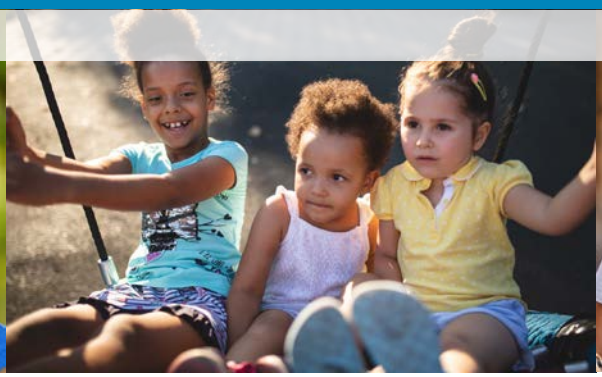
SDM

The Structured Decision Making® System
for Child Welfare

Risk Reassessment Policy and Procedures Manual

March 2021


South Australia Department for
Child Protection

Government of South Australia
Department for Child Protection

NCCD | Children's Research Center

CONTENTS

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

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

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 *de facto* 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.

SOUTH AUSTRALIA DEPARTMENT FOR CHILD PROTECTION
SDM® RISK REASSESSMENT FOR IN-HOME CASES

r: 03/21

Household Name: _____ **Notification Date:** _____

Office: _____ **Worker:** _____ **Case Continuation Date:** _____

Reassessment Date: _____ **Reassessment Number:** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

R1. Number of prior notifications that were screened in as an urgent (within 24 hours) or non-urgent (within 10 days) response (do not count the notification that led to this current involvement)
○ a. None 0
○ b. One or more ..... 1 _____

R2. Number of prior notifications where *harm was substantiated or likelihood of harm was identified* (do not count the notification that led to this current involvement)
○ a. None 0
○ b. One or more ..... 1 _____

R3. Prior formal alternative care placements of household CYP
○ a. None 0
○ b. One or more ..... 1 _____

R4. Number of CYP for whom *harm was substantiated or likelihood of harm was identified* during the most recent investigation
○ a. None or one 0
○ b. Two or more ..... 1 _____

Scoring of items R5 to R9 should be based on behaviour and circumstances during the period since the last (re)assessment only.

R5. New screened-in notifications (urgent within 24 hours or non-urgent within 10 days) for harm or likelihood of harm since last (re)assessment (ie within the last 60 days)
○ a. None 0
○ b. One or more ..... 3 _____

R6. Caregiver(s) currently has significant parental skill deficits
○ a. No 0
○ b. Yes ..... 1 _____

R7. Caregiver(s) currently has drug or alcohol use problem interfering with caregiver's or family's functioning
○ a. No 0
○b. Yes (alcohol, drugs or both) ..... 1 _____

R8. Caregiver in the household has been a perpetrator or victim of domestic or family violence during the assessment period
○ a. No 0
○ b. Yes ..... 1 _____

R9. Caregiver's progress with the case plan (if two caregivers, base scoring on the one with the least progress)

- ○ a. Successfully demonstrates attitudes, skills and behaviours consistent with case plan objectives .....-1
- ○ b. Demonstrates some attitudes, skills and behaviours consistent with case plan objectives 2
- ○ c. Demonstrates no/minimal attitudes, skills and behaviours consistent with case plan objectives, has been minimally involved with services OR has refused participation in services ..... 4 _____

FINAL SCORE _____

SCORED RISK LEVEL

○ -1 to +1	○ Low
○ 2 to 5	○ Moderate
○ 6 to 10	○ High
○ 11+	○ Very High

MANDATORY OVERRIDES

Select 'Yes' if a condition shown below is applicable in this case. If *any* condition is applicable, override final risk level to 'Very High'. Select 'Yes' for any of items 1–3 that apply in the current reassessment period. Select 'Yes' for Item 4 if it applied at any time.

- ○ Yes ○ No 1. Sexual abuse case where perpetrator has access.
- ○ Yes ○ No 2. Cases with non-accidental injury to an infant.
- ○ Yes ○ No 3. Non-accidental injury requiring medical care.
- ○ Yes ○ No 4. Prior or current death of a sibling due to abuse or neglect.

DISCRETIONARY OVERRIDE

If a discretionary override is made, select 'Yes', select override risk level and indicate reason. Risk level may be overridden to one level higher or lower.

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

Discretionary override reason: _____

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

FINAL RISK LEVEL: ○ Low ○ Moderate ○ High ○ Very High

Supervisor: _____ **Date:** _____

Worker: _____ **Date:** _____

SOUTH AUSTRALIA DEPARTMENT FOR CHILD PROTECTION
SDM® RISK REASSESSMENT FOR IN-HOME CASES
DEFINITIONS

R1. Number of prior notifications that were screened in as an urgent (within 24 hours) or non-urgent (within 10 days) response (do not count the notification that led to this current involvement).
Record the number of *prior* screened-in notifications for any type of allegation. Include all notifications whether investigated or not. Include previous Tier 1, 2 or 3 notifications. Do *not* include the notification that prompted the most recently completed initial risk assessment.

R2. Number of prior notifications where *harm was substantiated or likelihood of harm was identified* (do not count the notification that led to this current involvement)
Record the number of *prior* notifications for any type of allegation in which the outcome was substantiation of harm or identification of risk.

R3. Prior formal alternative care placements of household CYP
Record whether one or more CYP in the household had a formal prior alternative care placement (respite, foster, kinship, residential care, etc). This item should be scored the same as on the most recent initial risk assessment.

R4. Number of CYP for whom *harm was substantiated or likelihood of harm was identified* during the most recent investigation
Record the number of CYP in the household for whom harm was substantiated or likelihood of harm was identified in the investigation that led to the completion of the most recent initial risk assessment. This item should be scored the same as on the most recent initial risk assessment.

R5. New screened-in notifications (urgent within 24 hours or non-urgent within 10 days) for harm or likelihood of harm since last (re)assessment (ie within the last 60 days)
Select 'b' if any caregiver in the household has been an alleged perpetrator of harm in any new screened-in notification since the most recent risk reassessment. Count all other screened-in notifications, whether actually investigated or not. (*Note*: If this is the first risk reassessment and there was a new screened-in notification between the time of the *initial* risk assessment and this risk reassessment, that new screened-in notification should be counted here.)

R6. Caregiver(s) currently has significant parental skill deficits
Select 'b' if either caregiver currently has significant parental skill deficits.

Significant parental skill deficits may be indicated by repeated failure to adequately care for or supervise CYP; substantial gaps in knowledge of basic child-rearing/ childcare practices; difficulty in understanding the need to provide adequate routine or supervision; to use age-appropriate, consistent and non-abusive discipline or to develop clear caregiver–CYP role expectations. Specific examples include but are not limited to the following:

- Inadequate physical care/supervision: The caregiver fails to provide adequate food, shelter, clothing or medical or mental health care; allows hazardous living conditions to exist in the household or does not provide appropriate supervision (eg leaves a young CYP alone).

  CULTURAL CONSIDERATIONS
  In rural and remote Aboriginal communities, CYP are encouraged to explore and take risks to develop responsibility and develop independence. Multiple family and community members may provide food, supervision and care for CYP and support for parents to help keep CYP safe.

  In Aboriginal communities, large numbers of extended family members may come to stay in the family home when they are travelling for community and cultural business. It is common practice for siblings and extended family members to share a room.

- Age/developmentally inappropriate expectations: CYP in the household are expected to behave or perform in ways that cannot reasonably be expected given the CYP's age or development. Examples include expecting a CYP to respond to age-inappropriate discipline or expecting a young CYP to have significant caregiving responsibilities for a sibling.

  CULTURAL CONSIDERATIONS
  In Aboriginal communities, there is a cultural expectation that older Aboriginal CYP care for their younger siblings.

- Use of excessive/inappropriate discipline: The caregiver uses physical punishment that bears no resemblance to reasonable discipline (eg punching a CYP or locking a young CYP in a cupboard or shed) and/or is likely to cause physical injury (excluding very minor injuries). Actions likely to cause injuries include use of torture, suffocation, immersion in scalding water, forcing the CYP to eat/drink toxic or harmful substances, using objects to strike the CYP, strangling or slamming the CYP against a wall.

R7. Caregiver(s) currently has drug or alcohol use problem interfering with caregiver's or family's functioning

Select 'b' if either caregiver has a current drug or alcohol use problem that interferes with caregiver's or family's functioning, as evidenced by the existence of any of the following during the assessment period:

- Drug or alcohol use that affects or affected:
  - » Employment;
  - » Criminal involvement;
  - » Interpersonal relationships; or
  - » Ability to provide protection, supervision and care for the CYP.

- An arrest during the assessment period for driving under the influence or refusing police drug or alcohol testing.

- Self-report or medical/psychological/drug treatment professional's current diagnosis of a problem.

- Health/medical problems resulting from drug or alcohol use.

- CYP was medically diagnosed with suspected foetal alcohol syndrome, or CYP had a positive toxicology screen at birth *and* primary caregiver was the birthing parent.

Prescription drug use that is legal *and* non-abusive should not be scored.

R8. Caregiver in the household has been a perpetrator or victim of domestic or family violence during the assessment period.

Select 'b' if any adult caregiver in the household has been involved in a single physical or sexual assault that resulted in injury; a pattern of physical or sexual assaults; a pattern of harassment/threats/intimidation/coercion/control; police involvement or charges; or domestic or family violence programmes. Also select 'b' for existence of intervention orders during the assessment period.

R9. Caregiver's progress with the case plan (if two caregivers, base scoring on the one with the least progress)

Score this item based on the extent to which the caregiver is demonstrating attitudes, skills and behaviours consistent with all case plan objectives. If there is more than one caregiver in the household, base the scoring on the one who demonstrates the *least* progress.

a. Select 'a' if the caregiver successfully demonstrates attitudes, skills and behaviours consistent with case plan objectives.

b. Select 'b' if the caregiver demonstrates some attitudes, skills and behaviours consistent with case plan objectives.

c. Select 'c' if the caregiver demonstrates no/minimal attitudes, skills and behaviours consistent with case plan objectives, has been minimally involved with services OR refused participation in services. The majority of case plan objectives are not being pursued or achieved.

Reassessments are performed at established intervals as long as the case is open. Case reassessment ensures that risk of abuse/neglect and family/CYP service needs will be considered in later stages of the service delivery process and that case decisions will be made accordingly. At each reassessment, workers re-evaluate the family using instruments that help them systematically assess changes in risk and needs. Case progress will determine if a case should remain open or can be closed.

Whilst the initial risk assessment has separate scales for abuse and neglect, there is only one risk scale for reassessment. The focus of case reassessment is on the impact of services provided to the family during the period assessed or on whether certain events have occurred since the last assessment. The first four items are those strongly related to the probability of subsequent abuse and/or neglect; they do not change from the most recently completed initial risk assessment. The remaining items relate to events that did or did not occur during the past 60 days (ie since the last risk [re]assessment). The final item specifically relates to the caregiver's progress in relationship to the case plan, including participation in services.

WHICH CASES
All continuing cases in which any CYP reside in the home.

WHO
The allocated worker with supervisor review and approval.

For Aboriginal CYP and families, consultation with a Principal Aboriginal Consultant (PAC) is recommended to ensure the assessment uses a cultural lens.

For CYP from culturally and linguistically diverse (CALD) backgrounds, consultation with Multicultural Services is recommended to ensure the assessment uses a cultural lens.

WHEN
Within 60 days from completion of the initial risk assessment and every 60 days thereafter. Reassessments should be completed sooner, if indicated, to meet the needs of the CYP.

If a new notification is received and investigated whilst the case is receiving continuing services, a new initial risk assessment (not a reassessment) will be completed during the investigation. Subsequent risk reassessments should take place at least every 60 days from completion of the new initial risk assessment.

DECISIONS
Guides the decision about whether to keep open or close a case.

Risk Classification	Recommendation
Very High	Continue case
High	
Moderate	Close unless there are unresolved safety threats
Low	

If the worker or supervisor's clinical judgment leads to a decision different from that recommended in the guidelines, the rationale must be clearly recorded.

For cases continued for services following the investigation, the risk level is also used to determine the contact requirements (service level) for the case. See the section on case contact guidelines in this manual for the specific frequency of contact associated with each risk classification.

Risk Classification	Contact Frequency Guidelines
Very High	*Three* face-to-face contacts per month with caregiver and CYP
High	
Moderate	*Two* face-to-face contacts per month with caregiver and CYP
Low	*One* face-to-face contact per month with caregiver and CYP

APPROPRIATE COMPLETION
Complete identifying information in the header:

- **Household Name:** The primary caregiver's surname
- **Notification Date**
- **Office**
- **Worker**
- **Case Continuation Date:** The date the decision was made to continue the case for services
- **Reassessment Date**
- **Reassessment Number:** Whether this is the first, second, third, etc reassessment that has been completed

Based on current interview(s)/observations and using the risk reassessment definitions, select a response for each item. All scoring is completed based on the status of the case since the last reassessment (ie during the last 60 days). For example, when considering whether the caregiver has a domestic or family violence problem, base the assessment response only on events since the last risk reassessment. If this item had 'Yes' selected in the last reassessment, it may be 'Yes' or 'No' now depending upon changes made by the family.

After scoring each item, total the item scores in the space provided. Based on the total score, indicate the scored risk level.

Mandatory Overrides
The assigned worker determines if any mandatory override reasons exist. Mandatory overrides have been determined by the South Australian Department for Child Protection as case situations that warrant the highest level of service regardless of the risk score at reassessment. Select 'Yes' for any mandatory override reasons that exist and increase the final risk level to very high. Note that for items 1–3, the condition must have existed *during the reassessment period*, but Item 4 should be selected if it was *ever* true.

Discretionary Override
The assigned worker determines if there are any discretionary override reasons. At reassessment, a discretionary override may be applied to *increase or decrease risk* by one level in any case where the worker determines the risk level is too low or too high. For example, if risk score remains 'high' despite significant progress in all other aspects of the case plan, the worker may wish to review whether there are mitigating circumstances that would appropriately reduce the family's risk. 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.

If considering closure based on the risk reassessment result, complete a safety assessment to determine if safety status affects closure decision.

The recommendation is that cases reassessed as 'high' or 'very high' risk should remain open and 'low' and 'moderate' risk cases should be closed. When the action taken differs from the recommended action, consultation with a Principal Social Worker (PSW) is strongly recommended. (For Aboriginal and Torres Strait Islander families, consultation with a PAC is also strongly recommended).