



The Structured Decision Making[®] System

Initial Risk Assessment for Abuse and Neglect Policy and Procedures Manual

March 2021



South Australia Department for
Child Protection



Government of South Australia
Department for Child Protection



Children's
Research Center

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The Children's Research Center is a nonprofit social research organisation and a centre of the National Council on Crime and Delinquency.

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GUIDING PRINCIPLE

The paramount consideration in the application of the Structured Decision Making® (SDM) assessment tools is the safety of children and young people.

GENERAL DEFINITIONS

Neglect and abuse: The SDM® risk assessment includes two indices—one for risk of future neglect and one for risk of future abuse. Items on each index are included based on their statistical relationship to subsequent neglect and/or subsequent abuse. Because of this, the risk assessment and definitions refer specifically to ‘neglect’ and ‘abuse’ rather than ‘harm’ or ‘risk of harm’. For the purposes of the risk assessment, ‘neglect’ refers to harm or risk of harm by neglect; and ‘abuse’ refers to harm or risk of harm by emotional, physical, or sexual abuse.

Household: All persons who have significant in-home contact with the child or young person (CYP), including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship (boyfriend or girlfriend) with a parent in the household but who may not physically live in the home, or a relative who has authority in parenting and CYP caregiving decisions as allowed by the legal parent.

Caregiver (carer): (For the purposes of this SDM tool), means an adult, parent or guardian in the household who provides care and supervision for the CYP.

Circumstance	Primary Caregiver	Secondary Caregiver
Two parents living together (include <i>de facto</i> and same sex relationships)	The parent who provides the most child care. May be 51% of care. TIE BREAKER: If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the carer contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent
Single parent, no other adult in household	The only parent	None
Single parent and any other adult living in household	The only legal parent	Another adult in the household who contributes the most to care of the CYP. If none of the other adults contribute to child care, there is no secondary caregiver.

DEPARTMENT FOR CHILD PROTECTION
SDM® INITIAL RISK ASSESSMENT FOR ABUSE AND NEGLECT

r: 03/21

Household Name: _____ **Case ID#:** _____ **Date:** _____

Local Office: _____ **Worker Name:** _____

	Neglect	Abuse
1. Prior screened-in intake with neglect allegation <input type="radio"/> a. None <input type="radio"/> b. One <input type="radio"/> c. Two or more	-1 0 1	0 0 0
2. Prior screened-in intake <input type="radio"/> a. None <input type="radio"/> b. One <input type="radio"/> c. Two or more	0 0 0	-1 0 1
3. Prior alternative care placement of household CYP <input type="radio"/> a. No <input type="radio"/> b. Yes	0 1	0 0
4. Current report maltreatment type (mark all applicable) <input type="checkbox"/> a. Neglect <input type="checkbox"/> b. Abuse	1 0	0 1
5. Number of CYP in household <input type="radio"/> a. One <input type="radio"/> b. Two <input type="radio"/> c. Three or more	-1 0 1	-1 0 1
6. Caregiver(s) significant parenting skill deficits (past or current) <input type="radio"/> a. Not applicable <input type="radio"/> b. One or more apply <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate basic care	0 1	0 0
7. Family with one caregiver <input type="radio"/> a. No <input type="radio"/> b. Yes	0 1	0 0
8. Primary caregiver explanation of the incident <input type="radio"/> a. Not applicable <input type="radio"/> b. One or more applies <input type="checkbox"/> Blames CYP <input type="checkbox"/> Justifies maltreatment of a CYP	0 1	0 1

	Neglect	Abuse
9. Caregiver(s) domestic or family violence (past or current) <input type="radio"/> a. No <input type="radio"/> b. Yes	0 1	0 1
10. Caregiver(s) drug or alcohol use problem (past or current) <input type="radio"/> a. No <input type="radio"/> b. Yes	0 1	0 1
11. Caregiver(s) arrested as adult or juvenile <input type="radio"/> a. No <input type="radio"/> b. Yes	0 0	0 1
12. Primary caregiver's adult relationships have a significant negative impact on family functioning <input type="radio"/> a. No <input type="radio"/> b. Yes	0 0	0 1
13. Caregiver(s) uses excessive/inappropriate discipline (past or current) <input type="radio"/> a. No <input type="radio"/> b. Yes	0 0	0 1
14. Caregiver(s) has mental health concern (past or current) <input type="radio"/> a. No <input type="radio"/> b. Yes <input type="checkbox"/> Past mental health concern <input type="checkbox"/> Current mental health concern	0 0	0 1
15. Age of youngest CYP in the household <input type="radio"/> a. 12 years or older <input type="radio"/> b. 11 years or younger	-1 0	-1 0
16. Any CYP has a developmental disability or chronic/severe health problem that has a negative impact on his/her functioning at home, in school or in the community <input type="radio"/> a. No <input type="radio"/> b. Yes	0 1	0 0
17. Any CYP has a history of offending or multiple instances of running away, truancy or a history of assaulting others <input type="radio"/> a. No <input type="radio"/> b. Yes	0 1	0 0
TOTAL SCORE		

SCORED RISK LEVEL

Assign the family's scored risk level based on the highest score on either the neglect or abuse indices, using the following chart.

Neglect Score	Abuse Score	Scored Risk Level
<input type="radio"/> -3-1	<input type="radio"/> -3-1	<input type="radio"/> Low
<input type="radio"/> 2-4	<input type="radio"/> 2-4	<input type="radio"/> Moderate
<input type="radio"/> 5+	<input type="radio"/> 5+	<input type="radio"/> High

OVERRIDES

High Risk Case Status Conditions

Select yes if any condition shown below is applicable in this case. If yes, the final risk level is *high*.

- Yes No 1. Sexual abuse case *and* the perpetrator may have access to the CYP victim(s)
 Yes No 2. Non-accidental injury to a CYP under age 3 years
 Yes No 3. Severe non-accidental injury
 Yes No 4. Parent/caregiver action or inaction resulted in death of a CYP due to abuse or neglect (previous or current)

Discretionary Override

If yes, select override risk level and indicate reason. Risk level may be overridden one level higher.

- Yes No 5. If 'Yes', override risk level (select one): Low Moderate High

Discretionary override reason:

Supervisor review/approval of discretionary override: _____ Date: _____

FINAL RISK LEVEL (select final level assigned): Low Moderate High

SUPPLEMENTAL ITEMS

S1. Incidents of domestic or family violence among adults in the household in the past year

- a. None
 b. One
 c. Two or more

S2. Caregiver(s) has a history of abuse or neglect as a CYP

- a. No
 b. Yes
 Primary caregiver
 Secondary caregiver

S3. Family is socially isolated or unsupported by extended family

- a. No
 b. Yes

S4. Caregiver(s) has exhibited age-inappropriate expectations for CYP

- a. No
 b. Yes
 Primary caregiver
 Secondary caregiver

DEPARTMENT FOR CHILD PROTECTION
SDM® INITIAL RISK ASSESSMENT FOR ABUSE AND NEGLECT
DEFINITIONS

1. Prior screened-in intake with neglect allegation

Identify if any prior child protection notifications for neglect were screened in for a response in the household prior to the report resulting in the current investigation. This includes notifications reported interstate where known.

Exclude:

- Unborn child concerns
- 'No grounds for intervention' (NGI);
- 'General practice' (GP);
- 'Adolescent at risk' (AR);
- 'Notifier concern' (NOC);
- 'Divert, notifier action' (DNA); and
- Child protection notifications that were solely extra-familial (EXF).

When counting prior child protection notifications, it does not matter whether the prior notifications were actually investigated or substantiated.

2. Prior screened-in intake

Identify if there were any prior child protection notifications that have been screened in for a response in the household prior to the report resulting in the current investigation. This includes notifications reported interstate where known.

Exclude:

- Unborn child concerns
- 'No grounds for intervention' (NGI)
- 'General practice' (GP)
- 'Adolescent at risk' (AR)
- 'Notifier concern' (NOC)
- 'Divert, notifier action' (DNA)
- Any child protection notifications that were solely extra-familial (EXF)

When counting prior child protection notifications, it does not matter whether the prior notifications were actually investigated or if they had grounds substantiated or risk identified.

3. Prior alternative care placement of household CYP

Indicate 'yes' if any CYP in the household was formally placed by the Department for Child Protection (DCP) in alternative care (eg respite, foster, kinship, residential care) prior to the current investigation.

4. Current report maltreatment type (mark all applicable)

Indicate whether the current report is for neglect (including risk and/or harm), abuse (including risk and/or harm) or both. If any CYP in the household was investigated for neglect and/or abuse, the item should be scored regardless of whether or not there is a substantiation of harm or identification of risk. Include both the initial allegation and any additional grounds substantiated or identified during the investigation.

5. Number of CYP in household

Indicate the number of CYP less than 18 years of age in the household during the current investigation. If any CYP are removed as a result of the current investigation, count the CYP as residing in the home.

6. Caregiver(s) significant parenting skill deficits (past or current)

Indicate 'yes' if an adult caregiver in the household has (or had) significant parental skill deficits. Significant parental skill deficits may be indicated by repeated failure to adequately care for or supervise CYP or by substantial gaps in knowledge of basic child-rearing/child care practices that lead to abuse or neglect:

- Inadequate supervision: Caregiver frequently leaves CYP alone, is present but fails to supervise or makes inadequate child care arrangements.
- Inadequate basic care: Caregiver repeatedly fails to meet CYP's needs for shelter, food, clothing, medical or mental health care, or living conditions are dangerous.

7. Family with one caregiver

Indicate if there is only one caregiver in the household. A secondary caregiver is any adult member of the household who takes responsibility for any aspect of child care, however minor. Please note, an adolescent parent should be considered a caregiver.

8. Primary caregiver explanation of the incident

Mark 'yes' if the caregiver either:

- Blames the CYP for the current incident, saying that the maltreatment occurred because of the CYP's action or inaction (eg the CYP's behaviour forced the caregiver to beat him/her, the CYP seduced the caregiver). The caregiver says in effect that it is the CYP's fault that the maltreatment occurred;

or
- Acknowledges his/her own behaviour and indicates that it was justified or that it was appropriate (eg saying that this form of discipline is how the caregiver was raised, so it is appropriate or acceptable). The caregiver says in effect that his/her behaviour is 'good parenting'.

9. Caregiver(s) domestic or family violence (past or current)

Indicate 'yes' if an adult caregiver in the household is or has been involved in a relationship characterised by domestic or family violence, either as a perpetrator or as a victim. Domestic or family violence includes any of the following:

- Any single physical assault that resulted in injury.
- A pattern of physical assaults.
- A pattern of verbal harassment/threats/intimidation.
- Involvement of police and/or domestic or family violence programs.
- Existence of intervention/restraining orders or criminal complaints.

10. Caregiver(s) drug or alcohol use problem (past or current)

Score 1 if an adult caregiver in the household has a past or current drug or alcohol use problem that interferes (or interfered) with his/her or the family's functioning. Such interference is evidenced by any of the following:

- Drug or alcohol use that affects or affected:
 - » Employment;
 - » Criminal involvement and/or traffic offenses;
 - » Marital or family relationships; or
 - » Ability to provide protection, supervision and care for the CYP.
- Treatment received currently or in the past.
- Multiple positive urine samples.
- Health/medical problems resulting from drug or alcohol use.
- CYP was diagnosed with foetal alcohol syndrome or exposure or CYP had a positive toxicology screen at birth *and* caregiver was the birth parent.

11. Caregiver(s) arrested as adult or juvenile

Indicate 'yes' if credible information indicates that an adult caregiver in the household was arrested as either a juvenile or as an adult. Credible information may include a criminal background check or credible statements by a caregiver or others. This includes any criminal offence. Include traffic offences for drugs and/or alcohol, but exclude all other traffic offences.

12. Primary caregiver's adult relationships have a significant negative impact on family functioning

Indicate 'yes' if the *primary* caregiver's relationships with other caregivers or any adult (whether or not the adult is a member of the household) have a negative impact on family functioning. Adult relationships that have a significant negative impact on family functioning include tumultuous or disruptive relationships and relationships with adults who have an adverse influence on the caregiver's ability to provide for, protect or supervise the CYP (eg friends who encourage caregiver's drug or alcohol use). Note that domestic or family violence should be included here if it is current.

13. Caregiver(s) uses excessive/inappropriate discipline (past or current)

Indicate 'yes' if an adult caregiver in the household uses (or has used) excessive or inappropriate discipline of a CYP. Use of excessive/inappropriate discipline means the caregiver uses physical discipline that bears no resemblance to reasonable discipline (eg punching an infant or locking a young CYP in a cupboard or shed for extended periods) and/or is likely to cause physical injury. Actions likely to cause injuries include use of torture, suffocation, immersion in scalding water, forcing the CYP to eat/drink toxic or dangerous substances, using dangerous objects to strike the CYP, punching the CYP in the head or torso, strangling and/or slamming the CYP against a wall.

14. Caregiver(s) has mental health concern (past or current)

Indicate if credible and/or verifiable statements by the caregiver(s) or others indicate that the primary and/or secondary caregiver:

- Has been diagnosed as having a significant mental health disorder that impacts daily functioning, as determined by a mental health professional; *or*
- Has had repeated referrals for mental health/psychological evaluations (Indicate whether the identified mental health problem is current [present in the last 12 months] and/or was present prior to the last 12 months before this referral.); *or*
- Was recommended for treatment/hospitalisation or treated/hospitalised for emotional problems.

15. Age of youngest CYP in the household

Indicate the age in years of the youngest CYP member of the household, whether or not the allegation involved that CYP. If any CYP was removed from the household as a result of the current investigation, he/she is considered a member of the household and should be counted.

16. Any CYP has a developmental disability or chronic/severe health problem that has a negative impact on his/her functioning at home, in school or in the community

Indicate 'yes' if any CYP in the household has one or more of the following conditions *and* the condition has a negative impact on the CYP's functioning in the home, at school or in the community:

- Developmental disability. The CYP has a developmental disability/delay that is sufficient to qualify the CYP for specialised services (eg speech pathology, placement in a specialised school setting or classroom).
- Physical disability. The CYP has a physical disability that is sufficient to qualify the CYP for disability services.

- Medically fragile. Any CYP in the household is medically fragile (defined as having a condition lasting six months or more that requires ongoing medical intervention).
- Failure to thrive. Any CYP in the household has been diagnosed as failure to thrive.
- Other severe/chronic health condition. The CYP has a health issue that requires frequent professional or highly trained intervention (eg specialised feeding, medication regimen, physiotherapy) or daily/near daily medical appointments.

17. Any CYP has a history of offending or multiple instances of running away, truancy or a history of assaulting others

Indicate if any CYP in the household has been referred to youth court for offending behaviour or if there have been multiple instances of running away from home, being repeatedly truant or repeatedly engaging in assaultive behaviour with family members or peers.

SUPPLEMENTAL ITEMS

Supplemental risk items are included to collect data to test hypotheses about possible risk factors. These items are added to discover if there are any other items that may contribute to risk of subsequent abuse or neglect and should be included on a future risk assessment. It is not known if any supplemental item contributes to the likelihood of future harm or if they will replace current items on the assessment. Supplemental items are not used to calculate the scored risk level.

S1. Incidents of domestic or family violence among adults in the household in the past year

Indicate the number of incidents in the past year in which an adult caregiver in the household has been involved in domestic or family violence, either as a perpetrator or as a victim. Domestic or family violence includes any one or more of the following.

- Any single physical assault that resulted in injury.
- A pattern of physical assaults.
- A pattern of verbal harassment/threats/intimidation.
- Involvement of police and/or domestic or family violence programs.
- Existence of intervention/restraining orders or criminal complaints.

S2. Caregiver(s) has a history of abuse or neglect as a CYP

Indicate 'yes' if credible statements by a caregiver or others or official records indicate that an adult caregiver in the household was maltreated as a CYP (maltreatment includes neglect or physical, sexual or emotional abuse).

Additionally, identify which caregiver(s) has a history of abuse or neglect as a CYP.

S3. Family is socially isolated or unsupported by extended family

Indicate 'yes' if caregiver does not have friends, family members, neighbours or other members of a community who provide emotional support and concrete assistance regularly and often for multiple purposes (eg child care, help moving, problem solving).

S4. Caregiver(s) has exhibited age-inappropriate expectations for CYP

Indicate if either caregiver has shown age-inappropriate expectations for CYP, either in the past or currently. Age-inappropriate expectations mean that CYP in the household are expected to behave or perform in ways that cannot reasonably be expected given their age or developmental status. CYP may be expected to take on adult responsibilities or not be allowed to engage in age-appropriate behaviours.

If 'yes', indicate whether both primary and secondary caregivers have shown age-inappropriate expectations.

DEPARTMENT FOR CHILD PROTECTION
SDM® INITIAL RISK ASSESSMENT FOR ABUSE AND NEGLECT
POLICY AND PROCEDURES

The SDM® family risk assessment identifies families with low, moderate or high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their CYP in the next 18 to 24 months. The difference between risk levels is substantial. Families classified as high risk have significantly higher rates of subsequent referral and substantiation than families classified as low risk, and they are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified, the choice between serving one family or another is simplified: agency resources are targeted to families at higher risk because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research on cases with abuse or neglect, which examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The tool does not predict recurrence but simply assesses whether a family is more or less likely to have another incident without intervention by the agency.

WHICH CASES

All familial child protection investigations. Assessments are completed on households, not individuals. If there are investigations on more than one household, complete separate risk assessments for each household.

When the case is in the protective intervention or protective order phase, the CYP are in the home and a familial new allegation is received, a new initial risk assessment needs to be completed.

The risk assessment is not completed on: 1) EXF cases (unless there was also failure to protect) or 2) AR cases.

WHO

The investigating worker. For notifications received on continuing services cases, the worker assigned to the investigation. Supervisor reviews and approves.

WHEN

At the end of the investigation, after gathering all available evidence and information. The risk assessment is completed *before* making the case continuation/close decision.

DECISIONS

The risk assessment guides the worker in determining whether the case will be continued for services or be closed. When the risk level is 'high', the recommendation is to continue the case. When the risk level is 'low' or 'moderate' and there are no unresolved safety issues, the case will generally be closed and/or referred to community support agencies.

Risk Classification	Continue/Close Recommendation
High	Continue for services
Moderate	Close unless there are unresolved safety issues
Low	Close unless there are unresolved safety issues

If, based on the clinical judgment of the worker or the supervisor, a decision is made that is different from the recommendation in the guidelines, the rationale must be clearly recorded.

For cases continued for services following the investigation, the risk level is used to determine the contact requirements (service level) for the case.

CONTACT FREQUENCY GUIDELINES	
Risk Level	Contacts
Low	One face-to-face contact per month with caregiver and CYP
Moderate	Two face-to-face contacts per month with caregiver and CYP
High	Three face-to-face contacts per month with caregiver and CYP

APPROPRIATE COMPLETION

Households and Caregivers

Only *one* household can be assessed on the risk assessment. For cases in which the parents live in separate households, the risk assessment should be used on the household in which the abuse/neglect is alleged to have occurred. If the parents live in separate households and there are allegations on both, complete a risk assessment on each household.

The *primary caregiver* is the adult living in the household where the allegation occurred who assumes the most responsibility for child care. When two adult caregivers are present and the social worker is in doubt as to which one assumes the most child care responsibility, the adult with legal responsibility for the CYP involved in the incident should be selected as the primary caregiver. For example, when a mother and her boyfriend reside in the same household and appear to equally share caregiving responsibilities for the CYP, the mother is selected. If this does not resolve the question, the legally responsible person who was a perpetrator or alleged perpetrator should be selected. For example, when a mother and a father reside in the same household and appear to equally share caregiving responsibilities for the CYP and the mother is the perpetrator (or the alleged perpetrator), the mother should be selected. When two caregivers are in the household, both equally share caregiving responsibilities and both have been identified as perpetrators or alleged perpetrators, the caregiver demonstrating the more severe behaviour is selected. Only one primary caregiver can be identified.

The *secondary caregiver* is defined as an adult living in the household who has routine responsibility for child care, but less responsibility than the primary caregiver. A partner may be a secondary caregiver even though he/she has minimal responsibility for care of the CYP.

Note, the caregiver would include an adolescent parent.

Complete identifying information:

- Household Name (family name of primary caregiver)
- Case ID#
- Date
- Local Office
- Worker Name

Scoring Individual Items

Workers should familiarise themselves with the items that are included on the risk assessment and the corresponding definitions. The score for each assessment item is based on the worker's observations during interviews with household members of the characteristics an item describes, on reports and case records, and on other reliable sources. Some characteristics are objective (such as prior CYP abuse/neglect history or the age of the CYP). Others require the worker to use discretionary judgment based on his/her assessment of the family (using the definitions). If information cannot be obtained to answer a specific item, the item must be scored as 0. The only exception is item A2. If the worker cannot determine whether the family has had prior intakes, score -1.

After all risk items are scored, the score is totalled and indicates the corresponding risk levels for both subsequent neglect and subsequent abuse. Next, the scored risk level is determined; it is the higher between the abuse and the neglect risk levels.

Mandatory Overrides

After completing the risk scales, the worker then determines if any of the mandatory override reasons exist. Mandatory overrides reflect incident seriousness and CYP vulnerability concerns and are used in cases that DCP has determined warrant the highest level of service regardless of risk scores. Mark 'yes' for any mandatory override reasons that exist. The risk level is then increased to 'high'.

Discretionary Override

A discretionary override is applied by the worker to increase the risk level in any case where the scored risk level appears (based on clinical judgment) to be too low. Discretionary overrides may only increase risk by one level (ie from 'low' to 'moderate' or 'moderate' to 'high', but *not* 'low' to 'high'). Indicate the override reason. A discretionary override may not be used to *lower* the risk level on the initial risk assessment. All overrides must be approved by the supervisor.

Final Risk Level

Indicate the final risk level. If an override has been exercised, the final risk level should differ from the initial risk level. If an override has not been used, the final risk level will be the same as the initial risk level.

Case Closure Decision

Indicate whether the case will be continued for services or closed following completion of the investigation/assessment.

At the initial risk assessment, it is recommended that 'high'-risk cases will be continued for services. Note the following:

- 'High'-risk cases *must* be continued if there are any unresolved safety threats.
- Some 'high'-risk cases may be closed if all available information shows that:
 - » The risk level is driven solely by historical factors; *and*
 - » The caregivers do not currently have any of the risk-related problems assessed on the risk instrument (ie drug or alcohol abuse, domestic or family violence, parenting skill deficits, harmful adult relationships).

The rationale for closing any 'high'-risk case must be clearly documented in the case closure summary.

The manager is required to approve the closure of any 'high'-risk case.

If the risk level is 'low' or 'moderate' and there are no unresolved safety threats but the decision is to continue the case, document the rationale.

Scoring Rationale for Items R6, R9, R10 and R11

If a score other than 0 was entered for items R6, R9, R10 or R11, indicate the item number and the rationale for scoring the item. Rationale for scoring should include specific worker observations and knowledge as appropriate to explain why the item was scored higher than 0.

Supplemental Risk Assessment Questions

The supplemental items should be answered for all investigations. This information will be used as part of the risk revalidation process, which will help ensure that the risk assessment works at an optimum level for the DCP client population.

For each of the caregiver questions, mark either 'yes' or 'no'. If there are two caregivers, answer the question for each one.

For each CYP-related question, mark 'yes' or 'no'. Mark 'yes' if the statement is true for any CYP living in the household.