

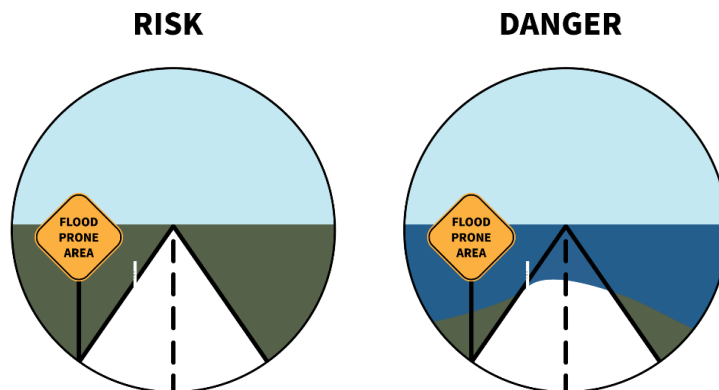
## SDM<sup>®</sup> Safety and Risk Assessments

Understanding if a child, young person or unborn baby is safe now, and the likelihood that they will be harmed in the future, is the central business of child protection services. The Department of Communities and Justice (DCJ) has the statutory responsibility to assess Risk of Significant Harm (ROSH) reports and use Structured Decision Making (SDM<sup>®</sup>) assessments to determine the level of safety and risk for a child.

For the most part, Permanency Support Program (PSP) service providers supporting children in the PSP will work with a child who has been assessed to be 'unsafe' at home and has been brought into care. The exception to this is PSP service providers working in family preservation, who work intensively with a family at home to address the safety and risk concerns present, in the hope of diverting the family from entry into care. For this reason, it is essential that PSP service provider staff understand how DCJ assess safety and risk, and how this relates to your role in keeping a child safe at home; supporting them to return home; or escalating a family if safety and risk concerns are increasing.

### Understanding the Difference Between Safety and Risk

Safety is the absence of immediate danger. Specifically, it measures abuse or neglect that a child is experiencing right now. Risk is the likelihood the same or similar danger may arise in the future.



## Safety and Risk Assessments in PSP

In the PSP, DCJ use **SDM**<sup>®</sup> tools to assess safety and risk. SDM stands for Structured Decision Making. The SDM<sup>®</sup> suite of tools are evidence and research-based and were developed by the Children Research Centre now known as Evident Change in the Wisconsin, USA. SDM tools do not make decisions about safety and risk for a child and their family, rather they provide a framework to support the professional judgement and critical thinking of the casework staff.

SDM Objectives:

1. Identify **critical decision points**.
2. Increase **reliability** of decisions.
3. Increase **validity** of decisions.
4. **Target resources** to families at **highest probability of future ill-treatment**.
5. **Use case-level data** to inform decisions throughout the agency.

### Critical characteristics of the SDM system:

**Reliability:** Structured assessments are systematically focused on critical decision points in the life of a case, which increases caseworker consistency in assessment and case planning. This helps assessing families objectively with decision making being guided by the facts of the case, rather than by individual judgement.

**Validity:** Research repeatedly demonstrates the model's effectiveness at reducing subsequent abuse/neglect. For example, by reduced rates of subsequent reports, substantiations, injuries to children and young people and reduced rates of placement in foster care. The actuarial-research-based component of the Risk Assessment, classifies families according to the likelihood of subsequent ill-treatment. This enables us to target services to families at highest probability of subsequent ill-treatment.

**Equity:** SDM assessments ensure that critical case characteristics, dangers, and areas of family functioning are assessed for every family, every time, regardless of social differences. Research has demonstrated that detailing definitions for assessment items increases the likelihood that caseworkers assess all families using a similar framework without negative cultural bias.

**Utility:** the model and assessments are easy to use and understand. The assessments provide caseworkers with a means to focus the information-gathering and assessment process. By focusing on critical characteristics, caseworkers are able to organise case narratives in a meaningful way. Additionally, the assessments facilitate communication between caseworkers, and between caseworkers and managers, about each family and the status of the case.

DCJ use a suite of SDM<sup>®</sup> assessments to support decision making at different stages of the child protection continuum, including triage assessments, response time assessments and family strength and needs assessment. However, this factsheet will only explore:

- Safety assessment
- Risk assessment
- Risk re-assessment.

**SARA** is an acronym that stands for ‘safety and risk assessment’, which is the collective term for the SDM<sup>®</sup> safety assessment (safety assessment) and SDM<sup>®</sup> risk assessment (risk assessment). SARA is the assessment framework used by DCJ when there is a ROSH report about a child by a household member. This includes parents, guardians, adoptive parents or relative / kin carers with parental responsibility.

SARA is used in most, but not all ROSH investigations. In specific circumstances, an **Alternative Assessment** is used in place of a SARA. The Alternate Assessment is not an SDM<sup>®</sup> tool, it is a comprehensive assessment that allows for broader analysis. The Alternate Assessment considers:

- the child’s vulnerability to harm
- the carers response to the allegations and capacity to provide care.
- Support available to the child and carers, and protective factors contributing to the child’s safety.

Following an assessment of current safety and risk of future harm, a decision is made about whether the child or young person is at risk of significant harm. The determination is based on sufficient reason to believe on reasonable grounds (balance of probabilities) that actual harm has occurred or that there was a risk of harm occurring.

This decision is documented in Judgements and Outcomes in ChildStory, by recording whether the issues reported to DCJ were substantiated, not substantiated, or not assessed.

In the following circumstances, an **Alternate Assessment** is used instead of SARA:

- the person believed to be causing harm is NOT a member of the household
- the child is in the Parental Responsibility of the Minister (PRM), including:
  - A child living semi-independently.
  - Self-placed in an unapproved placement.
  - Self-placed with their parent/s (exclusive to an approved restoration process).
  - Resides in Intensive Therapeutic Transitional Care (ITTC) or a youth homelessness service.
- for all non-ROSH reports that require a DCJ assessment, including:
  - A child reported under the Commonwealth Youth Protocol.
  - Unaccompanied humanitarian minors.
  - The child of a DCJ employee, contractor, or volunteer where the allegations arising are not related to their employment.
  - When the Family Court or Federal Magistrates Court requests DCJ to investigate.

## SDM<sup>®</sup> Safety Assessment

The SDM<sup>®</sup> Safety Assessment (safety assessment) is used to support important decisions such as: are the children in the household safe? Is a safety plan needed? Can the children safely remain in the home, with or without a safety plan in place?

Safety assessments must be done within 2 days of the initial visit to a family and when there is significant change in a family's circumstances, (such as a new partner/household member in the home) and the outcome of the safety assessment guides how DCJ and PSP service providers work with the family.

The SDM® Safety Assessment considers the child’s vulnerabilities, the dangers posed by the parent/carers (parents) and the protective factors or safety measure put in place.

## **SDM Safety Assessment**

### **Components of Assessment**



Child Vulnerabilities



Dangers



Protective Abilities



Safety Interventions



Safety Decisions

### **Factors influencing a child’s vulnerability:**

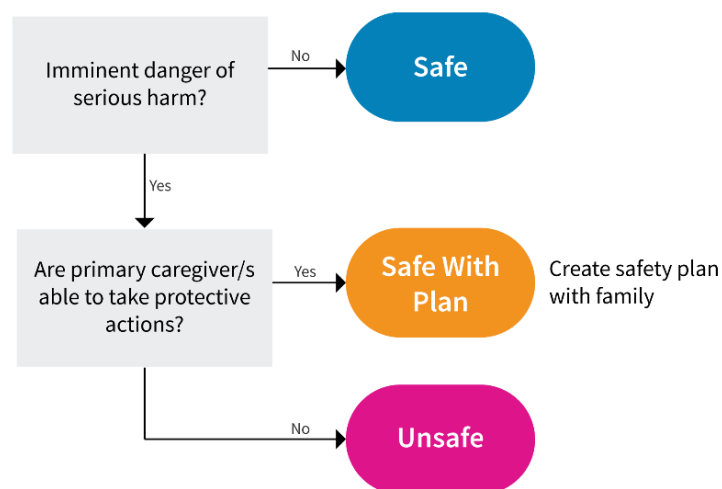
- Aged under 5 years.
- Significant diagnosed medical or mental illness.
- Diminished intellectual capacity.
- Developmental or learning disability.
- Diminished physical capacity.
- Significant behavioural or emotional / psychological struggles.
- Limited visibility in community and/or across other adults.

There are 14 **Danger** criteria in the safety assessment, including a minimum threshold that must be met for the danger to apply. These are:

1. Serious physical harm.
2. Sexual abuse.
3. Failure to protect a child from harm (physical, sexual, neglect).
4. Non-accidental injury.
5. Refusal to provide access to a child.
6. Parent does not meet the child's basic and immediate needs.
7. Hazardous living conditions.
8. Drug use impairing parenting.
9. Domestic/family violence.
10. Psychological harm.
11. Parent unable to provide care.
12. History of seriously mistreating a child (including death or previous removal).
13. Child homeless, engaged in prostitution or pornography.
14. Other.

The safety assessment then prompts the evaluation of the child and parent/s protective abilities and the planned safety interventions, which are weighted against the dangers. The assessment will conclude one of three possible outcomes:

### Possible Assessment Outcomes



1. Safe – can only result if no dangers are identified. The case is closed or referred to early intervention / family preservation.
2. Safe with a plan – results when one or more dangers exist and the caseworker identifies sufficient protective abilities that they believe can lessen or eliminate the danger. The safety plan is developed with the family allowing the child to remain in the home. Long term planning will depend on the level of risk.
3. Unsafe – occurs when one or more dangers are identified and after considering a range of interventions. It is determined that the child cannot safely remain home. When a child is assessed as unsafe in their home, DCJ moves the child to live with another person, in a place other than their usual home otherwise referred to as an OOHC placement. Long term planning (including restoration planning) will depend on the level of risk and the parent/s commitment to change.

## SDM<sup>®</sup> Risk Assessments

The SDM<sup>®</sup> Risk Assessment (risk assessment) is used to assess and guide the caseworker in determining which cases require ongoing services and which may be closed.

### SDM Risk Assessment Components of Assessment



Neglect Index and Abuse Index



Scored Risk Level



Overrides



Final Risk Level



Open/Close Decision

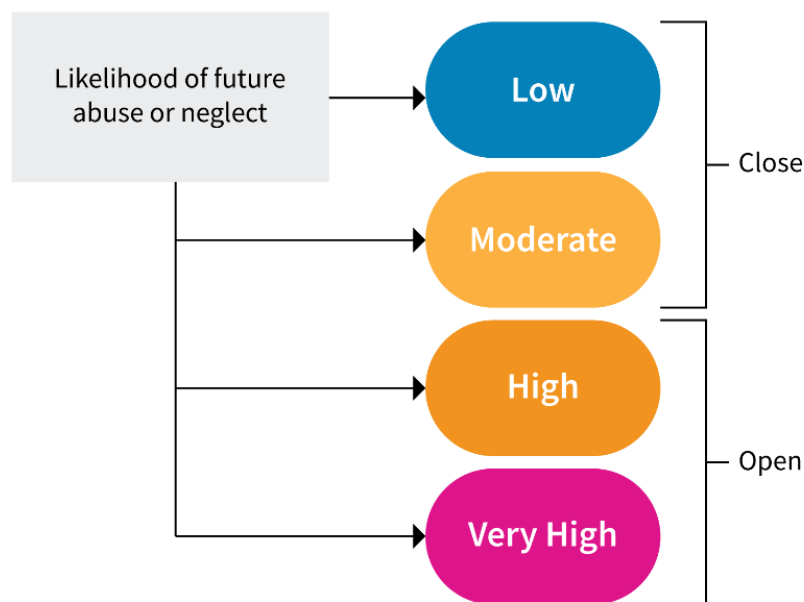
The risk assessment has two indices: the neglect index and the abuse index. Both indices ask 10 questions to predict the likelihood of future abuse based on high-risk characteristics and historical behaviours.

A risk assessment must be completed within 30 days of the safety assessment, and then repeated (as a risk re-assessment) every 90 days until a family's case is closed.

There are four possible outcomes:

1. Low – the case can be closed if the safety assessment was Safe or Safe with Plan.
2. Medium – the case can be closed if the safety assessment was Safe or Safe with Plan.
3. High - the case must stay open, and risk must be reassessed every 90 days.
4. Very high - the case must stay open, and risk must be reassessed every 90 days.

## Possible Assessment Outcomes





## SDM<sup>®</sup> Risk Reassessment

The SDM<sup>®</sup> Risk Reassessment (risk reassessment) must be completed every 90 days until a family is no longer involved with DCJ or Family Preservation service providers. The risk reassessment inter-relates to the Family Action Plan for Change (FAPFC) and a child case plan review. The risk reassessment also relates to the SDM<sup>®</sup> Restoration Assessment Tool (RAT). Risk Re-assessment is used for ongoing cases to help caseworkers determine when risk has been reduced sufficiently that the case may be recommended for closure. DCJ may cease involvement with the child and their family when:

- the risk assessment has an outcome of low or moderate; and
- a closing safety assessment with an outcome of safe shows no unresolved dangers.

## The Role of PSP Service Providers in SARA

SARA assessments are always conducted by DCJ casework staff, however, DCJ will require your current and in depth understanding of the family. Preferably, DCJ and service provider practitioners will work collaboratively to conduct a risk reassessment. It is essential that you provide a fair and balanced representation of the family's progress, not just examples that support the case plan goals. As the primary support worker for a family in Family Preservation, you are also responsible for ensuring DCJ are aware of family insights and evidence, supplied by other professionals (health, education and others), so DCJ can make a true and balanced assessment of a family.

Eileen Munroe, Emeritus Professor of Social Policy at the London School of Economics conducted extensive research on common errors of reasoning in risk assessments in child protection. She concluded that errors of reasoning in assessment were random but predictable, but these could be reduced when people were aware of them and consciously avoided them.

“Professionals based assessments of risk on a narrow range of evidence. It was biased towards the information readily available to them, overlooking significant data known to other professionals. The range was also biased towards the more memorable data, that is, towards evidence that was vivid, concrete, arousing emotion and either the first or last information received. The evidence was also often

faulty, due, in the main, to biased or dishonest reporting or errors in communication. A critical attitude to evidence was found to correlate with whether or not the new information supported the existing view of the family. A major problem was that professionals were slow to revise their judgements despite a mounting body of evidence against them.” (Munro 1996)

## References

Munro, E. (1996). ‘Avoidable and Unavoidable Mistakes in Child Protection Work’. *British Journal of Social Work*, 26(6), P 793-808. [10.1093/oxfordjournals.bjsw.a011160](https://doi.org/10.1093/oxfordjournals.bjsw.a011160)

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Freitag, R, and Wiebush, R. (2009). ‘An Introduction to the Structured Decision Making® (SDM) System’. The Children’s Research Centre is a non-profit social research organization and division of the National Council on Crime and Delinquency. <https://www.facs.nsw.gov.au/download?file=592783>