



Tools, processes and practice guidance: Bias in child protection practice Practice Paper

1. Introduction

Decision making is inherent in all aspects of child protection practice. Decision making is often complex and must be based on high quality assessment. Applying the DCP Practice Approach to child protection work provides practitioners with guidance and tools to support effective decision making.

The *Children and Young People (Safety) Act 2017* must inform all decision making, with the safety of children and young people being the paramount consideration. Robust assessment informed by the Practice Approach's [Practice Principles](#), the Aboriginal and Torres Strait Islander Child Placement Principle, Foundational theories and knowledge, and relevant Tools, processes and practice guidance (including the [DCP Assessment framework](#) and where applicable the Structured Decision Making Tools: [Screening and Response Priority Assessment](#), [Safety Assessment](#), [Initial Risk Assessment](#), [Risk Reassessment](#) and [Family Reunification Assessment](#)) must underpin all decision making.

The DCP Assessment framework supports practitioners to consider the information that is known to them, identify any gaps and to reflect on this information to develop their case conceptualisation and re-conceptualisations as needed.

Consistent with the 'Accountability' element of the Practice Approach, practitioners must make defensible decisions based on careful consideration of each child or young person's unique needs and circumstances and be able to articulate the rationales for their decisions.

This practice paper provides DCP staff with an understanding of how bias can influence decision making and encourages practitioners to consider their own biases when making decisions.

This practice paper should be read in conjunction with the [Decision making Practice Paper](#).

2. How we make decisions: Analytical vs intuitive reasoning

There are two common types of reasoning predominately utilised by child protection practitioners; analytical reasoning and intuitive reasoning (Munro, 1999).

Analytical reasoning is seen to be a rational process that is clearly defined and uses a 'step-by-step' approach, which is conscious, logical, staged, methodical and defensible, and relies on 'established truth'. This process is seen to be clear and makes the manner in which conclusions are reached explicit and the outcome self-evident and able to be deduced easily.

In contrast, the process of intuitive reasoning is less well defined and considered typically the opposite of analytical reasoning. Intuitive reasoning is a cognitive process with an emotional element that



produces a view or a solution without the use of conscious, logical processes. Intuitive reasoning is associated with creativity and imagination. It is seen as useful when needing to consider and understand numerous factors and often results in quickly formed opinions or answers. Intuitive decision making draws on experiences to recognise cues, identify patterns and create narratives around these. When applying intuitive reasoning, practitioners draw on their own experiences, practice wisdom or professional judgement in their decision-making processes.

Decision making in child protection is a complex process and practitioners must consider multiple elements, facts, views and information. In light of how the human brain works, practitioners will find ways to simplify reasoning and create 'mental shortcuts' that reduce difficult judgemental tasks to simpler ones. This may involve creating shortcuts that restrict the amount of information that individuals consider when making assessments, forming views and making decisions. Without active reflection on these processes, simplifying complex information and shortcuts can lead to errors in judgement and decision making. When drawing on our own experiences, professional judgement and intuitive reasoning, practitioners must consider their own biases and how this could impact on decision making.

3. Bias

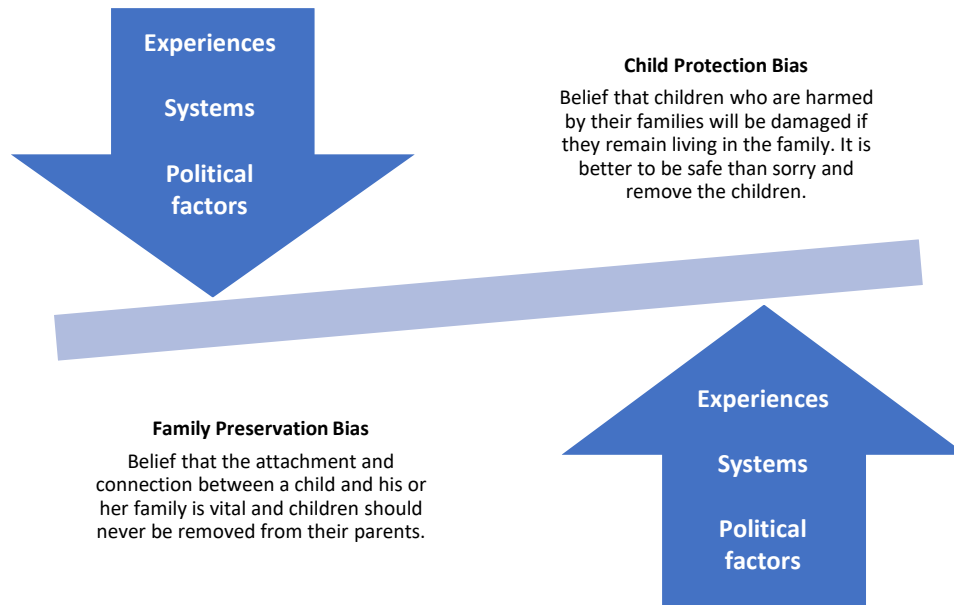
Bias is a strong inclination of mind or preconceived idea or opinion about something or someone, which results in a disproportionate weight either for or against a certain idea, or a preference for one thing over another. Everyone has biases and whilst we may be aware of some of our biases, others are unconscious or implicit.

3.1 Different types of bias and implications for child protection practice

When making assessments, developing case conceptualisations and making decisions, practitioners must consider and reflect on different types of bias. The biases discussed below are some of those most relevant to child protection assessment and decision-making. However, this is not an exhaustive list of all biases that may affect practitioners' thinking or decision making. Assessments and associated decision-making may be concurrently influenced by multiple biases.

The child protection pendulum

The child protection pendulum (SNAICC, 2019) is a term used to describe the shifts in child protection thinking. One side of the pendulum is overly focused or fixated on supporting families, with harm and risk to children and young people being discounted (called Family Preservation Bias). The other end of the pendulum is overly focused on harm and risk to children and young people (sometimes called being risk adverse) at the expense of supporting family preservation or reunification (called Child Protection Bias). Experiences, systems, or political factors can move us closer to one end of the pendulum or to the other end at different times. For example, political views about parental rights or a lack of availability of placements in out of home care may move the pendulum towards the Family Preservation Bias. Whereas highly publicised adverse events related to children or young people being harmed may move the pendulum towards the Child Protection Bias.



(Image adapted from SNAICC, 2019)

Cultural or Unconscious Bias

Each of us has our own cultural lens based on our cultural background and experiences. Our cultural lens develops throughout our life. It is based on shared values, attitudes and practices influenced by our family of origin and cultural connections. Our cultural lens is part of the formation of our sense of self and can shift through the lifespan based on our experiences and as our views are challenged and/or shift. Our cultural lens informs who we are, how we think and interact with others, the decisions we make and our general worldview.

Cultural bias occurs when we interpret and judge others by the standards that are inherent in our own cultural group or view others or information uncritically through our own cultural lens. Cultural bias can take the form of assumptions that we hold about a group that impact on our interpretations and perceptions of that group. Practitioners need to be aware of their own cultural lens and consider how that affects what they see, think and decide.

Being aware of the potential for cultural bias is particularly important when working with children and young people and families from cultural backgrounds that are different to the practitioner's. When working with Aboriginal and Torres Strait Islander families, it is imperative that practitioners acknowledge and recognise the strengths that exist within Aboriginal and Torres Strait Islander families and communities. For example, it is common for Aboriginal and Torres Strait Islander infants, children and young people to receive care from multiple caregivers and to experience security in these relationships. The opportunity to develop these relationships supports and maintains an Aboriginal and Torres Strait Islander infant, child or young person's emotional health throughout their lives (Yeo, 2003). Further examples of common Aboriginal and Torres Strait Islander child-rearing practices and errors that may occur if practitioners lack understanding of Aboriginal and Torres Strait Islander child rearing practices are included in the *Aboriginal and Torres Strait Islander Child Placement Principle: guide to support implementation* (SNAICC, 2019 pp 18). Practitioners need to be aware of their cultural bias and ensure that they understand Aboriginal and Torres Strait Islander child rearing practices. For more



information regarding working with Aboriginal and Torres Strait Islander people, refer to the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

When making assessments, practitioners must critically reflect on the impact of their cultural bias on their understanding and assessment of parenting. It is often helpful to consider whether a cultural parenting practice is simply unfamiliar or poorly understood, or whether the practice is causing harm to a child or young person and/or placing them at risk.

Unconscious bias is not isolated to those from cultural groups other than our own. Unconscious bias can also influence the views we may hold about other groups of people in the community who we may view as different to ourselves (for example, people experiencing disability, mental health issues, homelessness or socio economic disadvantage).

Conscious bias

Conscious bias – also known as explicit bias or explicit prejudice – refers to the attitudes and behaviours that people intentionally exhibit towards certain groups based on their identity. This includes their race, gender, religion, ethnicity or sexual orientation. Unlike unconscious bias, which occurs automatically and unconsciously, conscious bias is a deliberate decision to discriminate or stereotype others. The person is very clear about their feelings and attitudes and related behaviours are conducted with intent.

Conscious bias can intersect with other forms of oppression – such as racism, homophobia or sexism. If you are consciously biased, it means that you are aware of your biases and are actively choosing to discriminate based on your preconceived or unreasonable inclination or feelings.

For example, a practitioner might have had a negative experience with someone from a particular group and developed a bias against that group due to that experience. Practitioners must reflect on their personal beliefs and values to minimise their impact on their practice and to ensure their decision making is evidence based. Consultation, reflective practice and supervision minimise the risks associated with conscious bias.

Anchoring (or the primacy effect)

Anchoring occurs when practitioners become overly reliant on the first piece of information they receive when they are making assessments or on the first assessment they make. First impressions and initial information about families can influence the way that subsequent information is interpreted and received. For example, if a practitioner has formed a positive opinion of a family member or carer, they may be more likely to treat unfavourable information with scepticism as they are 'anchored' to the initial information and confirmation bias (see below) may come into effect. This means practitioners may be slow to revise or review their opinion, especially when the new information presented challenges the original information or assessment. This will affect a practitioner's understanding and assessment of the case and will undermine the quality of decision-making. It is important for practitioners to critically and regularly consider how their own feelings and relationships with individuals influence assessments and decision making to ensure defensible and high quality decision-making is maintained. Child protection practitioners must be aware of this potential bias and supported to maintain focus on the child or young person's safety, wellbeing and needs and to re-conceptualise assessments to consider and incorporate new information.



Confirmation Bias

Confirmation bias is the tendency to only attend to and take into account the information that confirms our preconceptions or previous assessments. This means that practitioners may be sceptical of information that conflicts with their views and instead they actively look for and are not critical of information that provides evidence that supports their thinking. For example, practitioners can develop ‘tunnel vision’ towards the goal of reunification and will ignore, minimise or fail to consider concerns as they arise. Similarly, a practitioner who supports the continuation and support of a placement may ignore or minimise mounting concerns about the child or young person’s safety. Consultation, reflective practice and supervision minimise the risks associated with confirmation bias.

Rule of optimism

Practitioners want to believe that what they are doing is working and that they are making a positive difference for children and young people. The rule of optimism can blind them to what is really going on. It leads them to believe that they are seeing progress, even if in reality little change has been achieved. There may be too much emphasis on strengths and less attention paid to areas of concern. The rule of optimism may mean practitioners have an overly positive interpretation or assessment of a situation and ignore or discount the impact of the valid concerns.

Groupthink

Groupthink occurs when the desire for cohesiveness within a group produces a tendency among its members to agree with each other in order to minimise conflict and to reach consensus without critical evaluation. Group members avoid raising opinions, issues or alternative solutions in order to maintain harmony. Care teams need to be conscious of the risk of groupthink and ensure that all members have open and honest communication and are empowered to raise concerns or voice differences of opinion.

Recency effect

The recency effect occurs when practitioners weigh the latest information received more heavily than previous information. Human memories are more likely to remember the most recent information rather than forming a more coherent or comprehensive view of all the information available. For example, if the most recent contact visit was of poor quality, this may be given more ‘weight’ than it warrants if it occurred in the context of generally high quality interactions between a child and parent.

Saliency bias

The saliency bias is the tendency to focus on information that provokes strong emotions and ignore information that is less notable. More vivid and concrete information or experiences that arouse either positive or negative emotions tend to be more memorable than information that is less dynamic and abstract, such as the information contained in case records, letters or reports. For example, a practitioner may recall an interaction with a parent who was very distressed and aggressive more easily than many interactions where the parent was well regulated. As such, the more memorable experience may unfairly shape the practitioner’s view of that parent.

Adultcentrism

Adultcentrism is the belief or bias that an adult perspective is more likely to be correct than a child or young person’s and occurs when adults view children and young people from an adult perspective. It may also occur when an adult’s views are weighted more heavily than a child’s. Adultcentrism creates a



barrier to effectively working with children and young people as practitioners discount or lack understanding of how children and young people view or experience situations.

An essential part of child centred practice is supporting children and young people to have a voice in decisions made about them. For more information, refer to the [Supporting the participation of children and young people in decision making Practice Paper](#). It is important that practitioners give due consideration to a child or young person's views or to information that is provided by a child or young person, even if this challenges other information received from families, parents or caregivers. Efforts must also be made to deeply consider the child or young person's perspective, which can be challenging for adult practitioners.

Blind spot bias

Blind spot bias is the tendency to see oneself as less biased than other people and more likely to interpret and identify more cognitive biases in others than in oneself. This bias is associated with an inability to reflect on one's own biases and resultant assessments and decisions.

3.2 How biases affects our decision-making

Practitioners in child protection are constantly considering information to form the assessments which support their decision-making (for more information, refer to the [Assessment framework](#)). It is imperative that practitioners consider and reflect on their own biases and the impact that these have on the information that they seek, receive and consider. When practitioners are unable to recognise and consider their own biases, they may make decisions that are not underpinned by robust assessment and are not defensible nor child centred.

Practitioners need to ensure that historical information available to them is considered. Assessments should include consideration of longer-term patterns of behaviour and new information that needs to be considered in relation to these patterns, particularly with regards to the child or young person's experience. New information viewed in isolation may seem inconsequential but when viewed in the context of past patterns of behaviour, such information may be pivotal and may require a re-conceptualisation of the case. Whilst human memory works more effectively with emotive material (such as observed injuries to a child or scenarios that prompted a strong emotional response), practitioners need to remain sensitive and alert to less obvious signs of harm. In turn, this will encourage practitioners to build a more thorough picture of a child or young person's circumstances and consider the likelihood of cumulative harm being experienced by children and young people over time.

4. How we recognise and check our bias

It can be difficult both intellectually and emotionally for practitioners to review their judgements critically. Practitioners develop relationships with children and young people, families and carers and while relationship based practice is important, the feelings that some relationships provoke in practitioners, both positive and negative, have the potential to develop into biases. For practitioners in regional areas, this may be particularly pertinent as families or children and young people could be well known to the practitioner on both a professional and/or personal level. Practitioners need to be aware of the impact that their decisions have on children and young people and their families, and must therefore strive to ensure their decision making is of the highest possible quality. Practitioners need to be motivated and supported to develop the skills and knowledge required to reflect on and challenge



their own thinking, assumptions and conclusions, and to consider alternative perspectives or contradictory information.

Triangulation is the gathering of information from multiple sources to check thinking and to appraise and reappraise opinions as more information and evidence becomes available. This process supports practitioners to 'cross check' their thinking, reflect on the information available and more easily identify their biases. When making decisions, practitioners have access to a wide range of information, including notification information, case plans, court reports, psychological assessments and other professional assessments, as well as information provided directly from children and young people, families and carers. It is imperative to consider all available information in assessments, particularly when information contradicts other information or our opinion. There is a constant need to consider new information and weight it appropriately.

Professional supervision supports high quality and culturally safe practice. Supervision promotes reflection, including reflecting on the supervisees possible biases during case consultations and decision making. Ongoing supervision and reflection supports a practitioner's professional development alongside formal training and other development opportunities. For further information, refer to the [Professional Supervision Procedure](#).

In addition to supervision, practitioners are strongly encouraged to engage in ongoing case consultation with supervisors and senior practitioners to organise and challenge their thinking about individual cases. Such consultation provides practitioners with the opportunity to present cases, consider assessment information, develop a case conceptualisation, and consider case direction. This process will help practitioners to consider whether enough information has been gathered to inform a case conceptualisation and to consider alternative views or conclusions. In all assessment and decision making, practitioners must be supported to stay focused on the child or young person's safety, wellbeing and needs.

Consultation with practice and cultural experts plays a critical role in the assessment and decision making process and will assist practitioners to reflect on the information and consider their biases as part of the decision making process. Depending on the needs of the child or young person, consultation with any of the following DCP practice experts may be relevant:

- Principal Aboriginal Consultants and Aboriginal Lead Practitioner
- DCP Multicultural Services
- Practice leaders and Lead Practitioner
- DCP Psychological Services
- DCP Disability and Development Program
- High risk infant workers
- Lead Psychiatric Director.

For further information, refer to the [Decision making Practice Paper](#) and [Practice and cultural consultation Practice Paper](#).



5. Reflective practice prompts

Practitioners are supported to develop their skills when they engage in reflective practice. Practitioners are encouraged to reflect on their biases and discuss this during supervision. The following reflective practice activity is offered to encourage reflective practice among practitioners.

When forming a case conceptualisation, ask yourself:

- What information have I gathered to inform my assessment?
- Am I remaining curious and inquisitive about what I am seeing and assessing? Am I open to new information?
- Who else might be able to offer me useful information to contribute to my assessment? What are the perspectives of other people in the care team?
- What alternative perspectives have I considered?
- How would I react if this information had come from a different source?
- When working with Aboriginal and Torres Strait Islander infants, children, young people and families, am I considering the need to consult with a Principal Aboriginal Consultant?
- When working with children, young people and families from a culturally and linguistically diverse background, am I considering the need to consult with DCP Multicultural Services?
- Do I have appropriate cultural knowledge and understanding to underpin unbiased decision making?
- What influence is my own cultural bias having on my current perspective of this information?
- How do I feel towards this client? Or how does this client make me feel?
- What impact is my bias having on my judgements and assessments of the information I have collected?

6. Key Readings

Munro, E (1999) *Common errors of reasoning in child protection work*, Child Abuse and Neglect 23 (8) pp 745-758.

[http://dx.doi.org/10.1016/S0145-2134\(99\)00053-8](http://dx.doi.org/10.1016/S0145-2134(99)00053-8)

SNAICC, (2019), *The Aboriginal and Torres Strait Islander Child Placement Principal: A Guide to Support Implementation*

https://www.snaicc.org.au/wp-content/uploads/2019/06/928_SNAICC-ATSICPP-resource-June2019.pdf

Yeo, SY (2003) *Bonding and Attachment of Australian Aboriginal Children*, Child Abuse Review, Vol 12, pp292-304.



Document control

Reference No./ File No.			
Document Owner		Lead Writer (position)	
Directorate/Unit: Quality and Practice		Practice Leader, Quality and Practice	
Accountable Director: Director, Quality and Practice			
Commencement date	14 October 2024	Review date	4 October 2027
Risk rating Risk Assessment Matrix	Consequence Rating	Likelihood	Risk Rating
	Minor	Unlikely	Low

REVISION RECORD		
Approval Date	Version	Revision description
05 November 2021	1.0	Final
4 October 2024	2.0	Review as per policy review cycle, including: - added information about “conscious bias” - removed ‘Reflective Practice Bubble’ and replaced with reflective practice prompts.