?

Like other child protection systems, CSS balances accountability for service delivery with granting professional staff the capacity to make decisions. Too much oversight can hinder effective case management, while too little can leave children and families exposed to potential harm. The SDM system helps create transparency and support accountability, while at the same time providing clear support for workers' decision making. The commission's discussion paper contends that CSS uses the SDM assessments more for accountability purposes than to support decision making. This is an issue with implementation of the assessments, which could be addressed by realigning the primary purpose of the SDM assessments with CSS responsibilities to protect the children and families it serves. Accountability and good decision making are not an either-or proposition; accountability can promote consistent, accurate decisions.

Finally, the commission's discussion paper indicates that the SDM system used by CSS is not currently implemented with a high degree of fidelity and suggests that a) the system be discontinued or b) efforts to ensure proper implementation be undertaken to improve its use. Efforts to ensure proper implementation can easily be undertaken; none of the implementation problems highlighted by the commission's discussion paper are insurmountable. The SDM system and associated assessments are indispensable and abandoning its use, particularly at this critical time, removes valuable tools from workers and CSS. Asking workers to make decisions absent structure and, at best, amid loose definitions is, in our opinion, a step backward for Queensland. Queensland should instead take steps toward improving the implementation and use of the SDM system.

Thank you, again, for the opportunity to respond to the discussion paper. If you have any questions or would like additional information, please do not hesitate to ask.

Sincerely,



Kathy Park
Vice President