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PRACTITIONER PERSPECTIVES ON THE FAMILY RISK EVALUATION TOOL: AN AIDE TO DECISION MAKING OR ‘JUST ANOTHER FORM TO FILL IN’?

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Introduction
In this article, the findings of research that explored how child protection practitioners in Queensland used the Structured Decision Making (SDM) tools are presented, focusing on how the Family Risk Evaluation tool (FRET) was used in decision making. These findings are particularly pertinent for practitioners who might be required to use actuarial risk assessment tools, and more broadly to debate about the future implementation and development of tools. The findings of this research are also timely. In response to the Report of the Special Commission of Inquiry into Child Protection Services in New South Wales (Wood, 2008), the Department of Community Services in New South Wales has undertaken to test the application of the SDM tools for use in its central intake and regional child protection offices (DoCS, 2009, p26). Making the right decisions in child protection practice about which referrals to accept for investigation and which children need to be removed from the care of their parents to ensure their safety is obviously crucial, as mistakes can be fatal. Research about how practitioners make decisions though, has demonstrated that, as human beings, our ability to make rational decisions is limited (Munro, 1999; 2008; Reder, Duncan and Gray, 1993). The process of decision making may also be adversely affected by contextual factors, such as high caseloads and restricted resources (Proctor, 2002). Consequently, tools have been developed to assist practitioners with decision making, specifically to address “inconsistency across decision makers and the weak ability of human services professionals to predict important outcomes of interest” (Schwalbe, 2004, p563). Since the 1980’s, tools based on different forms of risk assessment have been developed and there has been extensive debate about their efficacy and effects on practice (Gillingham, 2006; Rycus and Hughes, 2003).

Most of the research about the use of tools has focused on the outcomes rather than the process of using them (Gillingham, 2009). There are
suggestions within this body of research that the use of tools is not straightforward and that practitioners may not use the tools as intended by their designers. Practitioners may deliberately inflate risk assessment scores to increase the eligibility of families for services (Lyle and Graham, 2000), or they may only use a risk assessment tool after they have made their decision (for example, Fluke, 1993). These findings suggest that more attention needs to be paid to the process of how practitioners use tools, to the part that ‘human agency’ may play in how they are used (Sheppard, Newstead, Di Caccavo and Ryan, 2000).

There has been no independent research published about the efficacy of the SDM tools (Stewart and Thompson, 2004). The research that has been published has been part of a process of evaluation and adjustment by the Children’s Research Centre (CRC), the organisation which developed and promotes the SDM tools (for example, Johnson, 2004) and has focused on the outcomes of using the tools at an organisational level. Research by the CRC has also concluded that the tools have high levels of validity, which refers to their accuracy in classifying children as being at risk of harm, and reliability, which is the extent to which different users of a tool make the same assessment in the same situation, compared to other tools or areas where there are no standardised tools (Baird, Wagner, Healy and Johnson, 1999). There is conflicting anecdotal evidence that practitioners find that using the SDM tools is not straightforward, for example, from Missouri (McCaskill, 2004) and Michigan (ACNJ, 2004). The research described in this article is the first to be conducted that is independent of the CRC or any government agency that has implemented the SDM tools. It is also the first to focus on how the tools are actually used by practitioners in everyday practice situations.

The SDM Tools and the Department of Child Safety, Queensland
SDM was developed by the Children’s Research Center (CRC) in Wisconsin, USA, and has been implemented in whole or in part in 20 states in the USA. SDM contains ten tools designed to assist the decision making of professionals at all points in a child protection case, from deciding which cases to accept for investigation to making decisions about permanency for children in the care of the state. The Department of Child Safety in Queensland implemented eight of the SDM tools in 2006 as one of a number of significant changes to child protection practice and policy that have occurred since 1999.

This research explored how practitioners in the intake and investigation stages of a case used four of the SDM tools: the Screening tool, the Response Priority tool, the Safety Assessment tool and the Family Risk Evaluation tool (FRET). The FRET is an actuarial risk assessment tool and is claimed to be ‘evidence based’ (CRC, 2008). Actuarial risk assessment “incorporates criteria that have been demonstrated, through prior statistical assessment, to have a high level of association with reoccurrence of maltreatment” (Rycus and Hughes, 2003, p.21). This article presents the findings of the research that related to the use of the FRET, which is used to assign a level of risk to a child at the end of an investigation in order to target the children most in need of a service (CRC, 2008). Practitioners are guided by the Department of Child Safety Practice Manual to open cases for further
intervention if the risk level assigned by the FRET is 'high' or 'very high'.

Methodology and Methods
The methodology for this research drew from ethnomethodology (Garfinkel, 1967), the focus of which is on the “sequential production of what it is that practitioners of esoteric competencies distinctively and in detail do” (Katz, 2001, p333), rather than what they are assumed or supposed to do. The methods for data collection resembled a particular strategy in ethnomethodological studies identified as “the one that most resembles traditional ethnographic fieldwork... [which] consists of closely observing situated activities in their natural settings and discussing them with the seasoned practitioners, in order to study the competences involved in the routine performance of these activities” (ten Have, 2002, p7).

The researcher spent two weeks each at six different Child Safety Service Centres in Queensland, observing practice, interviewing practitioners, team leaders, senior practitioners and managers (46 in total) and auditing case files (51 in total). Data were recorded in a Field Diary and data analysis used ‘theoretical sampling’ (Strauss and Corbin, 1990) to identify themes as the fieldwork proceeded and thematic analysis after all data had been collected (Everitt, Hardiker, Littlewood and Mullender, 1992).

Findings in Relation to the FRET
In this section, a summary of the findings in relation to how practitioners used the FRET in their decision making is presented. Quotes have been taken from the Field Diary to illustrate the themes in the data and some of the statements by practitioners are presented in the third person, as they were recorded at the time in the Field Diary. Five main themes emerged from the data:
• After the event and making decisions
• Risk factors and risk levels
• Another form to fill in
• Targeting the children most in need
• Rationales for decisions.

After the event and making decisions
In reviewing case files for this research, it was difficult to find FRET forms that had been completed on cases that the participants were working on. The following participant explained why this was so:

FRET usually not filled in until weeks or months after seen the family – only required to do so when case is closed or moves on to other teams.

(Interview 44)

The following statements confirm that the FRET was not used at the time decisions were being made and had little part in the process of decision making:

FRET done as an afterthought and has little influence on what they do with a case subsequently.

(Interview 42)

Already knows the answer and it does not tell her anything that she does not already know.

(Interview 29)
related to the risk factors it contained and the risk levels it assigned.

Risk factors and risk levels
As the following statements illustrate, participants felt that the FRET generally provided scores and consequent risk levels that were considered too high:

FRET nearly always gives a high or very high – office joke that one of the [practitioner’s] family would get high or very high on a bad day because of the number and ages of her children plus a murky past… (said as a joke rather than a slur). (Interview 32)

. . . and almost every case comes out as high – indeed most families would – ie more than three children, crim history. She and her colleagues sometimes laugh at the high scores that families get. (Interview 43)

Some participants commented on the types and number of risk factors included in the FRET:

Never get categorisation of a case as low risk from the FRET because there are so many factors involved in the questions, which may not even be relevant. (Interview 44)

The risk factors it contains are not reflective of real risk. One tick and you get ‘moderate’, which would be most families. It is meaningless in terms of the real world. (Interview 33)

In particular, the inclusion of ‘historical’ factors was considered problematic. Some participants were also concerned that inclusion of historical factors ignored the possibility that people might, over time, change:

Problem with FRET is that most families come out as high or very high and that does not change because many of the factors are historical. So, they end up closing lots of high risk cases after voluntary involvement. So, FRET not really helpful here as it does not give enough weight to the current situation and how much people might have achieved with the involvement of the Department. (Interview 34)

Another form to fill in
In addition to a lack of confidence about the risk levels produced by the tool in relation to particular families, participants also felt that, more generally, the FRET added little, if anything to their practice:

Sometimes she does not want to have to complete it as it gives such a skewed view of the family. It then becomes ‘just another form we have to fill in’. (Interview 42)

FRET as another piece of paperwork when she is moving a case on or closing it. FRET is not sophisticated enough to predict risk – only a very general thing – and she has already made her mind up anyway. Does not even use FRET to make her think or reflect on a case. (Interview 12)

Targeting the children most in need
Despite the guidance provided by the Practice Manual, cases that had been assigned a ‘high risk’ level were routinely closed:

FRET is fairly useless as always gives high or very high – they do not automatically open very high cases as they do not have the staff to do so. (Interview 24)
They could not possibly keep open all cases of high or very high – they do on the system but these cases get little if any attention.
(Interview 32)

These statements also suggest that disregarding the outcomes of the FRET was influenced by the resources that a particular Child Safety Service Centre had to deal with cases. This was also found to be a factor in relation to how the Screening and Response Priority tools were used.

The excerpts from the findings of this research presented in this section are only part of the research findings and have been summarised. They present a very negative view of the FRET and its utility for assisting decision making, but they are representative of the statements made by the participants. Participants made some positive comments about the other three tools, but none were expressed in relation to the FRET. The only constructive use that was found, in general, and which could be applied to the FRET, was that it had some use as a checklist, as illustrated by the following quote:

**Likes SDM – can be quite useful as a guide to decision making. Uses it to guide her thinking rather than as a prescriptive tool. Makes her think about why she is making a decision and makes her provide a rationale if she disagrees with a particular tool. Also uses the tools as a checklist to ensure that she has taken everything she should into consideration.**
(Interview 21)

**Rationales for decisions**

Though the FRET appeared to play little, if any, part in the process of making decisions, it did have an important role in the way that rationales for decisions were recorded on case files. The FRET had to be completed on a case file before it could be closed or moved on to an intervention team, which led to the expectation that practitioners would provide a rationale in situations where they disagreed with the FRET outcome. Rationales for not opening cases assessed as ‘high’ or ‘very high’ risk, which amounted to commentary on how the tools were used, were recorded in the case files:

**Family Risk Evaluation tool**

*The outcome reported with VERY HIGH based on mother's previous involvement with the Department and father's drug misuse issues.*
(Case file 5)

In some case files, lengthy rationales were provided about why ‘high’ or ‘very high’ risk cases were to be closed after investigation rather than opened for further intervention. These rationales were constructed using the terminology of the SDM tools and sometimes directly referred to sections or points within the tools, though there did appear to be some confusion about what the FRET could predict:

**The outcome of applying the departmental family risk evaluation framework is that the subject children are assessed to be at moderate risk of future allegations of harm.**
(Case file 29)

**The outcome of applying the departmental family risk evaluation framework is that the subject child is assessed to be at high risk of future allegations of harm.**
(Case file 25)

The findings presented in this section
and the analysis of the case files led to the conclusion that the SDM tools, the FRET in particular, were used as an accountability tool rather than a decision making tool.

In summary, the findings of this research were that practitioners (including team leaders, senior practitioners and managers) did not use the FRET to assist them in their decision making about which cases to open for further intervention. There was concern about what the tool included as ‘risk factors’ and that it tended to overestimate risk. The FRET was frequently only completed after decisions had been made, was considered to be ‘just another form to be filled in’, and was an accountability rather than decision making tool.

**The implications of this research**

According to the Department’s Practice Manual, the FRET is supposed to inform and challenge the assessment of practitioners (p. 75) rather than replace professional judgement (p. 76). To some extent, the FRET did challenge the assessments of practitioners, as discussed above, but, given the negative statements made by participants, it cannot be argued that it informed their decision making. The main finding of this research was that the FRET, in its current form, did not assist practitioners in their decision making. It did, however, prompt them to provide rationales for their decisions, at some time after they had been made, thereby meeting an organisational need to make practitioners accountable for their decisions. The implication is that, given that the FRET was not being used in the decision making process, it was ineffective in targeting the children most in need of a service and was ‘just another form to fill in’.

The overall aim of the FRET is to assist organisations to identify and target the children most in need of a service in the face of rising numbers of notifications and investigations (CRC, 2008). As stated above, the evaluations conducted by the developers of SDM, focussed on outcomes, claim that it has been successful in this aim in some jurisdictions (Freitag & Wordes, 2001). The findings of this research raise the question as to whether such inferences can be drawn from quantitative data about service system throughputs and outcomes, without gathering qualitative data about the process of how the tools are used by practitioners in their daily practice.

The findings of this research in relation to the other three tools used in the intake and investigation stages of a case were similar to the FRET. In short, practitioners did not use them to assist their decision making. Practitioners were keen to point out that the tools could not replace professional expertise (described as knowledge and experience) and some were concerned that the tools inhibited the development of expertise in new workers and tended to undermine it in the more experienced. Some participants had been sponsored by the Department of Child Safety to complete a post graduate qualification in child protection at a local university and made very positive statements about how this had developed their knowledge and ability to think critically in ways that helped them to deal with the complex situations the face in their daily work. Consequently, from the perspectives of practitioners, engaging in higher education as a strategy to assist their decision making and enhance practice more generally emerges as a better strategy than the implementation of the SDM tools.
The proposal by the Department of Community Services to test the application of the SDM tools for use in its central intake and regional child protection offices (DoCS, 2009, p. 26) is just one initiative among many that aim to improve both the process and outcomes of child protection services in New South Wales. The findings of this research suggest that the implementation of the SDM tools will not assist the Department to achieve these aims, and may actually be counterproductive.

**Conclusion**

In this article, the findings from research that explored how practitioners use the SDM tools has been presented, specifically the findings in relation to how the FRET was used by practitioners. The main finding was that the FRET was not used to assist the decision making of practitioners and consequently was ineffective in targeting the children most in need of a service. For practitioners, it was ‘just another form to fill in’. As suggested by the participants in this research, a better strategy than the implementation of the SDM tools to improve decision making is the development of practitioner expertise through higher education.

**References**


