Dr Philip Gillingham

Submission to the Queensland Child Protection Commission of Inquiry (August 2012)

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This submission addresses the following section of the terms of reference for the inquiry, specifically the adoption and implementation of the Structured Decision (SDM) making tools, as developed by the Children's Research Center (CRC), Wisconsin.

> 3. UNDER the provisions of the *Commissions of Inquiry Act 1950* the Governor in Council hereby appoints the Honourable Timothy Francis Carmody SC, from 1 July 2012, to make full and careful inquiry in an open and independent manner of Queensland's child protection system, with respect to:
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> c) reviewing the effectiveness of Queensland's current child protection system in the following areas:
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> i whether the current use of available resources across the child protection system is adequate and whether resources could be used more efficiently;
> ii the current Queensland government response to children and families in the child protection system including the appropriateness of the level of, and support for, front line staffing;
> iii tertiary child protection interventions, case management, service standards, decision making frameworks and child protection court and tribunal processes; and
> iv the transition of children through, and exiting the child protection system.

Biography

1. I hold a PhD (Melbourne, 2009), a Master of Social Work (Monash, 2006), a Grad Cert in Higher Education (Deakin, 2006), a BA (Hons) Social Studies (Keele, 1988) and a Certificate of Qualification in Social Work (Keele, 1988). As a qualified social worker, I have eight years experience of child protection practice in England (1988-1996) and eight in Victoria (1996-2004). As an academic, I have been involved with research about child protection practice and policy for ten years and have had ten articles about this area of research published in international peer reviewed journals.

The Structured Decision Making tools

2. From 2006 to 2009, I undertook a PhD at the University of Melbourne, which considered how frontline practitioners, team leaders and managers in the then Department of Child safety, Queensland, used the SDM tools in their daily practice in the intake and investigation stages of a case. This was the first research conducted about the SDM tools that was independent of the CRC and, with the full support of the then Department of Child Safety, involved three months fieldwork in six different Child Safety Centres (for observation), interviews with 46 practitioners and an analysis of 52 case files.

3. The SDM tools aim to improve decision making, promote consistency in decision making and target the children most in need of intervention but, in short, it was found that the tools

were not achieving any of these aims. Under research conditions that promised confidentiality and, in some instances, relative anonymity, practitioners reported that they only used the tools after they had made a decision as they were compelled to fill them in on the Integrated Client Management System, usually at some time (perhaps weeks) after decisions had been made and actions taken. The tools were also manipulated, especially the Family Risk Evaluation Tool (FRET), to achieve a desired outcome. The SDM tools were considered to be just another form to fill in and were regarded more as (yet) another way of having to demonstrate accountability rather than a support for decision making. There was concern that the tools tended to "dumb down" or oversimplify the complex situations that practitioners had to deal with, in particular that the FRET overestimated levels of risk. Newer practitioners were more positive about the tools as they found they presented a conceptual framework for beginning practice, but those with only a few months experience described how they needed to go beyond the tools. Experienced practitioners were concerned that the tools had been introduced to replace any notion of expertise as residing in practitioners, especially as the levels and kinds of qualifications required of Child Safety Officers had been lowered and expanded (and subsequently even more so). They were also concerned that the tools would inhibit the development of expertise in new and developing practitioners. On reflection, when I began the research I expected to find a range of ways that practitioners use and regard the tools, but unfortunately this was not the case, despite my attempts to seek out exceptions that might contradict the main findings.

4. Given my experience as a qualified social worker, I was well placed to make an assessment of the quality of the work I observed. I saw both some very good and innovative work with children and families and some practice which was not acceptable. In all cases the difference between good and bad practice was the qualifications and experience of the staff involved. In the instances where excellent practice was observed, the practitioners were keen to point out that this had nothing to do with the SDM tools. Even where practice was not so good, practitioners still did not consider the SDM tools as useful and had to base their decisions on their own (self-defined) incomplete and uninformed knowledge about what constitutes risk and harm to children.

Organisational Culture and Decision Making

5. In my research I was also interested in the wider influences on decision making in the department and used the concept of ideology, defined as a system of ideas, beliefs and values, to interpret my observations. A very strong influence in some Child Safety Centres was that of "child rescue" ideology, in which practitioners believed that the main way they could prevent harm to children was to remove them from the care of their parents and that they should devote most their effort to collating evidence against parents to facilitate this. Hence relationships with parents were framed from the start to be adversarial and frequently the everyday mishaps of childhood and the normal trials of parenting became re-interpreted as abuse and/or neglect. This led to parents being castigated for their perceived shortcomings, rather than being supported to overcome challenges which may affect their ability to parent. But, as one research participant pointed out, most of the Child Safety Officers are not qualified and have no training in how to build supportive and therapeutic relationships with parents and so, of course, they are very limited in their responses to the needs of children and parents.

6. The thesis from this research has been published online and the findings have been published in a range of academic journals (see below).These documents have been submitted to the Inquiry separately.

Gillingham, P. (2012) The development of electronic information systems for the future: practitioners, "embodied structures" and "technologies-in-practice". *British Journal of Social Work,* 1-16. doi:10.1093/bjsw/bcr202

Gillingham, P. (2011) Decision making tools and the development of expertise in child protection practitioners: are we "just breeding workers who are good at ticking boxes"? *Child and Family Social Work,* 16, 4, 412-421.

Gillingham, P. & Humphreys, C. (2010) Child protection practitioners and decision making tools: observations and reflections from the frontline. *British Journal of Social Work,* 40, 8, 2598-2616.

Gillingham, P. (2009), Practitioner Perspectives on the Family Risk Evaluation Tool: An Aide to Decision Making or 'Just Another Form to Fill In'? *Developing Practice: the Child, Family and Youth Work Journal,* 23, 4, 46-55.

Gillingham, P. (2009) *The use of assessment tools in child protection: an ethnomethodological study.* University of Melbourne

http://repository.unimelb.edu.au/10187/4337

Recommendations

7. The research mentioned in this submission clearly demonstrates that the decision to implement the SDM tools was a mistake as the tools have not helped to support decision making. Decision making tools, especially in the complex area of making decisions about the vulnerability of children, cannot be used to replace expertise and, in the longer term, may actually undermine it. The SDM tools should therefore be withdrawn. The department should focus instead on recruiting and retaining qualified social workers, and so align with every other jurisdiction in the developed world outside of Australia. Generalist degrees in the social sciences do not prepare graduates to engage therapeutically with children and parents to address the complex social and personal problems that lead to child maltreatment such as poverty, homelessness, social exclusion, trauma, physical and mental illness, disability, drug misuse, domestic violence and so on. Both new and existing practitioners need to be supported in the development of their expertise through both in-house training and support to attend both postgraduate coursework and research degrees.

8. Interventions to protect children from harm and support for parents exist on a continuum and, except at the extreme ends, can be considered to be the same thing. Appropriate support for and intervention with parents has to be a priority in any child protection agency, with the removal of children, given its traumatic effect on most children, to be used only as a last resort. Separating support from protection by the creation of a department of "child

safety" and staffing it mainly with unqualified personnel, focused on "forensic investigation" (child rescue ideology) has created a department that is severely limited in its ability to address the problem of child abuse and neglect. This may, in part, account for observations that the department is overwhelmed, as it struggles to deal with high numbers of children identified as requiring out-of-home placements, re-notifications, multiple investigations about the same children and, most unfortunately, re-substantiations of abuse and neglect.

9. Increasing funding to non-government agencies to provide more support for parents and children does not necessarily reduce the pressure on child protection agencies, as the experience in Victoria has shown. In part, this is because of the false dichotomy it creates between protection for children and support for families. My observations of the system of tendering family support services out to non-government agencies also lead to the conclusion that such a system in inherently very inefficient. A significant amount of time is given to intense negotiations between statutory child protection offices and family support agencies about which service a family should be accessing, based on an unquantifiable estimation of risk. Similar confusion exists at the level of practitioners in both agencies, as they try to disentangle whether their role is to manage risk or provide therapeutic support. The notion that both risk and harm to children is reduced mainly by engaging parents in a therapeutic process seems to gets lost in these deliberations.

10. So, in addition to changing the profile of its workforce from non-professional to professional , the future child protection agency in Queensland needs to be re-oriented and equipped to work with parents to protect children from harm, as well as dealing with the more extreme, but relatively rare, forms of child abuse and neglect.