

**Family Risk Evaluation Validation:  
A Prospective Study**

**Prepared for**  
**Queensland Department of**  
**Communities, Child Safety Services**

**February 2012**

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**Date:** 16.8.2012

**Exhibit number:** 19



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Children's Research Centre is a nonprofit social research organization and a division of the National Council on Crime and Delinquency.

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## EXECUTIVE SUMMARY

Queensland's Department of Communities, Child Safety Services (henceforth referred to as 'Child Safety Services') fully implemented the Structured Decision Making® (SDM) system in 2006. A key component of this decision-support system is a family risk evaluation tool that workers complete at the end of an investigation and assessment (I&A) to assess the likelihood of future child abuse or neglect and help guide decision making about the need for ongoing intervention with the family. The Family Risk Evaluation (FRE) helps to identify families that have very high, high, moderate or low probabilities of abusing or neglecting their children in the future. Completion of the FRE provides an objective appraisal of the likelihood that a family will abuse their children and cause them harm in the next 12-24 months. The difference between the risk levels is substantial. High risk families have significantly higher rates than low risk families of subsequent notification and substantiation and are more often involved in serious abuse or neglect incidents. When risk is clearly defined, the choice between serving one family and another family is simplified: resources are targeted to higher risk families because of the greater potential to reduce subsequent harm and abuse/neglect.

During initial implementation in 2006, Child Safety Services opted to adopt California State's Child Protective Services (CPS) Family Risk Assessment and validate it prospectively. Child Safety Services recently contracted with the Children's Research Center (CRC), a nonprofit social research organization and division of the National Council on Crime and Delinquency (NCCD), to conduct a validation study of the FRE used to assess the likelihood of future child abuse and neglect among families assessed or investigated by Child Safety Services. The objective of the study was to assess how well the current FRE classifies families by their likelihood of future harm to a child, and if necessary, propose revisions to improve its classification abilities.

The FRE was validated by conducting a longitudinal study of unique families with an I&A completed between July and December 2009. Data describing subsequent involvement with Child Safety Services was observed for each sampled family for a standardized follow-up period of 12 months after the completion of their sampled I&A. Specific outcomes observed were new investigations and assessments, substantiations of harm, and subsequent child removals for safety reasons. This research was conducted using information available from the Child Safety Services' Integrated Client Management System (ICMS). Information available electronically included outcome data, the type of abuse or neglect alleged and substantiated, demographic characteristics of children and family members, and findings from the SDM safety and family risk evaluations as recorded by workers at the time of the sampled I&A.

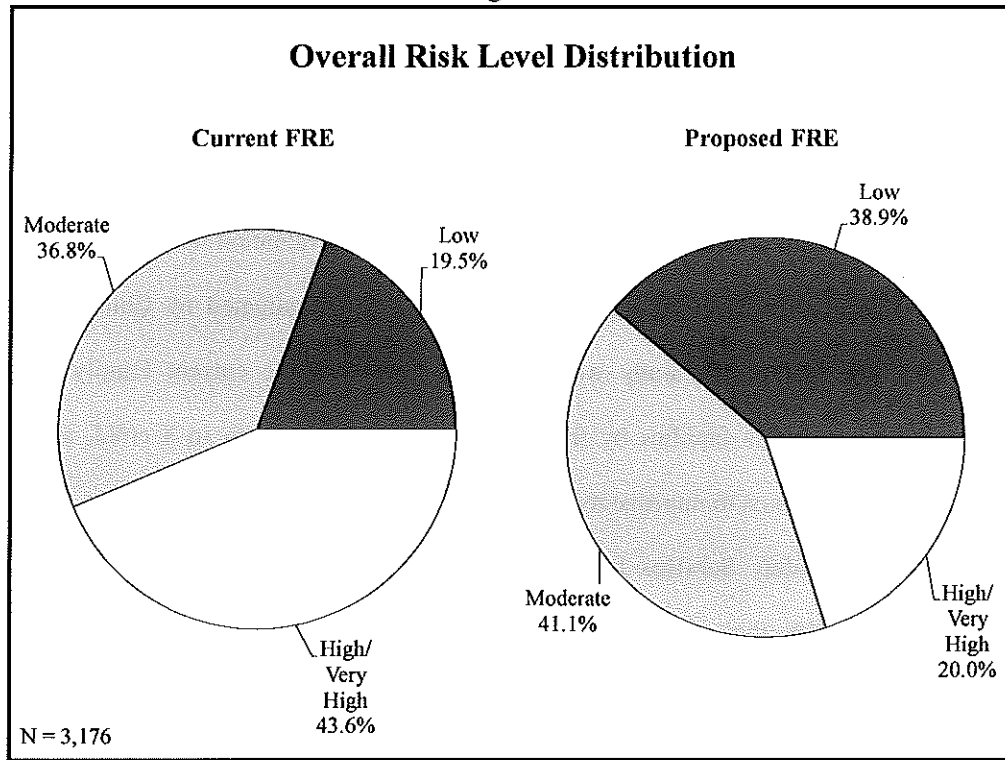
The current FRE performed reasonably well when distinguishing between families classified at low versus higher risk levels. For all of the outcomes examined (I&A, substantiation and child placement), the recurrence rates observed among low risk families (i.e., low and moderate risk) were significantly lower than those of families classified at higher risk levels (i.e., high and very high risk). For example, 5.2% of families classified as low risk had a subsequent substantiation during the 12-month follow-up period—a rate much lower than the average rate (15.6%) for the entire sample (Table E1). The FRE did not always distinguish well, however, among families who were substantiated for child harm (at the time of the sample investigation) nor did it distinguish well among high and very high risk indigenous families. For example, among substantiated families, 36.0% of high risk and 37.1% of very high risk families had another I&A during the standardized follow-up period.

Additional, independent analyses resulted in a FRE that resulted in a better classification than did the current FRE across all measures of subsequent harm (Table 16). The proposed risk assessment has three risk classifications rather than four as a result of empirical and policy considerations. It is important to note that the high risk category of the proposed FRE achieved higher rates of subsequent I&A and harm substantiation than did the very high risk category of the current FRE. This suggests that use of the proposed FRE may better help a worker effectively identify families at high risk of subsequent harm to a child.

Table E1					
Risk Classification Findings by Subsequent Harm Outcomes					
Overall Risk Level	Sample Distribution		Case Outcomes During the 12-month Follow-up Period		
	N	%	I&A	Harm Substantiation	Child Placement
<b>Total Sample</b>	<b>3,176</b>	<b>100.0%</b>	<b>27.3%</b>	<b>15.6%</b>	<b>6.2%</b>
<b>Current FRE</b>					
Low	620	19.5%	12.6%	5.2%	1.1%
Moderate	1,170	36.8%	23.1%	10.7%	3.2%
High	827	26.0%	36.0%	22.1%	8.3%
Very high	559	17.6%	39.4%	27.5%	14.8%
<b>Proposed FRE</b>					
Low	1,235	38.9%	15.1%	6.9%	1.9%
Moderate	1,305	41.1%	31.0%	17.1%	6.6%
High	636	20.0%	43.2%	29.2%	13.8%

Although the proposed FRE has a three-level classification, the revised instrument resulted in fewer families being recommended for case management services. Under the proposed FRE, 20% of families were classified as high risk, compared to 43.6% under the current FRE (Figure E below). The proposed FRE also resulted in more equitable classification findings by families by indigenous status.

Figure E



Adopting the proposed FRE should help improve workers' estimates of a family's risk of future abuse or neglect. This, in turn, would permit Child Safety Services to reduce subsequent harm by more effectively targeting service interventions to high risk families. Strengthening practice related to the risk assessment process, however, may also benefit Child Safety Services. For example, monitoring performance with data, helping workers integrate the FRE into daily practice, examining the FRE as part of comprehensive case reviews and ensuring that workers use risk factor definitions are techniques to help strengthen implementation. Periodic validations of the FRE are also needed as Child Safety Services operations change and improve, to ensure that the FRE is still effectively classifying families.

## **I. INTRODUCTION**

Queensland's Department of Communities, Child Safety Services (henceforth referred to as 'Child Safety Services') contracted with the Children's Research Center (CRC), a nonprofit social research organization and division of the National Council on Crime and Delinquency (NCCD), to conduct a validation study of the risk evaluation used to assess the likelihood of future child harm among families assessed or investigated by Child Safety Services. The objective of the study was to assess how well the current Family Risk Evaluation (FRE) classifies families by their likelihood of future harm to a child, and if necessary, propose revisions to improve its classification abilities.

When Child Safety Services fully implemented the Structured Decision Making® (SDM) system in 2006, they chose to adopt California State's Child Protective Services (CPS) Family Risk Assessment and validate it prospectively. In 2008, CRC examined the risk assessment's predictive validity for a sample of Queensland families. That validity study was limited to an evaluation of risk classification thresholds, because risk item data were not being stored at the time. This study resulted in revised cut points for the risk score, and the added storage of individual risk factor data.

The current study examined how the FRE performs when classifying families by future harm to a child. The next section provides more information about how workers complete the FRE in practice. The following sections outline study methods and findings.

### **A. Background**

In 2006, Child Safety Services fully implemented the Structured Decision Making® (SDM) system within the statutory child protection system. The decision-support system is composed of research-based assessments that help structure key decisions made by workers during the phases of the child protection continuum.



The primary goal of the SDM system is to reduce the subsequent harm of children in families in which an abuse or neglect incident has occurred. The underlying logic of the approach is that the most effective way to reduce child harm is to accurately identify high risk families, prioritize them for agency service intervention, and deliver effective services appropriate to their needs.

The objective of a structured approach to case decision making is to increase the consistency, validity, utility, and equity of decisions at every agency level. Workers complete research-informed assessments at key decision points and each assessment, designed to help inform the relevant decision by organising facts and evidence gathered, is used in conjunction with the practitioners' professional judgement. This helps ensure that all workers consider the same information when making a decision, and that assessment findings inform determinations of service delivery and prioritization. If assessment information is accessible, Child Safety Service Centre (CSSC) managers and staff can use findings in aggregate to profile their clients, determine service needs and availability, and manage operations. These efforts are likely to increase the effectiveness of the child protection system.

The assessments that comprise the decision-support system include:

- Screening criteria used to determine if the incoming report meets the threshold for a notification, requiring investigation and assessment (I&A);
- A response priority assessment to help workers at intake determine how quickly to respond to a report of abuse and/or neglect;
- A safety assessment to guide the assessment to help identify whether there is a threat of immediate harm to a child in the household and what interventions are required to maintain their safety and protection, including removal of a child;
- Family risk evaluation, an actuarial risk evaluation that provides workers with an objective estimate of the family's risk of future harm at the close of an I&A;
- Both a parental and child strengths and needs assessment for identifying case plan goals and appropriate service interventions;

- A family risk re-evaluation to help workers monitor family progress toward service goals and make case decisions about continued services and the likelihood of subsequent child harm; and
- A family reunification assessment to help workers monitor family progress toward reunification and make case decisions about reunification and the likelihood of subsequent child harm.

The FRE is a critical component of the case management approach. The FRE helps workers estimate, at the close of a Child Safety Services I&A, the relative likelihood that a family will harm a child in the future. This information helps workers determine if a case should be opened for ongoing intervention and helps to establish worker/family contact frequency (i.e., a higher level of contact is required for high and very high risk families). These are critical case management decisions that impact families, workers and agency workloads.

Actuarial risk evaluations result from comprehensive validation studies that examine the relationship between family characteristics observed at the time of a sample I&A and subsequent involvement with Child Safety Services. A validation study is necessary to ensure that the risk evaluation is composed of the best combination of risk factors with the most appropriate statistical weights, and that the cut points defining the classifications are best suited to the population for whom the risk evaluation is applied (Andrews, Bonta & Wormith, 2006; Altman & Royston, 2000). Research has shown that a large number of risk factors are common across jurisdictions, and a risk evaluation validated in one jurisdiction is likely to work well in another jurisdiction.<sup>1</sup> Differences in service delivery practices and in the families referred for assessment, however, may have an impact on the risk evaluation's ability to classify families in different jurisdictions. For example, Minnesota State's Department of Human Services initially adopted a risk evaluation developed in Michigan in

<sup>1</sup> For example, see Johnson, K., Wagner, D., Scharenbroch, C. & Healy, T. (2006). *Minnesota Department of Human Services risk evaluation validation: A prospective study*. Madison, WI: The Children's Research Center. Also see Wood, J. (1997). *Risk predictors for re-abuse or re-neglect in a predominantly Hispanic population*. *Child Abuse and Neglect*, 21(4), 379-389.

1994 on a sample of families substantiated for abuse or neglect. They then conducted a validation study that resulted in changes to the risk evaluation that improved its classification abilities (Johnson, Wagner, Scharenbroch & Healy, 2006). Child Safety Services, having adopted a risk evaluation used in California, opted to examine the assessment's operational utility and validity when applied to the families they serve.

## **B. The Current Family Risk Evaluation for Abuse and Neglect**

The FRE currently employed by Child Safety Services helps workers observe specific characteristics of families and children involved in investigations and assessments of child abuse or neglect, and objectively estimate the risk of future harm of a child. At the completion of the I&A, the investigating worker completes the 12-item family neglect index *and* the 11-item abuse index. These scores determine an initial risk classification for abuse and neglect for each I&A, i.e., low, moderate, high or very high risk. The final classification level assigned to the family at the close of the I&A is the highest risk classification reached by either the abuse or neglect risk index. For example, a family scoring low risk for future abuse and moderate risk for future neglect would have a final classification of moderate risk.

The risk classification allows the worker and Child Safety Services to prioritize service intervention according to the risk of future harm. Since the agency's mission is to reduce the incidence of abuse and neglect, it is important to ensure that higher risk families (i.e., high and very high risk) receive a high priority for service provision and caseworker time. Actuarial risk evaluation provides workers with an estimate of future family behaviour based on a set of observable factors to help caseworkers identify higher risk families more accurately and thereby perform this service allocation task more effectively. It is important to note that the FRE is a classification tool and is not designed to yield infallible predictions for individual families.

Because the FRE cannot address all aspects of an individual family case, Child Safety Services established reasons for overriding the initial risk level. These guidelines are explicitly defined by and reflect Child Safety Services policy. If any of the case circumstances described by the policy override reasons apply to a family under investigation, the family would be assigned to the very high risk classification, regardless of the scored risk level.

Investigating caseworkers and supervisors can also exercise a discretionary override that increases the scored classification by one level. Discretionary overrides are based on the worker's professional judgment and observation of the family. Whether workers exercise a discretionary override or not, their decisions will be informed by a scored risk classification that is objectively determined and has a strong empirical relationship to the incidence of future harm (a copy of the current FRE can be found on the next page.)

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**Comments (include points of disagreement if any):**

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The risk classification resulting from the FRE informs two decisions: the decision to open an ongoing intervention case and, if a case is opened, how often to contact the family. The intention behind these policies is to have more intensive services provided to families at higher risk of future harm to a child. The open/close recommendation for families at each risk level is shown below.

<b>Risk Classification</b>	<b>Open/Close Recommendation</b>
Very High	Open for ongoing intervention
High	Open for ongoing intervention
Moderate	Close unless there is a child in need of protection
Low	Close unless there is a child in need of protection

Minimum contact requirements for each risk classification are established by Child Safety Services policy (see below). Based on unique case circumstances, a worker can override these contact standards and the case opening decision, and should detail reasons for any override in case documentation. The worker is also required to obtain permission from a supervisor prior to exercising any overrides to these policies.

<b>Minimum Contact Requirements For In-home Cases</b>		
<b>Risk Level</b>	<b>Parent and Child Contacts</b>	<b>Location</b>
Low	One face-to-face per month with parent(s) and child One support contact	Must be in parent(s)' residence
Moderate	Two face-to-face per month with parent(s) and child Two support contacts	One must be in parent(s)' residence
High	Three face-to-face per month with parent(s) and child Three support contacts	One must be in parent(s)' residence
Very High	Four face-to-face per month with parent(s) and child Four support contacts	Two must be in parent(s)' residence

<b>Minimum Contact Requirements For Family Reunification Cases</b>	
<b>Risk Level</b>	<b>Parent and Child Contacts</b>
Low	One face-to-face per month with parent(s) At least one face-to-face per month with each child One support contact
Moderate	Two face-to-face per month with parent(s) At least one face-to-face per month with each child Two support contacts
High	Three face-to-face per month with parent(s) At least one face-to-face per month with each child Three support contacts
Very High	Three face-to-face per month with parent(s) At least one face-to-face per month with each child Four support contacts

The purpose of this study was to examine how the FRE performed when classifying families assessed in Queensland by the likelihood of future abuse or neglect. The remainder of the report describes the methods used to examine the FRE's predictive validity, the findings related to the ability of the current FRE to estimate future abuse or neglect, and proposed revisions to improve the performance of the FRE.

## **II. RESEARCH METHODOLOGY**

### **A. Method of Analysis**

This research was conducted using information available from the Child Safety Services' Integrated Client Management System (ICMS). This included data describing the subject families of intake, I&A and ongoing intervention/placement events. Information available electronically included the type of abuse or neglect alleged and substantiated, demographic characteristics of children and family members, and findings from the SDM safety and family risk evaluations as recorded by workers at the time of the sampled I&A.

The FRE was validated by conducting a longitudinal study of unique families with an investigation and assessment completed between July and December 2009.<sup>2</sup> During this period, FREs were completed for 4,243 families referred to Child Safety Services for an I&A.

<sup>2</sup> The most recent FRE was selected if multiple evaluations were conducted during a given I&A. FREs completed more than 90 days before the close of the I&As were excluded.

(Note: If a family was assessed more than once during the sample period, the first assessment was selected). Approximately one-quarter (23.6%) of the families evaluated during the sample period were of indigenous status, and 76.4% were non-indigenous families.<sup>3</sup>

The sample population of 4,243 families was divided randomly into a construction and a validation sample. The construction sample of 3,176 families was used to examine the performance of the current FRE and construct a preliminary revised FRE. The second sample of 1,067 families was set aside to validate and test the sensitivity of any changes made to the FRE. Validating the instrument on a separate population better indicates how a risk evaluation will perform when actually implemented (for more details, see Appendix C).

Data describing subsequent involvement with Child Safety Services was observed for each sampled family for a standardized follow-up period of 12 months after the completion of their sampled I&A. These *outcome* measures included new investigations and assessments, substantiations of harm and subsequent child placements during the 12-month follow-up period.

Outcome rates for families receiving ongoing intervention provided by Child Safety Services via an open case during the follow-up period were calculated to determine if there was any difference in recurrence between families receiving services and those who did not have an ongoing intervention case opened. If families who received services from Child Safety Services (in-home or out-of-home) as a result of the sample investigation have significantly lower recurrence rates than families with no case opening, then services must be controlled for during analyses and risk evaluation construction. Services can be controlled for in two ways: 1) by including a variable for receipt of in-home services, or 2) more typically for placement cases, excluding them from analyses (because if children are in placement for the majority of the follow-up period, there are fewer chances for subsequent harm by a

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<sup>3</sup> CRC employed methodology approved by Child Safety Services for the 'Queensland Department of Communities Special Topic Report on Disproportionality' to identify indigenous status. Indigenous children were identified using data stored in the person table in ICMS. Families sampled for the validation study were of 'Indigenous Status' when the youngest child was identified as 'Aboriginal', 'Torres Strait Islander' or 'Both Aboriginal & Torres Strait Islander' in the person data element in ICMS.



parent). In this sample, families who received services (in-home or out-of-home) had the same or higher recurrence rates than families who received no services; thus, these cases were retained in the sample without controlling for services. The recurrence rates for families with children placed as a result of the sample event were also compared to those of families who remained intact during the sample timeframe. Findings showed that recurrence rates were similar regardless of placement, so these cases were also retained in the sample (see Appendix E).

After ensuring that services and/or child placement did not have an impact on recurrence, CRC staff examined the relationship between the current risk classification and subsequent Child Safety Services outcomes to determine how well the assessment estimated future harm. This analysis was based on cross-tabulations of the risk classification with I&A outcomes observed during the follow-up period.

The second part of the research involved independent construction of an alternate actuarial risk evaluation. The proposed assessment presented in this report was developed by observing the actuarial relationship between family characteristics observed at the time of the sample assessment, and subsequent assessments and their findings. This involved an extensive evaluation of how family risk factors could be combined to construct a FRE that could improve worker estimates of future abuse and neglect.

## **B. Sampled Family Characteristics**

Approximately three-fourths (76.6%) of the 3,176 sampled families were non-indigenous, and the remaining 23.4% were Aboriginal, Torres Strait Islander or both (not shown). Just over one-third (37.9%) of the families had one child and 28.0% had two children in the household (Table 1).

In 34.3% of the sampled families, the youngest child was 1 year old or younger, and in 25.9%, the youngest child was between 2 and 5 years of age. A greater proportion of

indigenous families had a child age one year or younger, compared to non-indigenous families. Most (69.1%) of the families had two caregivers, and 22.0% were single parent/caregiver families.

Table 1				
Characteristics of Sampled Families				
Construction Sample		Indigenous	Non-indigenous	Total
<b>Total</b>		743	2,433	3,176
<b>Number of Children</b>	One	34.9%	38.8%	37.9%
	Two	27.1%	28.2%	28.0%
	Three	13.6%	17.4%	16.5%
	Four	12.9%	9.2%	10.1%
	Five or more	11.5%	6.4%	7.6%
<b>Age of Youngest Child</b>	1 or less	47.0%	30.5%	34.3%
	2–5	23.1%	26.8%	25.9%
	6–10	14.4%	22.9%	20.9%
	11–15	13.7%	18.5%	17.3%
	16–18	1.7%	1.5%	1.5%
<b>Number of Caregivers</b>	One	23.8%	21.5%	22.0%
	Two	67.0%	69.7%	69.1%
	Three or more	9.2%	8.8%	8.9%

\*For the purpose of analysis, Aboriginal and Torres Strait Islander families were combined into the Indigenous Status category.

Nearly half of the sampled families were assessed for allegations of neglect (45.8%) and emotional harm (45.6%); 43.2% of I&As included allegations of physical abuse. A smaller percentage of the sample families were investigated for sexual abuse (12.8%).

Allegations of harm were substantiated in 40.2% and unsubstantiated in the remaining 59.8% of sample families. Allegations were substantiated for a greater proportion of indigenous than non-indigenous families. A greater proportion of indigenous families had a case opened as a result of the sample investigation, compared to non-indigenous families. An ongoing intervention case for in-home services was opened for one-fifth (20.1%) of indigenous families, and Child Safety Services provided out-of-home care to 14.9% of indigenous families. In comparison, 14.1% of non-indigenous families had an in-home case

opened, and 9.2% were placed in out-of-home care.

The largest number of I&As were handled by the South East, North Coast and North Queensland regions (Table 2.)

<b>Table 2</b>				
<b>Characteristics of Sampled I&amp;As</b>				
<b>Construction Sample</b>		<b>Indigenous</b>	<b>Non-indigenous</b>	<b>Total</b>
<b>Total</b>		743	2,433	3,176
<b>Allegations of Harm<sup>4</sup></b>	Neglect	54.0%	43.4%	45.8%
	Physical harm	42.7%	43.4%	43.2%
	Sexual abuse	8.1%	14.3%	12.8%
	Emotional harm	40.2%	47.2%	45.6%
<b>Notification Outcome</b>	Unsubstantiated	54.9%	61.2%	59.8%
	Substantiated	45.1%	38.8%	40.2%
<b>Service Decision at End of I&amp;A</b>	No service	65.0%	76.7%	74.0%
	In-home	20.1%	14.1%	15.5%
	Out-of-home	14.9%	9.2%	10.5%
<b>Region</b>	Brisbane	11.4%	16.4%	15.2%
	Central	10.1%	10.4%	10.4%
	Far North Queensland	18.6%	4.6%	7.9%
	North Coast	9.6%	21.2%	18.5%
	North Queensland	31.0%	10.8%	15.5%
	South East	12.1%	25.8%	22.6%
	South West	7.3%	10.7%	9.9%

FREs conducted at the time of the sample investigation indicate that a number of risk factors were present (as indicated by workers' scores) more often in indigenous than in non-indigenous families. For example, the neglect scale scores indicate that nearly half (47.2%) of indigenous families had a child under the age of 2 in the home, compared to 31.2% of non-indigenous families; nearly 43% of indigenous families included a primary caretaker with a drug or alcohol problem, compared to 26.5% of non-indigenous families; and the primary

<sup>4</sup> More than one allegation may have been received; thus, the sum of percentages may be greater than zero. Substantiation includes findings of 'substantiated-child not in need of protection' and 'substantiated-child in need of protection'.

parent in indigenous families more often had a criminal history than those in non-indigenous families (36.3% compared to 21.7%).

The prevalence of caregivers experiencing housing problems, with a past or present mental health problem, and/or families in which child characteristics were a risk factor were about the same for indigenous as non-indigenous families. See Table 3. (Prevalence by indigenous status for the abuse risk items can be found in Appendix A.)

Table 3				
Neglect Item Prevalence by Indigenous Status of Youngest Child				
Item	Item Response	Indigenous Status (N = 743)	Non-indigenous Status (N = 2,433)	Total (N = 3,176)
N1. Current notification alleges neglect	No	44.7%	57.8%	54.8%
	Yes	55.3%	42.2%	45.2%
N2. Prior notifications	None	27.7%	43.8%	40.0%
	One or more, abuse only	19.9%	23.1%	22.4%
	One or two for neglect	25.8%	20.3%	21.6%
	Three or more for neglect	26.5%	12.8%	16.0%
N3. An ongoing intervention case has previously been opened with the household	No	66.8%	80.2%	77.1%
	Yes	33.2%	19.8%	22.9%
N4. Number of subject children living in the notified household	One, two or three	76.4%	86.1%	83.8%
	Four or more	23.6%	13.9%	16.2%
N5. Age of youngest child in the home	Two or older	52.8%	68.8%	65.1%
	Under two	47.2%	31.2%	34.9%
N6. Primary parent provides physical care inconsistent with child needs	No	86.9%	93.5%	91.9%
	Yes	13.1%	6.5%	8.1%
N7. Primary parent has a history of abuse or neglect as a child	No	66.8%	76.4%	74.2%
	Yes	33.2%	23.6%	25.8%
N8. Primary parent has/had a mental health problem	None/Not applicable	82.2%	73.9%	75.8%
	One or more apply	17.8%	26.1%	24.2%
N9. Primary parent has/had a drug or alcohol problem	None/Not applicable	57.2%	73.5%	69.7%
	One or more apply	42.8%	26.5%	30.3%
N10. Primary parent has criminal history as adult or juvenile	No	63.7%	78.3%	74.9%
	Yes	36.3%	21.7%	25.1%
N11. Characteristics of children in the household	Not applicable	89.2%	87.5%	87.9%
	One or more apply	10.8%	12.5%	12.1%
N12. Current housing	Not applicable	94.6%	97.2%	96.6%
	One or more apply	5.4%	2.8%	3.4%

### **C. Subsequent Child Safety Service Involvement of Sampled Families**

Outcomes consisted of subsequent Child Safety Services involvement observed for each family during the 12 months following the sampled I&A closure. This standardized follow-up period ensured that each family in the sample had the same opportunity for subsequent involvement with Child Safety Services. Subsequent involvement included any investigated report of abuse or neglect, substantiated harm and subsequent placement event that started during the follow-up period.

As mentioned previously, the current FRE consists of two classification instruments. One assesses the likelihood of subsequent neglect and the other assesses the likelihood of subsequent abuse. The ability of these instruments to classify families by the likelihood of each harm type was examined by looking at specific neglect and abuse outcomes. Subsequent Child Safety Services involvement related to neglect allegations was examined by referencing the classification resulting from the neglect risk evaluation. The abuse instrument was examined relative to subsequent abuse allegations. The final risk classification, which is the higher of the neglect and abuse risk classifications, was examined by looking at any subsequent Child Safety Services involvement, regardless of allegation type.

During the 12 months following the sample I&A, 18.2% of families were investigated/assessed and 8.9% were substantiated for neglect (Table 4). A significantly greater proportion of indigenous families compared to non-indigenous families were investigated for neglect during the follow-up period. Approximately one-fourth (25.3%) of indigenous families were investigated for neglect during the follow-up period, and allegations in 14.5% of these families were subsequently substantiated. In comparison, 16.1% of non-indigenous families were investigated for neglect, and allegations in 7.2% of these families were substantiated.

Follow-up rates for subsequent abuse were slightly higher than neglect rates (Table 4). Overall, 22.6% of sampled families were investigated for abuse during the follow-up period, while 12.1% were substantiated for abuse.

Table 4					
Subsequent I&As of Sampled Families During a Standardized 12-month Follow-up Period by Allegation Type					
Indigenous Status of Youngest Child	Sample	Subsequent Neglect I&A	Subsequent Neglect Substantiation	Subsequent Abuse I&A	Subsequent Abuse Substantiation
Total Sample	3,176	18.2%	8.9%	22.6%	12.1%
Indigenous	743	25.3%	14.5%	30.3%	17.8%
Non-indigenous	2,433	16.1%	7.2%	20.2%	10.3%

A significantly greater proportion of indigenous families compared to non-indigenous families were subsequently investigated and substantiated for any type of harm, abuse and/or neglect (Table 5). Among non-indigenous families, 24.3% were investigated at least once during the standardized 12-month follow-up period and 13.0% were substantiated for harm. Among indigenous families, 36.9% were re-investigated and 24.0% substantiated for harm to a child during the standardized one-year follow-up period. Similarly, 8.7% of indigenous families had a subsequent placement event, compared to 5.4% of non-indigenous families.

Table 5				
Subsequent Child Safety Service Involvement of Sampled Families During a Standardized 12-month Follow-up Period				
Race/Ethnicity of Youngest Child	Sample	Subsequent I&A	Subsequent Harm Substantiation	Subsequent Child Placement
Total Sample	3,176	27.3%	15.6%	6.2%
Indigenous	743	36.9%	24.0%	8.7%
Non-indigenous	2,433	24.3%	13.0%	5.4%

### **III. FINDINGS**

#### **A. Current Family Risk Evaluation Classification Findings**

An effective and valid risk evaluation has progressively higher outcome rates that correspond to each increase in risk classification level across multiple outcomes. Ideally, the rates between consecutive risk levels maximize the separation between the high and low risk groups, as well as between consecutive risk groups. In other words, each increase in risk level should correspond to an increase in subsequent Child Safety Services involvement that, across outcomes, is significantly greater.

The following describes outcome rates by risk level for the neglect scale, the abuse scale and the overall FRE, as well as for families who were substantiated for harm at the time of the sample I&A and by families' indigenous status.

##### **1. Current Family Risk Evaluation Classification Findings for Neglect**

Table 6 shows the follow-up neglect investigation rates for families classified by the current neglect instrument. Twelve months after the initial classification was assigned, 18.2% of the sampled families were involved in an I&A with an allegation of neglect on at least one occasion. Of the families classified as low risk, 6.3% were subsequently assessed for a neglect allegation. Of sampled families classified as moderate risk, 15.9% had a subsequent investigation for neglect, while 26.1% of high risk and 30.9% of very high risk families had subsequent neglect I&As during the follow-up period.

The FRE performed similarly when the outcome considered was subsequent neglect substantiation. Families classified as low risk had a substantiation rate of 2.1%. The rate for families classified as moderate risk was 5.9%, the rate for high risk was 13.2% and approximately 20% of very high risk families were substantiated for neglect during the follow-up period.

Table 6				
Current Risk of Neglect Classification by Neglect Outcomes				
Neglect Risk Level	Sample Distribution		Case Outcome Rates During the 12-month Follow-up Period	
	N	%	Subsequent Neglect I&A	Subsequent Neglect Substantiation
Low	809	25.5%	6.3%	2.1%
Moderate	1,116	35.1%	15.9%	5.9%
High	733	23.1%	26.1%	13.2%
Very high	518	16.3%	30.9%	19.9%
Total Sample	3,176	100.0%	18.2%	8.9%

## 2. Current Family Risk Evaluation Classification Findings for Abuse

The FRE performed similarly when classifying families by their likelihood of subsequent abuse (Table 7). Among the 1,074 families classified as being at low risk of subsequent abuse, 13.3% were subsequently investigated for abuse allegations. Families classified as moderate risk had a higher follow-up abuse investigation rate of 22.3%. Families classified as high risk had a follow-up rate of 33.9% and families classified as very high risk had a rate of 36.1%.

An increase in the abuse risk level also corresponded to an increase in the rate when the outcome was subsequent abuse substantiation. Families classified as low risk had a 6.0% abuse substantiation rate, while families classified as very high risk had a corresponding rate of 25.8%; moderate risk families had an abuse substantiation rate of 10.6%, while 20.7% of families classified as high risk were substantiated for abuse during the follow-up period.

Table 7				
Current Risk of Abuse Classification by Abuse Outcomes				
Abuse Risk Level	Sample Distribution		Case Outcome Rates During the 12-month Follow-up Period	
	N	%	Subsequent Abuse Investigation	Subsequent Abuse Substantiation
Low	1,074	33.8%	13.3%	6.0%
Moderate	1,227	38.6%	22.3%	10.6%
High	720	22.7%	33.9%	20.7%
Very high	155	4.9%	36.1%	25.8%
Total Sample	3,176	100.0%	22.6%	12.1%



### 3. Current Family Risk Evaluation Classification Findings for Any Harm

As mentioned previously, the overall risk classification is the highest risk level assigned by the abuse or neglect instrument. The overall classification establishes a risk level that estimates the likelihood of subsequent harm of any kind (i.e., either abuse or neglect). This is the classification Child Safety Services uses to inform case service decisions.

Table 8 illustrates the follow-up rates for abuse and/or neglect by the final classification obtained with the current FRE. During the 12 months following the sampled I&A, 27.3% of the sampled families had at least one additional I&A. Among families classified as low risk, 12.6% had a follow-up I&A. Among families classified as moderate risk, 23.1% had a follow-up investigation. Families classified as high risk had an even higher follow-up rate of 36.0%. The follow-up rate increased only marginally to 39.4% for very high risk families. With the exception of the very high risk classification, the FRE performed in the expected manner relative to subsequent I&As (i.e., each increase in risk level corresponded to a significant increase in subsequent I&As).

The FRE risk level provided even better estimates for the substantiation and placement outcomes. Families classified as low risk had a 5.2% subsequent harm substantiation rate, moderate risk families had a rate of 10.7% and high risk families had a rate of 22.1%. Very high risk families had a harm substantiation rate of 27.5%. The FRE performed well relative to subsequent placement events, i.e., an increase in risk level corresponded to an increase in placement events. Overall, the FRE risk level performed adequately in estimating the likelihood of all three outcomes (Table 8.)

Table 8					
Current Overall Risk Classification by Subsequent Harm Outcomes					
Overall Risk Level	Sample Distribution		Case Outcome Rates During the 12-month Follow-up Period		
	N	%	I&A	Harm Substantiation	Child Placement
Low	620	19.5%	12.6%	5.2%	1.1%
Moderate	1,170	36.8%	23.1%	10.7%	3.2%
High	827	26.0%	36.0%	22.1%	8.3%
Very high	559	17.6%	39.4%	27.5%	14.8%
<b>Total Sample</b>	<b>3,176</b>	<b>100.0%</b>	<b>27.3%</b>	<b>15.6%</b>	<b>6.2%</b>

#### 4. Current FRE Classification Findings by Notification Finding of Sample Event

Findings indicate that the FRE performed well when classifying families based on subsequent Child Safety Services involvement, regardless of the substantiation decision. Among families with substantiated findings, outcome rates increased with each increase in risk classification. For example, 6.2% of low risk families who were substantiated for harm at the time of the sample I&A were subsequently substantiated during the follow-up period, as were 14.2% of moderate risk, 25.9% of high risk and 29.6% of very high risk families. The current FRE worked equally as well in estimating the likelihood of a child entering out-of-home care.

The current FRE distinguished well between low, moderate and high risk families based on the likelihood of a subsequent I&A. However, there was very little distinction between high and very high risk substantiated families who were subsequently investigated for harm (36.0% compared to 37.1%).

The FRE resulted in better distinction between high and very high risk when classifying families who were not substantiated for harm allegations at the time of the sample event. Outcome rates increased with each risk level increase for each of the three measures of subsequent involvement. For example, low risk families who were not substantiated at the time of the sample I&A had a follow-up harm substantiation rate of 4.9%. The corresponding

rate for moderate families was 8.9%, high risk families 18.9% and very high risk families 23.0% (Table 9).

Table 9					
Current Overall Risk Classification by Subsequent Harm Outcomes by Notification Finding					
Overall Risk Level	Sample Distribution		Case Outcome Rates During the 12-month Follow-up Period		
	N	%	I&A	Harm Substantiation	Child Placement
<b>Total Sample</b>	<b>3,176</b>	<b>100.0%</b>	<b>27.3%</b>	<b>15.6%</b>	<b>6.2%</b>
<b>Substantiated</b>					
Low	113	8.8%	15.0%	6.2%	1.8%
Moderate	402	31.5%	23.9%	14.2%	6.0%
High	378	29.6%	36.0%	25.9%	12.2%
Very high	385	30.1%	37.1%	29.6%	17.7%
<b>Subtotal</b>	<b>1,278</b>	<b>100.0</b>	<b>30.7%</b>	<b>21.6%</b>	<b>11.0%</b>
<b>Unsubstantiated</b>					
Low	507	26.7%	12.0%	4.9%	1.0%
Moderate	768	40.5%	22.7%	8.9%	1.8%
High	449	23.7%	36.1%	18.9%	5.1%
Very high	174	9.2%	44.3%	23.0%	8.6%
<b>Subtotal</b>	<b>1,898</b>	<b>100.0%</b>	<b>25.0%</b>	<b>11.5%</b>	<b>3.0%</b>

#### 5. Current Risk Evaluation Classification Findings by Indigenous Status

The most compelling reasons to improve the current FRE's performance were found when observing the FRE's performance for indigenous families compared to non-indigenous families (a family was considered indigenous based on the youngest child's indigenous status<sup>5</sup>.) As illustrated below, the FRE performs reasonably well for indigenous and non-indigenous families. In other words, there is a stepwise progression in outcome rates for every increase in risk level for both groups. However, closer examination indicates the areas in which FRE performance could be improved.

<sup>5</sup> FRE is a family-based assessment whereas indigenous status is person-based. Therefore, indigenous status of the youngest child was considered a proxy for the family's indigenous status. Similar methods to estimate race/ethnicity have been employed in jurisdictions in the United States.

Outcome rates indicated that there was very little distinction between high risk indigenous and very high risk non-indigenous families. For example, 39.0% of high risk indigenous families were subsequently investigated for child harm compared to 35.0% of very high risk, non-indigenous families. The same holds true for the substantiation outcome. High risk indigenous families were substantiated for harm at higher rates than very high risk non-indigenous families (25.7% compared to 22.7%). Similarly, the population of low risk indigenous families with a subsequent harm substantiation is greater than the proportion of moderate risk, non-indigenous who were substantiated for harm during the follow-up period (11.1% compared to 9.7%).

Table 10					
Current Overall Risk Classification by Subsequent Harm Outcomes by Indigenous Status					
Overall Risk Level	Sample Distribution		Case Outcome Rates During the 12-month Follow-up Period		
	N	%	I&A	Harm Substantiation	Child Placement
<b>Total Sample</b>	<b>3,176</b>	<b>100.0%</b>	<b>27.3%</b>	<b>15.6%</b>	<b>6.2%</b>
<b>Indigenous</b>					
Low	63	8.5%	14.3%	11.1%	3.2%
Moderate	223	30.0%	31.8%	14.8%	4.5%
High	241	32.4%	39.0%	25.7%	6.6%
Very high	216	29.1%	46.3%	35.2%	17.1%
<b>Subtotal</b>	<b>743</b>	<b>100.0%</b>	<b>36.9%</b>	<b>24.0%</b>	<b>8.7%</b>
<b>Non-indigenous</b>					
Low	557	22.9%	12.4%	4.5%	0.9%
Moderate	947	38.9%	21.0%	9.7%	3.0%
High	586	24.1%	34.8%	20.6%	9.0%
Very high	343	14.1%	35.0%	22.7%	13.4%
<b>Subtotal</b>	<b>2433</b>	<b>100.0%</b>	<b>24.3%</b>	<b>13.0%</b>	<b>5.4%</b>

## B. The Proposed Family Risk Evaluation for Abuse and Neglect

The current FRE performed reasonably well when distinguishing between families classified at low versus higher risk levels. For all Child Safety Services outcomes (I&A, substantiation and placement), the recurrence rates observed among low risk families (i.e.,

low and moderate risk) were significantly lower than those of families classified at higher risk levels (i.e., high and very high risk). For example, 5.2% of families classified as low risk had a subsequent substantiation during the 12-month follow-up period, a rate much lower than the average rate (15.6%) for the entire sample.

The FRE did not always distinguish well, however, for families who were substantiated for child harm (at the time of the sample investigation) nor did it distinguish well between high and very high risk indigenous families. For example, among substantiated families, 36.0% of high risk and 37.1% of very high risk families had another I&A during the standardized follow-up period. The current FRE also lacked distinction between lower risk non-indigenous families and higher risk indigenous families. For example, high risk indigenous families were subsequently investigated and substantiated for harm at higher rates than very high risk non-indigenous families.

To improve the classification abilities of the FRE, CRC staff conducted independent analyses to see whether a proposed actuarial evaluation could be constructed that better classified families by the likelihood of future harm and that would adequately address the shortcomings of the current FRE. The proposed FRE was developed by examining the relationship between the family case characteristics workers observed and recorded in the administrative data system at the time of the sample investigation and subsequent Child Safety Services investigations and findings. Each risk item on the current FRE was examined in the analysis, along with items from the safety assessment, allegations of abuse and neglect made at the time of the sample incident, family and child characteristics, and allegations of child harm reported prior to the sample incident. Individual items were selected for inclusion in the abuse or neglect assessment based on their statistical association with subsequent harm. Both bivariate and multivariate statistical techniques were used to evaluate potential risk factors for inclusion in the FRE, determine appropriate weights for each one, and set cut-off

scores for both the abuse and neglect classifications.<sup>6</sup> The abuse and neglect indices were developed separately, and results from both were used to determine the overall risk classification.<sup>7</sup>

The first step in the proposed FRE construction was to examine correlations and cross-tabulations between each potential risk factor available for study and each outcome measure. Risk factors that demonstrated a significant statistical association with any outcomes were selected for further analysis.<sup>8</sup> Multiple linear and logistic regression analyses were then conducted to identify the combination of risk factors to include in the FRE. Item weights were determined by assessing their bivariate and multivariate relationship to harm outcome measures. Since the instrument must be completed by workers under field conditions, the ease of observing and reliably scoring case characteristics was also considered in the selection of revised instrument items. After a preliminary instrument was developed, it was tested against outcomes to determine optimal cut-off points for classification categories and to evaluate its classification capabilities. The FRE was then applied to the validation sample to examine classification findings with a different sample.

The revalidation effort resulted in a revised FRE that employs many of the same risk factors as the current one (provided earlier in this report). Some items were retained and others were modified to reflect their relationship to outcomes. For example, the proposed FRE includes reduced weights on current allegation of neglect and several prior history items. A prior placements item was added to the neglect instrument because this item improved the instrument's classification abilities; on the abuse risk assessment, the child characteristics

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<sup>6</sup> A variety of statistical methods could be used to conduct the analyses described. A prior study by Simon (1971) and an exhaustive study by Gottfredson and Gottfredson (1979), later substantiated by other researchers (see Wilbanks, 1985, and Benda, 1987), found that less precise methods of statistical evaluation (including bivariate analyses or least squares regression) often produce better overall results. More recent studies support the earlier findings; see Silver, Smith & Banks. (2000). Constructing actuarial devices for predicting recidivism. *Criminal Justice and Behavior*, 27(6), 733–764.

<sup>7</sup> Previous research indicates that the family risk characteristics associated with child abuse differ from those related to neglect.

<sup>8</sup> Pearson correlation significant at the .05 level.

item was removed, and items measuring the number of subject children and the primary parent's mental health were added.

In addition, the proposed FRE has three classifications rather than four for both empirical reasons and policy considerations. In terms of policy, high and very high risk families are assigned the same priority for case opening so there is little practical difference in terms of Child Safety Service's response (monthly case contact standards vary by risk, three or more face-to-face contacts per child per month for high and four or more for very high risk families; but case opening recommendations did not). As noted previously, base rates, the average rate of occurrence for a given group, varied significantly by the family's indigenous status. Such dramatic differences in base rates make it difficult to achieve a classification in which families in a given risk level have similar outcome rates. When this proved difficult to attain with a four-level assessment, a three-level risk assessment was constructed. See the following page for the proposed risk assessment.

**DEPARTMENT OF COMMUNITIES (CHILD SAFETY SERVICES)**  
**SDM<sup>®</sup> FAMILY RISK EVALUATION FOR ABUSE/NEGLECT (Version 3.2)**

r: 9/11

Family Name: \_\_\_\_\_ Notification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Notification No.: \_\_\_\_\_ CSSC: \_\_\_\_\_  
 CSO Name: \_\_\_\_\_ Investigation & Assessment Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Primary Parent: \_\_\_\_\_ Secondary Parent: \_\_\_\_\_  
 Is any child: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both  
 If child is Aboriginal or Torres Strait Islander, did the recognised agency participate in decision making? ☐ Yes ☐ No  
 Name/Agency: \_\_\_\_\_ Did the recognised agency agree with the decision? ☐ Yes ☐ No  
 Comments (include points of disagreement if any): \_\_\_\_\_

NEGLECT	Score	ABUSE	Score
N1. Current notification alleges neglect a. No .....0 b. Yes .....1		A1. Current investigation and assessment is substantiated and the harm or risk of harm resulted from physical abuse a. No .....0 b. Yes .....1	
N2. Prior notifications for abuse/neglect a. None .....0 b. One .....1 c. Two or more .....2		A2. Number of prior notifications alleging abuse a. None .....-1 b. One .....0 c. Two or more .....1	
N3. An ongoing intervention case has previously been opened with the household a. No .....0 b. Yes .....1		A3. An ongoing intervention case has previously been opened with the household a. No .....0 b. Yes .....2	
N4. Prior out-of-home placement a. No .....0 b. Yes .....1		A4. Prior injury to a child resulting from abuse/neglect a. No .....0 b. Yes .....1	
N5. Number of subject children living in the notified household (Number = ____) a. One, two or three .....0 b. Four or more .....1		A5. Number of subject children living in the notified household (Number = ____) a. One, two or three .....0 b. Four or more .....2	
N6. Age of youngest child in the home (Age = ____) a. Two or older .....0 b. Under two .....1		A6. Primary parent justifies abuse/neglect of a child a. No .....0 b. Yes .....1	
N7. Primary parent provides physical care inconsistent with child needs a. No .....0 b. Yes .....1		A7. Two or more incidents of domestic violence in the household in the past year a. No .....0 b. Yes .....1	
N8. Primary parent has a history of abuse or neglect as a child a. No .....0 b. Yes .....1		A8. Primary parent characteristics a. Not applicable .....0 b. One or more apply .....1 <input type="checkbox"/> Provides insufficient emotional/psychological support <input type="checkbox"/> Employs excessive/inappropriate discipline <input type="checkbox"/> Domineering parent	
N9. Primary parent has/had a mental health problem a. None/Not applicable .....0 b. One or more apply .....1 <input type="checkbox"/> During the last 12 months AND/OR <input type="checkbox"/> At any other time prior to that		A9. Primary parent has a history of abuse or neglect as a child a. No .....0 b. Yes .....1	
N10. Primary parent has/had a drug or alcohol problem a. None/Not applicable .....0 b. One or more apply .....1 <input type="checkbox"/> During the last 12 months AND/OR <input type="checkbox"/> At any other time prior to that		A10. Primary parent has/had a mental health problem a. None/Not applicable .....0 b. One or more apply .....1 <input type="checkbox"/> During the last 12 months AND/OR <input type="checkbox"/> At any other time prior to that	
N11. Primary parent has criminal history as adult or juvenile a. No .....0 b. Yes .....1		A11. One or more parents have/had alcohol and/or drug problem a. No .....0 b. Yes (mark all applicable) .....1 During the last 12 months: <input type="checkbox"/> Primary Parent <input type="checkbox"/> Secondary Parent Any other time prior to that: <input type="checkbox"/> Primary Parent <input type="checkbox"/> Secondary Parent	
N12. Characteristics of children in the household a. Not applicable .....0 b. One or more apply .....1 <input type="checkbox"/> Developmental or physical disability <input type="checkbox"/> Medically fragile/failure to thrive <input type="checkbox"/> Positive toxicology screen at birth		A12. Primary parent has a criminal history as adult or juvenile a. No .....0 b. Yes .....1	
N13. Current housing a. Not applicable .....0 b. One or more apply .....1 <input type="checkbox"/> Physically unsafe AND/OR <input type="checkbox"/> Family homeless			
<b>TOTAL NEGLECT RISK SCORE</b>		<b>TOTAL ABUSE RISK SCORE</b>	

**SCORED RISK LEVEL:** Assign the family's scored risk level based on the highest score on either the neglect or abuse index, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
<input type="checkbox"/> 0-2	<input type="checkbox"/> -1-2	<input type="checkbox"/> Low
<input type="checkbox"/> 3-5	<input type="checkbox"/> 3-6	<input type="checkbox"/> Moderate
<input type="checkbox"/> 6+	<input type="checkbox"/> 7+	<input type="checkbox"/> High

**OVERRIDE SECTION:**

**Policy Override to High:** Circle yes if any condition is applicable; final risk level is high.

- Yes No 1. This investigation and assessment will be substantiated for harm or risk of harm caused by sexual abuse AND the person responsible for this abuse is likely to have access to the subject child.  
 Yes No 2. Non-accidental injury to a child under age 3 years (current).  
 Yes No 3. Severe non-accidental injury by a parent (previous or current).  
 Yes No 4. Parent caused death of a child due to abuse or neglect (previous or current).

**Discretionary Override:** If applicable, circle yes and increase risk by one level.

Yes No 5. If yes, override risk level (mark one): ☐ Moderate ☐ High

Discretionary override reason: \_\_\_\_\_

Team leader approval of discretionary override: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FINAL RISK LEVEL:** ☐ Low ☐ Moderate ☐ High

**ONGOING INTERVENTION DECISION:**

(If a family is high risk and no ongoing intervention will occur, or a family is low or moderate risk and an ongoing intervention will occur, record a rationale in the I & A.)

CSO: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



### C. Performance of the Proposed Family Risk Evaluation for Abuse and Neglect

The following illustrations review the proposed FRE classification results for the construction sample using the same outcomes reviewed for assessing the performance of the current FRE. Findings are shown for the proposed neglect assessment, the proposed abuse assessment and the overall risk classification.

#### 1. Proposed Family Risk Evaluation: Classification Findings for Neglect

Under the proposed neglect index, 43.8% of the sampled families were classified as low risk (Table 11). Another 38.0% were classified as moderate risk and 18.2% were classified as high risk of future neglect.

An increase in the neglect risk classification corresponded to significant increases in the proportion of families re-investigated during the standardized follow-up period. Among families classified as low risk of neglect, 8.6% were reinvestigated, compared to 22.1% of moderate risk and 33.4% of high risk families.

The neglect risk assessment also performed well when the outcome was neglect substantiation during the standardized follow-up period. Only 3.1% of families classified as low risk of future neglect were subsequently substantiated for neglect, compared to 10.4% of moderate and 19.7% of high risk families.

Table 11				
Neglect Risk Level	Proposed Risk of Neglect Classification by Neglect Outcomes			
	Sample Distribution		Case Outcome Rates During the 12-month Follow-up Period	
	N	%	Subsequent Neglect I&A	Subsequent Neglect Substantiation
Low	1,392	43.8%	8.6%	3.1%
Moderate	1,206	38.0%	22.1%	10.4%
High	578	18.2%	33.4%	19.7%
Total Sample	3,176	100.0%	18.2%	8.9%

## 2. Proposed Family Abuse Risk Evaluation Classification Findings for Abuse

The proposed abuse FRE also performed well when classifying families by their likelihood of subsequent abuse (see Table 12). The proposed abuse risk assessment classified 57.4% of sampled families as low risk of abuse, another third (33.7%) were classified as moderate risk and 8.9% as high risk of abuse.

Among the 1,822 families classified as low risk of subsequent abuse based on the proposed tool, 15.6% were subsequently investigated for abuse allegations and 7.0% had an abuse substantiation. In comparison, 29.3% of moderate and 41.5% of high risk families were re-investigated for abuse, and 16.7% of moderate risk and 27.1% of high risk families were substantiated for abuse during the follow-up period.

<b>Table 12</b>				
<b>Proposed Risk of Abuse Classification by Abuse Outcomes</b>				
<b>Abuse Risk Level</b>	<b>Sample Distribution</b>		<b>Case Outcome Rates During the 12-month Follow-up Period</b>	
	<b>N</b>	<b>%</b>	<b>Subsequent Abuse I&amp;A</b>	<b>Subsequent Abuse Substantiation</b>
Low	1,822	57.4%	15.6%	7.0%
Moderate	1,070	33.7%	29.3%	16.7%
High	284	8.9%	41.5%	27.1%
<b>Total Sample</b>	<b>3,176</b>	<b>100.0%</b>	<b>22.6%</b>	<b>12.1%</b>

### 3. Proposed Family Risk Evaluation Classification Findings for Any Harm

The proposed FRE results in an overall risk classification that better distinguishes between low, moderate and high risk families. As illustrated below, within 12 months of the sampled I&A, 15.1% of families classified as low risk using the proposed FRE were again subjects of an investigation, moderate risk families were investigated at twice that rate (31.0%) and Child Safety Services investigated 43.2% of families classified as high risk under the proposed FRE. High risk families were substantiated for harm at four times the rate of low risk families (6.9% compared to 29.2%), and high risk families experienced a child in placement at seven times the rate of low risk families (Table 13.)

Table 13					
Proposed Overall Risk Classification by Subsequent Harm Outcomes					
Overall Risk Level	Sample Distribution		Case Outcome Rates During the 12-month Follow-up Period		
	N	%	I&A	Harm Substantiation	Child Placement
Low	1,235	38.9%	15.1%	6.9%	1.9%
Moderate	1,305	41.1%	31.0%	17.1%	6.6%
High	636	20.0%	43.2%	29.2%	13.8%
<b>Total Sample</b>	<b>3,176</b>	<b>100.0%</b>	<b>27.3%</b>	<b>15.6%</b>	<b>6.2%</b>

#### 4. Proposed FRE Classification Findings by Notification Finding of Sample Event

The proposed risk assessment classifies families well by the likelihood of future harm regardless of the substantiation decision from the sample event. For both groups, an increase in risk corresponded to an increase in outcome rates (Table 14). For example, 18.4% of low risk families with a substantiated sample allegation were re-investigated, compared to 30.5% of moderate risk and 39.9% of high risk families. Among families with no substantiation at the time of the sample event, 13.9% of low risk were re-investigated, compared to 31.4% of moderate and 50.5% of high risk families. Patterns were similar for other outcomes. There was, however, one exception. Unsubstantiated families classified as high risk had a lower placement rate than that of substantiated, moderate risk families.

Table 14					
Current Overall Risk Classification by Subsequent Harm Outcomes by Notification Finding					
Overall Risk Level	Sample Distribution		Case Outcome Rates During the 12-month Follow-up Period		
	N	%	I&A	Harm Substantiation	Child Placement
<b>Total Sample</b>	<b>3,176</b>	<b>100.0%</b>	<b>27.3%</b>	<b>15.6%</b>	<b>6.2%</b>
<b>Substantiated</b>					
Low	316	24.7%	18.4%	9.2%	4.1%
Moderate	528	41.3%	30.5%	21.0%	10.2%
High	434	34.0%	39.9%	31.3%	16.8%
<b>Subtotal</b>	<b>1,278</b>	<b>100.0%</b>	<b>30.7%</b>	<b>21.6%</b>	<b>11.0%</b>
<b>Unsubstantiated</b>					
Low	919	48.4%	13.9%	6.1%	1.1%
Moderate	777	40.9%	31.4%	14.4%	4.1%
High	202	10.6%	50.5%	24.8%	7.4%
<b>Subtotal</b>	<b>1,898</b>	<b>100.0%</b>	<b>25.0%</b>	<b>11.5%</b>	<b>3.0%</b>

#### 5. Proposed FRE Classification Findings by Indigenous Status of Youngest Child

The proposed FRE classified families equitably by the family's indigenous status (based on the youngest child.). As illustrated below, an increase in risk level corresponded to an increase in the outcomes observed during the standardized follow-up period. In addition, families in a given risk level had more similar outcome rates regardless of indigenous status

when classified with the proposed FRE compared to the current FRE. For example, 40% or more of families classified as high risk had an additional I&A, compared to less than 20% of low risk families, regardless of family ethnicity.

<b>Table 15</b>					
<b>Proposed Overall Risk Classification by Subsequent Harm Outcomes by Indigenous Status</b>					
<b>Overall Risk Level</b>	<b>Sample Distribution</b>		<b>Case Outcome Rates During the 12-month Follow-up Period</b>		
	<b>N</b>	<b>%</b>	<b>I&amp;A</b>	<b>Harm Substantiation</b>	<b>Child Placement</b>
<b>Total Sample</b>	<b>3,176</b>	<b>100.0%</b>	<b>27.3%</b>	<b>15.6%</b>	<b>6.2%</b>
<b>Indigenous</b>					
Low	159	21.4%	19.5%	11.3%	2.5%
Moderate	351	47.2%	37.3%	23.4%	8.5%
High	233	31.4%	48.1%	33.5%	13.3%
<b>Subtotal</b>	<b>743</b>	<b>100.0%</b>	<b>36.9%</b>	<b>24.0%</b>	<b>8.7%</b>
<b>Non-indigenous</b>					
Low	1,076	44.2%	14.4%	6.2%	1.8%
Moderate	954	39.2%	28.7%	14.8%	5.9%
High	403	16.6%	40.4%	26.8%	14.1%
<b>Subtotal</b>	<b>2,433</b>	<b>100.0%</b>	<b>24.3%</b>	<b>13.0%</b>	<b>5.4%</b>

#### **IV. SUMMARY AND RECOMMENDATIONS**

When evaluated across all measures of subsequent harm, the proposed FRE resulted in a better classification than did the current FRE. The current FRE did not always distinguish well between high and very high risk families (i.e., the follow-up I&A rate was 36.0% for high and 39.4% for very high risk families.) Among substantiated families, the proportion of very high risk families who experienced an outcome was similar to the proportion of high risk families who experienced the same outcome. For example, among substantiated families, 36.0% of high risk and 37.1% of very high risk families had another I&A during the standardized follow-up period. In addition, within a given risk level classification, the proportion of non-indigenous families who experienced an outcome often differed from the proportion of indigenous families who experienced the same outcome.

The proposed risk assessment has three risk classifications rather than four. As mentioned previously, this change is a function of empirical and policy considerations. It is important to note that the high risk category of the proposed FRE achieved higher rates of subsequent I&A and harm substantiation than did the very high risk category of the current FRE (Table 16). This suggests that moving to a three-level classification could enhance the ability of the FRE to identify families at high risk of subsequent harm to a child.

<b>Table 16</b>					
<b>Risk Classification Findings by Subsequent Harm Outcomes</b>					
<b>Overall Risk Level</b>	<b>Sample Distribution</b>		<b>Case Outcomes During the 12-month Follow-up Period</b>		
	<b>N</b>	<b>%</b>	<b>I&amp;A</b>	<b>Harm Substantiation</b>	<b>Child Placement</b>
<b>Total Sample</b>	<b>3,176</b>	<b>100.0%</b>	<b>27.3%</b>	<b>15.6%</b>	<b>6.2%</b>
<b>Current FRE</b>					
Low	620	19.5%	12.6%	5.2%	1.1%
Moderate	1,170	36.8%	23.1%	10.7%	3.2%
High	827	26.0%	36.0%	22.1%	8.3%
Very high	559	17.6%	39.4%	27.5%	14.8%
<b>Proposed FRE</b>					
Low	1,235	38.9%	15.1%	6.9%	1.9%
Moderate	1,305	41.1%	31.0%	17.1%	6.6%
High	636	20.0%	43.2%	29.2%	13.8%

Adopting the proposed FRE should help improve workers' estimates of a family's risk of future abuse or neglect. This, in turn, would permit Child Safety Services to reduce subsequent harm by more effectively targeting service interventions to high risk families. Strengthening practice related to the risk assessment process, however, may also benefit Child Safety Services. For example, workers should use risk factor definitions to help reach reliable and accurate risk classifications.

If Child Safety Services moves forward with implementing the proposed FRE, CSSC managers and team leaders may wish to strengthen implementation by employing efforts used in other jurisdictions, such as the following:

- Emphasise worker use of FRE definitions to promote accurate and consistent scoring. This will necessitate scoring definition accessibility to workers, which may increase the accuracy of their risk estimates.
- Continue the review of FRE and other SDM assessment scoring as part of routine case reading and reviews conducted by supervisors or other staff.
- Use refresher training and other feedback mechanisms to solicit worker questions and identify areas for follow-up training or additional emphasis. If clarification is needed (for example, how to assess risk when parents are living in separate households), staff may want to respond with a written question and answer list, ask supervisors to review the subject at a future staff meeting or revise training materials to include a case example that addresses the issue.
- Ensure that assessment and service delivery data are easily accessible to staff. Child Safety Services managers and supervisors may benefit from systematically monitoring information such as the following:
  - » Safety factors indicated at the time of assessment and the interventions used to help ensure child safety;
  - » The risk and needs profiles of the families served;
  - » The frequency and nature of overrides to the risk classification;
  - » The treatment service decision by the risk classification after any overrides; and
  - » Information about the availability and use of service interventions. Service interventions could be examined relative to priority needs identified on the child and parental strength and needs assessment.

This kind of information makes it possible for staff to identify the service needs of their clients, prioritise service interventions with high risk families and take action necessary to improve service delivery.

Periodic validations are also required to ensure that the FRE continues to effectively classify families by their likelihood of future harm. If Child Safety Services operations change significantly in the next few years, or there is a change in the way workers utilize definitions, another validation study is recommended to ensure that the FRE is still effectively classifying families.

The current validation was limited to information collected in ICMS. If the proposed FRE is adopted, some items collected on the current FRE will no longer be available for

analysis in future validation studies. Collecting this information as supplemental items of interest would allow staff to examine the additional information in future validations. For example, the proposed FRE does not include information about some child characteristics, such as criminal behaviour or mental health issues. If workers systematically collect this information at the same time the FRE is completed, future validation efforts may show these items to be significant risk factors. Supplemental items could be programmed directly into ICMS and completed following the FRE.

Lastly, the proposed FRE was applied to a validation sample to assess classification abilities with a sample other than the one with which the tool was constructed. Some amount of shrinkage—the amount of classification power lost when moving away from a construction sample—is normal and expected. Analysis indicated that the amount of shrinkage that occurred in the validation sample was within acceptable limits. Child Safety Services may wish to monitor shrinkage by examining the classification abilities of the FRE with a future sample.



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## **Appendix A**

### **Item Prevalence by Indigenous Status**

Current Neglect Instrument								
Item Prevalence by Indigenous Status*: Construction Sample								
Item	Item Response	Item Value	Indigenous Status (N = 743)		Non-indigenous Status (N = 2,433)		Total (N = 3,176)	
			N	%	N	%	N	%
N1. Current notification alleges neglect	No	0	332	44.7%	1,407	57.8%	1,739	54.8%
	Yes	2	411	55.3%	1,026	42.2%	1,437	45.2%
N2. Prior notifications	None	-1	206	27.7%	1,065	43.8%	1,271	40.0%
	One or more, abuse only	1	148	19.9%	563	23.1%	711	22.4%
	One or two for neglect	2	192	25.8%	493	20.3%	685	21.6%
	Three or more for neglect	3	197	26.5%	312	12.8%	509	16.0%
N3. An ongoing intervention case has previously been opened with the household	No	0	496	66.8%	1,952	80.2%	2,448	77.1%
	Yes	3	247	33.2%	481	19.8%	728	22.9%
N4. Number of subject children living in the notified household	One, two or three	0	568	76.4%	2,094	86.1%	2,662	83.8%
	Four or more	2	175	23.6%	339	13.9%	514	16.2%
	Two or older	0	392	52.8%	1,674	68.8%	2,066	65.1%
	Under two	1	351	47.2%	759	31.2%	1,110	34.9%
N6. Primary parent provides physical care inconsistent with child needs	No	0	646	86.9%	2,274	93.5%	2,920	91.9%
	Yes	1	97	13.1%	159	6.5%	256	8.1%
N7. Primary parent has a history of abuse or neglect as a child	No	0	496	66.8%	1,860	76.4%	2,356	74.2%
	Yes	2	247	33.2%	573	23.6%	820	25.8%
N8. Primary parent has/had a mental health problem	None/Not applicable	0	611	82.2%	1,797	73.9%	2,408	75.8%
	One or more apply	1	132	17.8%	636	26.1%	768	24.2%
N9. Primary parent has/had a drug or alcohol problem	None/Not applicable	0	425	57.2%	1,788	73.5%	2,213	69.7%
	One or more apply	2	318	42.8%	645	26.5%	963	30.3%
N10. Primary parent has criminal history as adult or juvenile	No	0	473	63.7%	1,905	78.3%	2,378	74.9%
	Yes	1	270	36.3%	528	21.7%	798	25.1%
N11. Characteristics of children in the household	Not applicable	0	663	89.2%	2,129	87.5%	2,792	87.9%
	One or more apply	1	80	10.8%	304	12.5%	384	12.1%
N12. Current housing	Not applicable	0	703	94.6%	2,365	97.2%	3,068	96.6%
	One or more apply	1	40	5.4%	68	2.8%	108	3.4%

<https://sharepoint.nccdr.org/Projects/Project Documents/Australia/Queensland/638RiskValid/Queensland risk validation 2011 report.docx>

<b>Current Abuse Instrument</b>									
<b>Item Prevalence by Indigenous Status: Construction Sample</b>									
<b>Item</b>	<b>Item Response</b>	<b>Item Value</b>	<b>Indigenous Status (N = 743)</b>		<b>Non-indigenous Status (N = 2,433)</b>		<b>Total (N = 3,176)</b>		
			<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	
A1. Current investigation and assessment is substantiated and the harm or risk of harm resulted from physical abuse	No	0	627	84.4%	2,090	85.9%	2,717	85.5%	
	Yes	1	116	15.6%	343	14.1%	459	14.5%	
	None	0	309	41.6%	1,280	52.6%	1,589	50.0%	
A2. Number of prior notifications alleging abuse	One	1	154	20.7%	502	20.6%	656	20.7%	
	Two or more	2	280	37.7%	651	26.8%	931	29.3%	
	No	0	495	66.6%	1,954	80.3%	2,449	77.1%	
A3. An ongoing intervention case has previously been opened with the household	Yes	2	248	33.4%	479	19.7%	727	22.9%	
	No	0	626	84.3%	2,146	88.2%	2,772	87.3%	
	Yes	2	117	15.7%	287	11.8%	404	12.7%	
A5. Primary parent's assessment of the incident	Not applicable	0	702	94.5%	2,226	91.5%	2,928	92.2%	
	One or more apply	1	41	5.5%	207	8.5%	248	7.8%	
	No	0	495	66.6%	1,915	78.7%	2,410	75.9%	
A6. Two or more incidents of domestic violence in the household	Yes	1	248	33.4%	518	21.3%	766	24.1%	
	Not applicable	0	667	89.8%	2,163	88.9%	2,830	89.1%	
	One or more apply	1	76	10.2%	270	11.1%	346	10.9%	
A8. Primary parent has a history of abuse or neglect as a child	No	0	492	66.2%	1,860	76.4%	2,352	74.1%	
	Yes	1	251	33.8%	573	23.6%	824	25.9%	
	No	0	359	48.3%	1,597	65.6%	1,956	61.6%	
A9. One or more parents have/had alcohol and/or drug problem	Yes	1	384	51.7%	836	34.4%	1,220	38.4%	
	No	0	471	63.4%	1,909	78.5%	2,380	74.9%	
	Yes	1	272	36.6%	524	21.5%	796	25.1%	
A11. Characteristics of children in the household	Not applicable	0	630	84.8%	1,947	80.0%	2,577	81.1%	
	One or more apply	1	113	15.2%	486	20.0%	599	18.9%	

## **Appendix B**

### **Family Risk Evaluation Item Analyses**

Table B1

**Neglect Instrument Item Analysis**  
**CURRENT FRE: Construction Sample**

Item	Sample Distribution		Subsequent Neglect Investigation				Subsequent Neglect Substantiation			
	N	%	N	%	Corr.	P Value	N	%	Corr.	P Value
<b>Total Sample</b>	<b>3,176</b>	<b>100.0%</b>	<b>579</b>	<b>18.2%</b>			<b>283</b>	<b>8.9%</b>		
<b>N1. Current notification alleges neglect</b>					.141	.000			.131	.000
No	1,739	54.8%	231	13.3%			96	5.5%		
Yes	1,437	45.2%	348	24.2%			187	13.0%		
<b>N2. Prior notifications</b>					.189	.000			.149	.000
None	1,271	40.0%	137	10.8%			61	4.8%		
One or more, <u>abuse</u> only	711	22.4%	118	16.6%			51	7.2%		
One or two for <u>neglect</u>	685	21.6%	168	24.5%			87	12.7%		
Three or more for <u>neglect</u>	509	16.0%	156	30.6%			84	16.5%		
<b>N3. An ongoing intervention case has previously been opened with the household</b>					.167	.000			.155	.000
No	2,448	77.1%	360	14.7%			159	6.5%		
Yes	728	22.9%	219	30.1%			124	17.0%		
<b>N4. Number of subject children living in the notified household</b>					.076	.000			.085	.000
One, two or three	2,662	83.8%	451	16.9%			209	7.9%		
Four or more	514	16.2%	128	24.9%			74	14.4%		
<b>N5. Age of youngest child in the home</b>					.058	.001			.088	.000
Two or older	2,066	65.1%	343	16.6%			146	7.1%		
Under two	1,110	34.9%	236	21.3%			137	12.3%		
<b>N6. Primary parent provides physical care inconsistent with child needs</b>					.085	.000			.114	.000
No	2,920	91.9%	504	17.3%			232	7.9%		
Yes	256	8.1%	75	29.3%			51	19.9%		
<b>N7. Primary parent has a history of abuse or neglect as a child</b>					.077	.000			.101	.000
No	2,356	74.2%	388	16.5%			170	7.2%		
Yes	820	25.8%	191	23.3%			113	13.8%		
<b>N8. Primary parent has/had a mental health problem*</b>					.029	.054			.017	.170
None/Not applicable	2,408	75.8%	424	17.6%			208	8.6%		
During the last 12 months	582	18.3%	115	19.8%			54	9.3%		
At any time prior to that	532	16.8%	114	21.4%			57	10.7%		
<b>N9. Primary parent has/had a drug or alcohol problem*</b>					.093	.000			.085	.000
None/Not applicable	2,213	69.7%	351	15.9%			162	7.3%		
During the last 12 months	547	17.2%	141	25.8%			76	13.9%		
At any time prior to that	799	25.2%	186	23.3%			100	12.5%		
<b>N10. Primary parent has a criminal history as adult or juvenile</b>					.125	.000			.107	.000
No	2,378	74.9%	367	15.4%			170	7.1%		
Yes	798	25.1%	212	26.6%			113	14.2%		
<b>N11. Characteristics of children in the household*</b>					.033	.034			.013	.235
Not applicable	2,792	87.9%	496	17.8%			245	8.8%		
Developmental or physical disability	328	10.3%	69	21.0%			28	8.5%		
Medically fragile/Failure to thrive	65	2.0%	20	30.8%			12	18.5%		
Positive toxicology screen at birth	10	0.3%	1	10.0%			1	10.0%		
<b>N12. Current housing*</b>					.073	.000			.118	.000
Not applicable	3,068	96.6%	543	17.7%			254	8.3%		
Physically unsafe	48	1.5%	16	33.3%			14	29.2%		
Family homeless	64	2.0%	22	34.4%			17	26.6%		

\*Sub-item analysis. Row percentages may not sum to 100.0%.

Table B2										
Abuse Instrument Item Analysis CURRENT FRE: Construction Sample										
Item	Sample Distribution		Subsequent Abuse Investigation				Subsequent Abuse Substantiation			
	N	%	N	%	Corr.	P Value	N	%	Corr.	P Value
Total Sample	3,176	100.0%	717	22.6%			383	12.1%		
A1. Current investigation and assessment is substantiated and the harm or risk of harm resulted from physical abuse					.056	.001			.082	.000
No	2,717	85.5%	587	21.6%			298	11.0%		
Yes	459	14.5%	130	28.3%			85	18.5%		
A2. Number of prior notifications alleging abuse					.151	.000			.154	.000
None	1,589	50.0%	273	17.2%			119	7.5%		
One	656	20.7%	146	22.3%			86	13.1%		
Two or more	931	29.3%	298	32.0%			178	19.1%		
A3. An ongoing intervention case has previously been opened with the household					.158	.000			.143	.000
No	2,449	77.1%	465	19.0%			233	9.5%		
Yes	727	22.9%	252	34.7%			150	20.6%		
A4. Prior injury to a child resulting from child abuse/neglect					.081	.000			.097	.000
No	2,772	87.3%	590	21.3%			301	10.9%		
Yes	404	12.7%	127	31.4%			82	20.3%		
A5. Primary parent's assessment of incident*					.020	.134			.033	.032
Not applicable	2,928	92.2%	654	22.3%			344	11.7%		
Blames child	147	4.6%	34	23.1%			22	15.0%		
Justifies abuse/neglect of child	169	5.3%	44	26.0%			28	16.6%		
A6. Two or more incidents of domestic violence in the household in past year					.111	.000			.103	.000
No	2,410	75.9%	481	20.0%			245	10.2%		
Yes	766	24.1%	236	30.8%			138	18.0%		
A7. Primary caregiver characteristics*					.038	.015			.044	.006
Not applicable	2,830	89.1%	623	22.0%			327	11.6%		
Provides insufficient emotional/psychological support	220	6.9%	61	27.7%			35	15.9%		
Employs excessive/inappropriate discipline	146	4.6%	41	28.1%			28	19.2%		
Domineering parent	32	1.0%	8	25.0%			6	18.8%		
A8. Primary parent has a history of abuse or neglect as a child					.077	.000			.065	.000
No	2,352	74.1%	486	20.7%			254	10.8%		
Yes	824	25.9%	231	28.0%			129	15.7%		
A9. One or more parents have/had alcohol and/or drug problem*					.112	.000			.089	.000
No	1,956	61.6%	369	18.9%			191	9.8%		
During the last 12 months: primary parent	548	17.3%	166	30.3%			100	18.2%		
During the last 12 months: secondary parent	403	12.7%	115	28.5%			62	15.4%		
Any time prior to that: primary parent	782	24.6%	211	27.0%			120	15.3%		
Any time prior to that: secondary parent	454	14.3%	131	28.9%			65	14.3%		
A10. Primary parent has criminal history as adult or juvenile					.101	.000			.096	.000
No	2,380	74.9%	479	20.1%			244	10.3%		
Yes	796	25.1%	238	29.9%			139	17.5%		

Table B2										
Abuse Instrument Item Analysis CURRENT FRE: Construction Sample										
Item	Sample Distribution		Subsequent Abuse Investigation				Subsequent Abuse Substantiation			
	N	%	N	%	Corr.	P Value	N	%	Corr.	P Value
Total Sample	3,176	100.0%	717	22.6%			383	12.1%		
A11. Characteristics of children in household*					.032	.034			.032	.038
Not applicable	2,577	81.1%	565	21.9%			298	11.6%		
Offending history	89	2.8%	13	14.6%			9	10.1%		
Developmental disability	269	8.5%	68	25.3%			35	13.0%		
Mental health/behavioural problem	353	11.1%	91	25.8%			54	15.3%		

\*Sub-item analysis. Row percentages may not sum to 100.0%.



Table B3										
Neglect Instrument Item Analysis PROPOSED FRE: Construction Sample										
Item	Sample Distribution		Subsequent Neglect Investigation				Subsequent Neglect Substantiation			
	N	%	N	%	Corr.	P Value	N	%	Corr.	P Value
Total Sample	3,176	100.0%	579	18.2%			283	8.9%		
N1. Current notification alleges neglect					.141	.000			.131	.000
No	1,739	54.8%	231	13.3%			96	5.5%		
Yes	1,437	45.2%	348	24.2%			187	13.0%		
N2. Prior notifications for abuse/neglect					.205	.000			.152	.000
None	1,756	55.3%	209	11.9%			93	5.3%		
One	773	24.3%	163	21.1%			86	11.1%		
Two or more	647	20.4%	207	32.0%			104	16.1%		
N3. An ongoing intervention case has previously been opened with the household					.167	.000			.155	.000
No	2,448	77.1%	360	14.7%			159	6.5%		
Yes	728	22.9%	219	30.1%			124	17.0%		
N4. A prior out-of-home placement					.102	.000			.088	.000
No	2,752	86.6%	459	16.7%			218	7.9%		
Yes	424	13.4%	120	28.3%			65	15.3%		
N5. Number of subject children living in the notified household					.076	.000			.085	.000
One, two or three	2,662	83.8%	451	16.9%			209	7.9%		
Four or more	514	16.2%	128	24.9%			74	14.4%		
N6. Age of youngest child in the home					.058	.001			.088	.000
Two or older	2,066	65.1%	343	16.6%			146	7.1%		
Under two	1,110	34.9%	236	21.3%			137	12.3%		
N7. Primary parent provides physical care inconsistent with child needs					.085	.000			.114	.000
No	2,920	91.9%	504	17.3%			232	7.9%		
Yes	256	8.1%	75	29.3%			51	19.9%		
N8. Primary parent has a history of abuse or neglect as a child					.077	.000			.101	.000
No	2,356	74.2%	388	16.5%			170	7.2%		
Yes	820	25.8%	191	23.3%			113	13.8%		
N9. Primary parent has/had a mental health problem*					.029	.054			.017	.170
None/Not applicable	2,408	75.8%	424	17.6%			208	8.6%		
During the last 12 months	582	18.3%	115	19.8%			54	9.3%		
At any time prior to that	532	16.8%	114	21.4%			57	10.7%		
N10. Primary parent has/had a drug or alcohol problem*					.125	.000			.107	.000
None/Not applicable	2,213	69.7%	351	15.9%			162	7.3%		
During the last 12 months	547	17.2%	141	25.8%			76	13.9%		
At any time prior to that	799	25.2%	186	23.3%			100	12.5%		
N11. Primary parent has a criminal history as adult or juvenile					.125	.000			.107	.000
No	2,378	74.9%	367	15.4%			170	7.1%		
Yes	798	25.1%	212	26.6%			113	14.2%		
N12. Characteristics of children in the household*					.033	.034			.013	.235
Not applicable	2,792	87.9%	496	17.8%			245	8.8%		
Developmental or physical disability	328	10.3%	69	21.0%			28	8.5%		
Medically fragile/failure to thrive	65	2.0%	20	30.8%			12	18.5%		
Positive toxicology screen at birth	10	0.3%	1	10.0%			1	10.0%		

Table B3										
Neglect Instrument Item Analysis <i>PROPOSED</i> FRE: Construction Sample										
Item	Sample Distribution		Subsequent Neglect Investigation				Subsequent Neglect Substantiation			
	N	%	N	%	Corr.	P Value	N	%	Corr.	P Value
Total Sample	3,176	100.0%	579	18.2%			283	8.9%		
<b>N13. Current housing*</b>					.073	.000			.118	.000
Not applicable	3,068	96.6%	543	17.7%			254	8.3%		
Physically unsafe	48	1.5%	16	33.3%			14	29.2%		
Family homeless	64	2.0%	22	34.4%			17	26.6%		

\*Sub-item analysis. Row percentages may not sum to 100.0%.

Table B4										
Abuse Instrument Item Analysis PROPOSED FRE: Construction Sample										
Item	Sample Distribution		Subsequent Abuse Investigation				Subsequent Abuse Substantiation			
	N	%	N	%	Corr.	P Value	N	%	Corr.	P Value
Total Sample	3,176	100.0 %	717	22.6%			383	12.1%		
A1. Current investigation and assessment is substantiated and the harm or risk of harm resulted from physical abuse					.056	.001			.082	.000
No	2,717	85.5%	587	21.6%			298	11.0%		
Yes	459	14.5%	130	28.3%			85	18.5%		
A2. Number of prior notifications alleging abuse					.151	.000			.154	.000
None	1,589	50.0%	273	17.2%			119	7.5%		
One	656	20.7%	146	22.3%			86	13.1%		
Two or more	931	29.3%	298	32.0%			178	19.1%		
A3. An ongoing intervention case has previously been opened with the household					.158	.000			.143	.000
No	2,449	77.1%	465	19.0%			233	9.5%		
Yes	727	22.9%	252	34.7%			150	20.6%		
A4. Prior injury to a child resulting from child abuse/neglect					.081	.000			.097	.000
No	2,772	87.3%	590	21.3%			301	10.9%		
Yes	404	12.7%	127	31.4%			82	20.3%		
A5. Number of subject children living in the notified household					.090	.000			.087	.000
One, two or three	2,662	83.8%	557	20.9%			288	10.8%		
Four or more	514	16.2%	160	31.1%			95	18.5%		
A6. Primary parent justifies abuse/neglect					.020	.135			.033	.032
Not applicable	3,007	94.7%	673	22.4%			355	11.8%		
Justifies abuse/neglect of child	169	5.3%	44	26.0%			28	16.6%		
A7. Two or more incidents of domestic violence in the household in past year					.111	.000			.103	.000
No	2,410	75.9%	481	20.0%			245	10.2%		
Yes	766	24.1%	236	30.8%			138	18.0%		
A8. Primary caregiver characteristics*					.038	.015			.044	.006
Not applicable	2,830	89.1%	623	22.0%			327	11.6%		
Provides insufficient emotional/psychological support	220	6.9%	61	27.7%			35	15.9%		
Employs excessive/inappropriate discipline	146	4.6%	41	28.1%			28	19.2%		
Domineering parent	32	1.0%	8	25.0%			6	18.8%		
A9. Primary parent has a history of abuse or neglect as a child					.077	.000			.065	.000
No	2,352	74.1%	486	20.7%			254	10.8%		
Yes	824	25.9%	231	28.0%			129	15.7%		
A10. Primary parent has/had a mental health problem*					.040	.012			.028	.058
None/Not applicable	2,408	75.8%	521	21.6%			278	11.5%		
During the last 12 months	582	18.3%	78	26.1%			78	13.4%		
At any time prior to that	532	16.8%	140	26.3%			80	15.0%		

Table B4										
Abuse Instrument Item Analysis PROPOSED FRE: Construction Sample										
Item	Sample Distribution		Subsequent Abuse Investigation				Subsequent Abuse Substantiation			
	N	%	N	%	Corr.	P Value	N	%	Corr.	P Value
<b>A11. One or more parents have/had alcohol and/or drug problem*</b>					.112	.000			.089	.000
No	1,956	61.6%	369	18.9%			191	9.8%		
During the last 12 months: primary parent	548	17.3%	166	30.3%			100	18.2%		
During the last 12 months: secondary parent	403	12.7%	115	28.5%			62	15.4%		
Any time prior to that: primary parent	782	24.6%	211	27.0%			120	15.3%		
Any time prior to that: secondary parent	454	14.3%	131	28.9%			65	14.3%		
<b>A12. Primary parent has criminal history as adult or juvenile</b>					.101	.000			.096	.000
No	2,380	74.9%	479	20.1%			244	10.3%		
Yes	796	25.1%	238	29.9%			139	17.5%		

\*Sub-item analysis. Row percentages may not sum to 100.0%.

## **Appendix C**

### **Risk Evaluation Classification Findings for Construction and Validation Samples**

## **Comparison of Alternate Risk Evaluation Classification Findings for the Construction and Validation Samples**

The sample population of 4,243 families was divided randomly into two groups: a construction sample of 3,176 families and a validation sample of 1,067 families. The use of two samples allows a scale to be developed on one population (the construction sample) and tested on another (the validation sample).

Classification results will be the most robust for the sample from which the assessment was constructed. Validating the scale on a separate population better indicates how a risk evaluation will perform when actually implemented. The ability of a risk evaluation to classify families by harm outcomes is expected to decrease somewhat when the risk evaluation is applied to samples other than the construction sample. The amount of classification power lost from construction to validation sample is called shrinkage. Shrinkage is normal and expected.<sup>9</sup>

Table C1 compares findings by the overall risk classification level obtained for families in the construction versus the validation sample. For families in the construction sample, the risk evaluation classified families such that an increase in risk level corresponds to significant increases in the outcome rate across all harm outcomes.

Findings were similar when the proposed FRE was applied to the validation sample. Table C1 shows that for families in the validation sample, an increase in the risk level corresponds to significant increases in outcome rates. For example, risk of substantiated harm doubles with an increase from low to moderate risk and increased more than 40% from moderate to high risk. The distribution of the families classified by the alternate FRE is also very similar in the validation as compared to the construction sample.

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<sup>9</sup> See Silver, E., Smith, W. & Banks, S. (2000). Constructing actuarial devices for predicting recidivism. *Criminal Justice and Behavior*, 27(6), 733–764. See also Altman, D. & Royston, P. (2000). What do we mean by validating a prognostic model? *Statistics in Medicine*, 19, 453–473.

Table C1					
Risk Classification Findings by Subsequent Harm Outcomes					
Overall Risk Level	Sample Distribution		Case Outcomes During the 12-month Follow-up Period		
	N	%	I&A	Harm Substantiation	Child Placement
<b>Construction Sample</b>					
Low	1,235	38.9%	15.1%	6.9%	1.9%
Moderate	1,305	41.1%	31.0%	17.1%	6.6%
High	636	20.0%	43.2%	29.2%	13.8%
<b>Total</b>	<b>3,176</b>	<b>100.0%</b>	<b>27.3%</b>	<b>15.6%</b>	<b>6.2%</b>
<b>Validation Sample</b>					
Low	427	40.0%	13.8%	6.8%	2.8%
Moderate	419	39.3%	28.4%	15.3%	8.1%
High	221	20.7%	43.9%	31.7%	14.5%
<b>Total</b>	<b>1,067</b>	<b>100.0%</b>	<b>25.8%</b>	<b>15.3%</b>	<b>7.3%</b>

One way to assess the degree of shrinkage is to look at changes in scores for the dispersion index for risk (DIFR). The DIFR was introduced in 1998 by Silver and Banks as an alternate method for assessing the classification abilities of a risk evaluation. Traditional measures of predictive accuracy such as sensitivity and specificity are based on the assumption of a dichotomous decision, and therefore have limited usefulness for measures with more than two classification categories.

The DIFR measures the potency of a risk evaluation by assessing how an entire cohort is partitioned into different groups, and the extent to which group outcomes vary from the base rate for the entire cohort. In essence, it weights the distance between a subgroup's outcome rate from the cohort's base rate by the subgroup size to estimate the "potency" of a classification system. Because this measure considers proportionality and differences in outcome rates among several subgroups, it is a measure of the efficacy of classification systems.

The DIFR formula is:

$$DIFR = \sqrt{\sum_{i=1}^k \left( \ln\left(\frac{P}{1-P}\right) - \ln\left(\frac{p_i}{1-p_i}\right) \right)^2 * \frac{n_i}{N}}$$

where  $k$  is the number of subgroups in the risk classification model,  $P$  is the total sample base rate of the outcome,  $N$  is the total sample size,  $p_i$  represents the base rate of each of the  $k$  subgroups and  $n_i$  is the size of each  $k$  subgroup. In sum, the DIFR considers the degree to which outcomes of each subgroup (classification level) differ from the mean for the study sample and adjusts for the size of the group classified to each level.<sup>10</sup>

Table C2 compares the DIFR scores for the construction and validation samples by each harm outcome observed. The DIFR scores for the validation sample were higher for the investigation outcome, and lower for the other two outcome measures. Given this, the amount of shrinkage is likely to be acceptable.

Table C2				
Dispersion Index for Risk by Subsequent Harm Outcomes for the Construction and Validation Samples				
Sample Group	Sample Size	Case Outcomes During the 12-month Follow-up Period		
		Investigation	Harm Substantiation	Child Placement
Construction	3,176	.57	.68	.86
Validation	1,067	.62	.57	.64
Change in DIFR Score		+.05	-.11	-.22

It should be noted that validating by splitting the sample may underestimate shrinkage (see Silver and Banks, 2000). The construction and validation samples originate from the same initial sample, and are therefore subject to the same type of measurement bias. In

<sup>10</sup> The limitations of the DIFR are as follows:

1. It measures distance from the mean without considering whether it is in the expected or logical direction. Therefore, when outcome rates do not conform to the basic expectations (i.e., that failure rates will increase as risk levels increase), the test is inappropriate.
2. It measures overall dispersion from the base rate and does not assess the degree of separation between any two risk categories. In a similar fashion, the DIFR cannot help assess whether a risk classification model is classifying two subgroups similarly, but rather assesses the dispersion within a subgroup (given that group's base rate).



addition, implementation of the risk evaluation under field conditions may impact the classification abilities of the risk evaluation. The best approach for determining shrinkage is to monitor use of the risk evaluation with regular data reporting and case reviews, and examine the classification abilities of the risk evaluation in the future.

## **Appendix D**

### **Review of the Family Risk Re-evaluation**

## **Review of the Family Risk Re-evaluation for In-home Cases**

The purpose of the SDM family risk re-evaluation (FRRE) is to measure change in families' risk of future abuse or neglect based on response to services, as well as other changes in the household. The FRRE ensures that risk of future abuse/neglect is considered in later stages of ongoing intervention with the family and that case decisions are made accordingly. For families receiving in-home treatment services, workers reassess open cases at a minimum of every six months. Validated risk factors from the initial evaluation also appear on the re-evaluation and are scored to guide the decision about whether to continue ongoing intervention or close a case.

Child Safety Services adopted the FRRE developed in California in 2005 (shown on the next page). The FRRE combines items from the original evaluation with additional items that evaluate a family's progress toward case plan goals. Unlike the initial FRE, which contains separate indices for risk of neglect and risk of abuse, the FRRE tool is composed of a single assessment.

As indicated in the report, the proposed FRE classifies families well as a three-level assessment and improved the assessment's ability to classify families at the moderate and high risk classifications. It is likely that similar changes may improve the FRRE classification capabilities.

**QUEENSLAND DEPARTMENT OF CHILD SAFETY**  
**SDM® FAMILY RISK RE-EVALUATION FOR IN-HOME CASES (Version 3.0)**

c: August 05

Family Name: \_\_\_\_\_

CSSC: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Ongoing Intervention Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Risk Re-evaluation Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Re-evaluation No.: 1 2 3 4 \_\_\_\_

Is any child: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both

If child is Aboriginal or Torres Strait Islander, did the recognised agency participate in decision making? ☐ Yes ☐ No

Name/Agency: \_\_\_\_\_ Did the recognised agency agree with the decision? ☐ Yes ☐ No

Comments (include points of disagreement if any): \_\_\_\_\_

	Score
<b>R1. Number of prior notifications</b>	
a. None.....	0
b. One.....	1
c. Two or more.....	2
<b>R2. An ongoing intervention case previously opened with household</b>	
a. No.....	0
b. Yes.....	1
<b>R3. Primary parent has a history of abuse or neglect as a child</b>	
a. No.....	0
b. Yes.....	1
<b>R4. Child characteristics (mark applicable items and add for score)</b>	
a. ___ No child has any of the characteristics listed below.....	0
b. ___ One or more children in household is developmentally or physically disabled.....	1
c. ___ One or more children in household is medically fragile or diagnosed with failure to thrive.....	1
<b>R5. New notification recorded since the last family risk evaluation or re-evaluation</b>	
a. No.....	0
b. Yes.....	2
<b>R6. Parent has not addressed alcohol or drug misuse problem since the initial family risk evaluation or last re-evaluation (mark one)</b>	
a. ___ No history of alcohol or drug misuse.....	0
b. ___ No current alcohol or drug misuse; no intervention needed.....	0
c. ___ Yes, alcohol or drug misuse; problem is being addressed.....	0
d. ___ Yes, alcohol or drug misuse; problem is <u>not</u> being addressed.....	1
<b>R7. Problems with adult relationships</b>	
a. None of the following apply.....	0
b. Yes, harmful/tumultuous relationships with adults.....	1
c. Yes, domestic violence.....	2
<b>R8. Primary parent provides physical care inconsistent with child needs</b>	
a. No problems.....	0
b. Yes, problems.....	1
<b>R9. Progress with the case plan (mark one based on the parent with the least progress)</b>	
a. ___ Not applicable; all services unavailable.....	0
b. ___ Successfully completed all case plan outcomes and actions; or is actively participating or pursuing case plan outcomes and actions.....	0
c. ___ Low level of participation in pursuing case plan outcomes and actions.....	2
d. ___ Has participated but is not meeting case plan outcomes and actions; or refuses involvement in the case plan or has failed to comply/participate.....	4
<b>TOTAL SCORE</b>	_____

**SCORED RISK LEVEL:** Assign the family's risk level based on the following chart.

Total Score	Scored Risk Level
<input type="checkbox"/> 0-2	<input type="checkbox"/> Low
<input type="checkbox"/> 3-5	<input type="checkbox"/> Moderate
<input type="checkbox"/> 6-8	<input type="checkbox"/> High
<input type="checkbox"/> 9+	<input type="checkbox"/> Very High

**OVERRIDE SECTION:**

**Policy Override to Very High:** Circle yes if any condition is applicable during the current review/implementation period; override to very high.

- |     |    |   |
|-----|----|---|
| Yes | No | 1. This investigation and assessment will be substantiated for harm or risk of harm caused by sexual abuse AND the person responsible for this abuse is likely to have access to the subject child. |
| Yes | No | 2. Non-accidental injury to a child under age of 3 years.   |
| Yes | No | 3. Severe non-accidental injury by a parent.  |
| Yes | No | 4. Parent caused death of a child due to abuse or neglect.  |

**Discretionary Override:** If applicable, circle yes; increase or decrease scored risk by one level.

Yes No 5. If yes, list override reason: \_\_\_\_\_

Team Leader Approval of Discretionary Override: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>FINAL RISK LEVEL:</b>	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Very High
<b>ONGOING INTERVENTION DECISION:</b>	<input type="checkbox"/> Case remains open <input type="checkbox"/> Case closed			
<b>Worker:</b>	_____			
<b>Team Leader:</b>	_____			

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

A formal validation of the FRRE is difficult for many reasons. Workers complete this instrument for families served by Child Safety Services. If services are effective, then these families are less likely to subsequently harm a child. While the case is open, however, service providers have more contact with the families and may report allegations that otherwise would not have been reported. If a family does not comply with the case plan and child safety is a concern, Child Safety Services may remove a child from the home. Each of these factors would affect the likelihood that a caregiver would harm a child in the future.

Assessing the performance of the FRRE is also difficult because the instrument is applied to different groups of families at multiple times during the life of a case. Families' likelihood of being assessed for child harm allegations may be very different at the time of the first re-evaluation compared to the likelihood at the time of the second or the last re-evaluation. The performance of the FRRE can still be reviewed, but results of analyses need to be evaluated within this context.

To review the performance of the FRRE factors, CRC selected the first FRRE completed between January 1, 2010, and June 30, 2010, for families receiving ongoing intervention services that had an initial risk assessment completed prior to the sample re-evaluation. This selection criterion allowed for a sample of FRREs completed at various points in the case process.

Analysis was conducted using information available from the Child Safety Services' Integrated Client Management System (ICMS). This included data describing characteristics of children and families in the sample, findings from the FRRE and prior history. Data also included findings from the FRE completed for the family prior to the re-evaluation. Data describing subsequent involvement with Child Safety Services was observed for each sampled family for a standardized follow-up period of six months from the sampled re-evaluation date. These *outcome* measures included new investigations and assessments, substantiations of harm, and subsequent placements.

The resulting sample consisted of 844 families with a completed risk re-evaluation during the sample period. This was the first re-evaluation for approximately two-thirds (66.5%) of the sample. At the time of the sampled re-evaluation, families had been receiving services for an average of 263 days.<sup>11</sup> After re-evaluation, a family may have continued receiving services or the case may have been closed. The current FRRE classified (before overrides) over 70% of the sampled families as low or moderate risk (19.8% and 50.4% respectively); 18.7% of the sample was high risk and 11.1% of sampled families were classified as very high risk at the time of the re-evaluation. Among sampled families, 21.8% were investigated for abuse or neglect allegations during the six-month follow-up period, 13.6% had a subsequent harm substantiated and 8.2% had a subsequent child placement (see Table D1).

A comparison of families classified as low and moderate risk shows that low risk families were less likely to be subsequently involved with Child Safety Services. For example, 12.6% of low risk families were re-investigated, compared to 20.7% of moderate risk families. This pattern is also true for the outcomes of subsequent harm substantiation and placement in out-of-home care. Additionally, the outcome rates for low risk families were below the base rate for subsequent investigations, harm substantiations and placements.

When an actuarial risk evaluation is functioning properly, each increase in risk level corresponds to an increase in outcome rates measuring subsequent involvement. The table below shows that the current FRRE is classifying families accurately by their likelihood of involvement with subsequent Child Safety Services. Matrix rates for very high risk families are the highest rate recurred for, high risk families are more than moderate and recurrence for moderate risk families is greater than low risk recurrence.

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<sup>11</sup> Ongoing intervention length was calculated by subtracting the creation date of the risk re-evaluation from the ongoing intervention start date. Ongoing intervention start dates recorded after the risk re-evaluation date were recoded to the date of the risk re-evaluation.

Table D1					
Current Risk Re-evaluation Classification by Subsequent Harm Outcomes					
Risk Re-evaluation Level	Sample Distribution		Case Outcome Rates During the Six-month Follow-up Period		
	N	%	I&A	Harm Substantiation	Child Placement
Low	167	19.8%	12.6%	6.6%	1.2%
Moderate	425	50.4%	20.7%	11.1%	5.4%
High	158	18.7%	24.7%	17.7%	12.7%
Very High	94	11.1%	38.3%	30.9%	25.5%
Total Sample	844	100.0%	21.8%	13.6%	8.2%

While these findings suggest that the FRRE is classifying families accurately, the re-evaluation was examined using the same methods applied to develop the proposed FRE. An alternate FRRE was developed by observing the actuarial relationship between family characteristics observed at the time of the sample re-evaluation and subsequent involvement with Child Safety Services.

The alternate FRRE has three classifications rather than four for the same empirical reasons and policy considerations described in this report, and to provide consistency throughout the case process.

Proposed changes to the resulting FRRE (shown on the following page) included the addition of one item and modification of several current items. All of the items on the current re-evaluation were retained. Based on their relationship to subsequent CPS involvement, CRC adjusted the item scores for number of prior notifications (R1), previous ongoing interventions (R2), child characteristics (R5), domestic violence (R8) and caregiver's progress with treatment plan (R10). An additional item, 'prior injury to child resulting from child abuse/neglect', (R3) was added. This item has a strong relationship to the outcomes at the initial evaluation and at the time of re-evaluation. Alternate FRRE definitions are located at the end of Appendix D.

**QUEENSLAND DEPARTMENT OF CHILD SAFETY**  
**SDM® FAMILY RISK RE-EVALUATION FOR IN-HOME CASES (Version 3.1)**

r: September 2011

Family Name: \_\_\_\_\_  
 CSSC: \_\_\_\_\_ Worker Name: \_\_\_\_\_  
 Ongoing Intervention Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Family Risk Re-evaluation Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Re-evaluation No.: 1 2 3 4 \_\_\_\_\_ Is any child: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both  
 If child is Aboriginal or Torres Strait Islander, did the recognised agency participate in decision making? ☐ Yes ☐ No  
 Name/Agency: \_\_\_\_\_ Did the recognised agency agree with the decision? ☐ Yes ☐ No  
 Comments (include points of disagreement if any): \_\_\_\_\_

	Score
<b>R1. Number of prior notifications</b>	
a. Less than two .....	0
b. Two or more .....	1
<b>R2. An ongoing intervention case previously opened with household</b>	
a. No .....	0
b. Yes .....	1
<b>R3. Prior injury to a child resulting from child abuse/neglect</b>	
a. No .....	0
b. Yes .....	1
<b>R4. Primary parent has a history of abuse or neglect as a child</b>	
a. No .....	0
b. Yes .....	1
<b>R5. Child characteristics (mark applicable items and add for score)</b>	
a. No child has any of the characteristics listed below .....	0
b. One of the following apply:	
<input type="checkbox"/> One or more children in household is developmentally or physically disabled .....	1
<input type="checkbox"/> One or more children in household is medically fragile or diagnosed with failure to thrive .....	1
<b>R6. New notification recorded since the last family risk evaluation or re-evaluation</b>	
a. No .....	0
b. Yes .....	2
<b>R7. Parent has not addressed alcohol or drug misuse problem since the initial family risk evaluation or last re-evaluation (mark one)</b>	
a. <input type="checkbox"/> No history of alcohol or drug misuse .....	0
b. <input type="checkbox"/> No current alcohol or drug misuse; no intervention needed .....	0
c. <input type="checkbox"/> Yes, alcohol or drug misuse; problem is being addressed .....	0
d. <input type="checkbox"/> Yes, alcohol or drug misuse; problem is <u>not</u> being addressed .....	1
<b>R8. Domestic violence present in the household</b>	
a. No .....	0
b. Yes .....	2
<b>R9. Primary parent provides physical care inconsistent with child needs</b>	
a. No problems .....	0
b. Yes, problems .....	1
<b>R10. Progress with the case plan (mark one based on the parent with the least progress)</b>	
a. <input type="checkbox"/> Not applicable; all services unavailable .....	0
b. <input type="checkbox"/> Successfully completed all case plan outcomes and actions; or is actively participating or pursuing case plan outcomes and actions .....	0
c. <input type="checkbox"/> Low level of participation in pursuing case plan outcomes and actions .....	0
d. <input type="checkbox"/> Has participated but is not meeting case plan outcomes and actions; or refuses involvement in the case plan or has failed to comply/participate .....	2
<b>TOTAL SCORE</b>	_____

**SCORED RISK LEVEL:** Assign the family's risk level based on the following chart.

Total Score	Scored Risk Level
<input type="checkbox"/> 0-2	<input type="checkbox"/> Low
<input type="checkbox"/> 3-5	<input type="checkbox"/> Moderate
<input type="checkbox"/> 6+	<input type="checkbox"/> High

**OVERRIDE SECTION:**

**Policy Override to High:** Circle yes if any condition is applicable during the current review/implementation period; override to high.

- |     |    |   |
|-----|----|---|
| Yes | No | 1. This investigation and assessment will be substantiated for harm or risk of harm caused by sexual abuse AND the person responsible for this abuse is likely to have access to the subject child. |
| Yes | No | 2. Non-accidental injury to a child under age of 3 years.   |
| Yes | No | 3. Severe non-accidental injury by a parent.  |
| Yes | No | 4. Parent caused death of a child due to abuse or neglect.  |

**Discretionary Override:** If applicable, circle yes; increase or decrease scored risk by one level.

Yes No 5. If yes, list override reason: \_\_\_\_\_  
 Team Leader Approval of Discretionary Override: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FINAL RISK LEVEL:** ☐ Low ☐ Moderate ☐ High  
**ONGOING INTERVENTION DECISION:** ☐ Case remains open ☐ Case closed  
 Worker: \_\_\_\_\_  
 Team Leader: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



To enable comparisons, CRC collapsed the high and very high risk classifications into one risk level. As illustrated, the proposed FRRE out-performed the existing FRRE.

The proposed FRRE also classifies families appropriately by their likelihood of subsequent Child Safety Services involvement. Each increase in the FRRE level corresponded to an increase in all three outcome rates. For example, 13.0% of low risk families were re-investigated, compared to 21.6% of moderate risk and 39.9% of high risk families. Patterns were similar for subsequent harm substantiation and child placement.

The proposed FRRE performs even better than the current evaluation when the evaluations are compared using a three-level risk scale. A total of 252 families were classified as high or very high risk using the current re-evaluation. Approximately 30 percent (29.8%) of these high and very high risk families were re-investigated, compared to nearly 40 percent (39.9%) of the high risk families classified using the proposed evaluation. This pattern also holds true for subsequent harm substantiation (22.6% compared to 31.4%) and child placement (17.5% compared to 20.9%).

<b>Table D2</b>					
<b>Risk Re-evaluation Classification by Subsequent Harm Outcomes</b>					
<b>Risk Re-evaluation Level</b>	<b>Sample Distribution</b>		<b>Case Outcome Rates During the Six-month Follow-up Period</b>		
	<b>N</b>	<b>%</b>	<b>I&amp;A</b>	<b>Harm Substantiation</b>	<b>Child Placement</b>
<b>Current Risk Classification – Three Level</b>					
Low	167	19.8%	12.1%	6.6%	1.2%
Moderate	425	50.4%	20.7%	11.1%	5.4%
High	252	29.9%	29.8%	22.6%	17.5%
<b>Total</b>	<b>844</b>	<b>100.0%</b>	<b>21.8%</b>	<b>13.6%</b>	<b>8.2%</b>
<b>Proposed Risk Classification – Three Level</b>					
Low	307	36.4%	13.0%	6.8%	2.9%
Moderate	384	45.5%	21.6%	12.0%	7.3%
High	153	18.1%	39.9%	31.4%	20.9%
<b>Total Sample</b>	<b>844</b>	<b>100.0%</b>	<b>21.8%</b>	<b>13.6%</b>	<b>8.2%</b>

Adopting the proposed FRRE should help improve workers' estimates of a family's risk of future abuse or neglect and ensure consistency between the initial FRE and the re-evaluation. If the current FRE is changed to a three-level classification, it makes practical sense to make the same change to the proposed FRRE, as policy decisions are based on the FRE and FRRE levels.

**QUEENSLAND DEPARTMENT OF CHILD SAFETY**  
**PROPOSED SDM FAMILY RISK RE-EVALUATION FOR IN-HOME CASES**  
**(Version 3.1)**  
**DEFINITIONS**

**R1. Number of prior notifications**

To complete this item correctly, follow these guidelines:

- Count all prior notifications regardless of whether they were investigated and assessed, substantiated or unsubstantiated, or recorded with no outcome possible.
- Count all prior notifications in which any adult member of the current household has been alleged responsible for abuse or neglect of a child. Count these notifications regardless of whether the subject children in these notifications are subject children in the current notification.
- Do not count any prior notifications on the subject child if the person alleged to be responsible for the child protection concerns is not a member of the current household.
- Do not count any prior notifications in which an adult member of the household has been recorded as a subject child.
- Do not count child concern reports, intakes or protective advice notifications.
- If an initial unborn child notification is recorded and another notification is recorded after the birth of the baby, these two notifications will only be counted as **one** notification when completing the family risk re-evaluation. Two notifications are counted only when new child protection concerns are recorded in the notification after the child is born.
- Where applicable, child protection history from other state jurisdictions and New Zealand should be checked, and any relevant notifications alleging abuse or neglect counted.
  - a. Score 0 if less than two notifications have been recorded *prior* to the development and implementation of the current case plan.
  - b. Score 1 if two or more notifications have been recorded *prior* to the development and implementation of the current case plan.

**R2. An ongoing intervention case previously opened with household**

Score 1 if the department has opened an ongoing intervention case with the household prior to the I&A that resulted in the current case being opened.

- Include intervention with parental agreement cases (IPA), intensive family support cases (IFS), Child Protection Follow-up cases (CPFU) and intervention with a child protection order.
- Do not include support service cases.

- Do not include investigations and assessments that did NOT result in a case opening.
- Where applicable, statutory child protection cases from other state jurisdictions and New Zealand should be checked, and any ongoing interventions provided to the household counted.

**R3. Prior injury to a child resulting from abuse/neglect**

Score 1 if there is credible evidence that any child has sustained an injury resulting from prior abuse and/or neglect by any adult who is currently a member of the household. Injury sustained as a result of abuse or neglect may range from bruises, cuts and welts to an injury that requires medical treatment or hospitalisation such as a bone fracture or burn.

The child who sustained this injury need not be a member of the current household.

**R4. Primary parent has a history of abuse or neglect as a child**

Score 1 if:

- Credible statements by the primary parent or others indicate that the primary parent was abused or neglected as a child (includes neglect or physical, sexual or other abuse); OR
- The primary parent's departmental history, or interstate/overseas child protection history, indicates that the primary parent was abused or neglect as a child.

**R5. Child characteristics**

Check all criteria that apply to **any** child in the household, and add the scores from every item checked to reach the total score for this item.

- a. Score 0 if no child in the household exhibits characteristics listed below.
- b. Score 1 if any child has a developmental or physical disability, including a formal diagnosis of any of the following: an intellectual disability, learning disability (as indicated in school records), other developmental problem, (i.e., a limitation in the development of the child when compared to the average range for their peer group, which results in substantial limitation of the child's functioning or intellect) or significant physical disability; OR

If any child is medically fragile, defined as having a long-term (six months or more) physical condition requiring medical intervention or diagnosed as failure to thrive.

**R6. New notification recorded since the last family risk evaluation or re-evaluation**

Score 2 if at least one notification for any type of harm or abuse (e.g., physical harm, emotional harm, neglect or sexual abuse) has been recorded since the initial risk evaluation or last re-evaluation.

Note: During the transition to the SDM model, count any new notifications that have been recorded since the development of the last case plan or support plan, if a family risk evaluation or family risk re-evaluation has not yet been completed.

**R7. Parent has not addressed alcohol or drug misuse problem since the initial family risk evaluation or last re-evaluation**

Indicate whether the primary and/or secondary parent currently misuses alcohol/drugs to the extent that it interferes with the parent's or the family's functioning and he/she is not addressing the problem. If both parents have been or are currently misusing alcohol or drugs, rate the more negative behaviour of the two parents. Not addressing the problem is evidenced by any of the following occurring in this review period:

- Alcohol or drug use that affects:
  - » Employment;
  - » Marital or family relationships; or
  - » Ability to provide protection, supervision and care for the child;
- Criminal involvement related to alcohol or drug abuse;
- An arrest for drink driving offences or refusing breathalyser testing;
- Self-report of a problem;
- Multiple positive urine samples;
- Health/medical problems resulting from alcohol or drug use; and/or
- The child was diagnosed with Foetal Alcohol Syndrome or Exposure (FAS or FAE) or the child had a positive toxicology screen at birth AND primary or secondary parent was the birthing parent.

The legal, appropriate use of prescription drugs should not be scored.

Score as follows:

- a. Score 0 if there is no history of alcohol or drug misuse.
- b. Score 0 if there is no current alcohol or drug misuse that requires intervention.
- c. Score 0 if there is alcohol or drug misuse and the problem is being addressed.
- d. Score 1 if there is alcohol or drug misuse and the problem is not being addressed.

**R8. Domestic violence present in the household**

Score this item based upon the presence of domestic violence in the household:

- a. Score 0 if there is no domestic violence.
- b. Score 2 if yes, domestic violence is present. Household has had, since the most recent assessment, physical assault or periods of intimidation/threats/harassment between parents or between a parent and another adult.

**R9. Primary parent provides physical care inconsistent with child needs**

Score 1 if the primary parent's physical care of the child (e.g. feeding, clothing, shelter, hygiene and medical attention) threatens the child's well-being or results in harm to the child. Examples include, but are not limited to:

- Failure to obtain medical attention for severe or chronic illness;
- Repeated failure to provide the child with clothing appropriate to the weather;
- Persistent infestations (e.g., cockroaches, mice);
- Unhygienic and/or dangerous living conditions;
- Poisonous substance or dangerous objects lying within reach of small child; and/or
- The child is not being bathed or changed on a regular basis resulting in dirt/faeces caked on skin and hair and a strong odour.

**R10. Progress with the case plan**

Score this item based on the parent's progress on the case plan. If there are two parents in the household, score each parent individually, but record the parent who demonstrates the least progress.

- a. Score 0 if not applicable, e.g., all identified services were unavailable during the last review period, or the parent has not been able to make progress on the case plan for reasons outside his/her control.
- b. Score 0 if the parent successfully achieved all case plan outcomes and completed all actions, or is actively pursuing all case plan outcomes and completing case plan actions; participation in required services has been routine and the level of engagement has been good; demonstrates behaviours consistent with case plan outcomes. If additional service needs have been identified, parents are willing to continue with ongoing services.
- c. Score 0 if either parent has not actively pursued the majority of case plan outcomes and has demonstrated a low level of participation in the case plan actions; may have made some progress toward the case plan outcome, but is not fully participating OR engaging in services provided by the department or other agency, and is not fully demonstrating behaviours consistent with case plan outcomes.

- d. Score 2 if either parent has participated in case plan actions but is not meeting any case plan outcomes OR has refused involvement in case plan actions, has failed to comply with the case plan or participate in the case planning process, or has not demonstrated behaviours consistent with case plan outcomes.

## **Appendix E**

### **Impact of Services on Case Outcomes**



Table E1					
Outcome Rates by Placement Status During 12-month Follow-up Period					
Service Decision Resulting from Sample Investigation	Sample Distribution		Case Outcomes During the 12-month Follow-up Period		
	N	%	Investigation	Harm Substantiation	Child Placement
No case opened	2,350	74.0%	24.6%	12.2%	3.1%
In-home case opened	491	15.5%	35.0%	25.7%	17.7%
At least one child placed	335	10.5%	34.6%	24.5%	11.3%
<b>Total Sample</b>	<b>3,176</b>	<b>100.0%</b>	<b>27.3%</b>	<b>15.6%</b>	<b>6.2%</b>

Note: The difference in rates between these groups was not significant; z-test ( $p < .05$ ).

## **Appendix F**

### **Proposed Family Risk Evaluation Item Definitions**

**QUEENSLAND DEPARTMENT OF CHILD SAFETY  
PROPOSED SDM<sup>®</sup> FAMILY RISK EVALUATION FOR ABUSE/NEGLECT  
DEFINITIONS**

**NEGLECT INDEX**

**N1. Current notification alleges neglect**

Score 1 if the current notification alleges any type of neglect.

This includes notified allegations as well as allegations made during the course of the I&A.

**N2. Prior notifications for abuse/neglect**

Count all prior notifications for abuse or neglect. To complete this item correctly, follow these guidelines:

- Count all prior notifications regardless of whether they were investigated and assessed, substantiated or unsubstantiated, or recorded with no outcome possible.
- Count all prior notifications in which any adult member of the current household has been alleged responsible for abuse or neglect of a child. Count these notifications regardless of whether the subject children in these notifications are subject children in the current notification.
- Do not count any prior notifications on the subject child if the person alleged to be responsible for the child protection concerns is not a member of the current household.
- Do not count any prior notifications in which an adult member of the household has been recorded as a subject child.
- Do not count child concern reports, intakes or protective advice notifications.
- If an initial unborn child notification is recorded and another notification is recorded after the birth of the baby, these two notifications will only be counted as **one** notification when completing the FRE or family risk re-evaluation. Two notifications are counted only when new child protection concerns are recorded in the notification after the child is born.
- Where applicable, child protection history from other state jurisdictions and New Zealand should be checked, and any relevant notifications alleging abuse or neglect counted.

**Scoring:**

- a. Score 0 if there were no notifications *prior* to the notification that led to the current I&A.
- b. Score 1 if there was only one notification prior to the notification that led to the current I&A.

- c. Score 2 if there were two or more notifications prior to the notification that led to the current I&A.

**N3. An ongoing intervention case has previously been opened with the household**

Score 1 if the department has provided ongoing intervention to the household prior to the current I&A.

- Include an ongoing intervention case that was open when current notification was received.
- Include intervention with parental agreement cases (IPA), intensive family support cases (IFS) and intervention with a child protection order.
- Do not include support service cases.
- Do not include investigations that did NOT result in a case opening.
- Where applicable, statutory child protection cases from other state jurisdictions and New Zealand should be checked, and any ongoing interventions provided to the household counted.

**N4. Prior out-of-home placement**

Score 1 if the department has previously placed any child from the household in out-of-home care prior to the current I&A. Include any previous investigations and assessments during which any child from the household was removed from and placed out of the family home.

**N5. Number of subject children living in the notified household**

Enter the total number of subject children who live in the notified household. Includes children identified as subject children during the course of the I&A. NOTE: Subject children must be under 18 years of age, and any child who has been removed from the household as a result of the current I&A is still counted as residing in the household.

Score 1 if there are four or more subject children in the household.

**N6. Age of youngest child in the home**

Enter the age, in years, of the youngest child living in the home. Enter zero for children under age one. If the youngest child has been removed from the household as a result of the current I&A, this child is still counted to be the youngest child residing in the household.

Score 1 if the current age of the youngest child presently in the notified household is under two years of age.

**N7. Primary parent provides physical care inconsistent with child needs**

Score 1 if the physical care (e.g., age-appropriate feeding, clothing, shelter, hygiene and medical care) provided to the child by the primary parent threatens the child's well-being or results in harm to the child. Examples include, but are not limited to:

- Failure to obtain medical care for severe or chronic illness;
- Repeated failure to provide the child with clothing appropriate to the weather;

- Persistent rat or cockroach infestations;
- Inadequate or inoperative sanitation;
- Poisonous substances or dangerous objects lying within reach of small child;
- The child is wearing filthy clothes for extended periods of time; or
- The child is not being bathed on a regular basis resulting in dirt caked on skin and hair and a strong odour.

**CULTURAL CONSIDERATION:** Cultural ritual (e.g., ceremony) may need to be understood and explained by a recognised agency and/or an indigenous representative to determine whether an item can be scored (e.g., odour from eating swamp turtle or funeral rituals and the implications this may have for hygiene). Also consider that in rural and remote areas, access to medical services may be limited. Therefore, the worker needs to consider whether the child's immediate medical needs are endangered as a result of inadequate parental action to access medical services or lack of access to medical services.

**N8. Primary parent has a history of abuse or neglect as a child**

Score 0 if the primary parent has no history of abuse or neglect as a child. Score 1 if:

- Credible statements by the primary parent or others indicate that the primary parent was abused/neglected as a child (includes neglect or physical, sexual or other abuse); OR
- The primary parent's departmental history, or interstate/overseas child protection history, indicates that the primary parent was abused or neglected as a child.

**N9. Primary parent has/had a mental health problem**

- Score 0 if primary parent has no current or past mental health problem.
- Score 1 if credible and/or verifiable statements by the primary parent or others indicate that the primary parent:
  - Has been diagnosed as having a significant mental health disorder as indicated by a Diagnostic and Statistical Manual (DSM), or has a condition determined by a mental health clinician (does not include drug or alcohol abuse);
  - Had repeated referrals for mental health/psychological assessments; or
  - Was recommended for treatment or hospitalisation by a recognised psychiatrist or mental health authority.

Indicate whether the mental health problem has been present DURING the past 12 months, AND/OR was present at any time prior to 12 months.

**CULTURAL CONSIDERATION:** When assessing Aboriginal or Torres Strait Islander families, it is important to be aware that mental health professionals who lack understanding of cultural considerations may mistakenly diagnose behaviours or symptoms as a mental health condition. If there is a concern or question about scoring this item, seek the opinion of a culturally appropriate authority.

**N10. Primary parent has/had a drug or alcohol problem**

- a. Score 0 if the primary parent has never had a drug or alcohol problem.
- b. Score 1 if the primary parent has misused alcohol or drugs in the past or is currently misusing alcohol or drugs; AND this misuse interferes, or has interfered, with his/her or the family's functioning. Such interference is evidenced by:
  - Alcohol or drug use that affects or affected:
    - » Employment;
    - » Marital or family relationships; or
    - » Ability to provide protection, supervision and care for the child;
  - Criminal activity related to drug and alcohol misuse;
  - An arrest in the past two years for driving under the influence or refusing breathalyser testing;
  - Self-report of a problem;
  - Treatment received currently or in the past for alcohol or drug addiction, or drug- or alcohol-related health problems;
  - Multiple positive urine samples;
  - Health/medical problems resulting from alcohol or drug use; and/or
  - The child was diagnosed with Foetal Alcohol Syndrome or Exposure (FAS or FAE) or the child had a positive toxicology screen at birth and primary parent was birthing parent.

The legal, appropriate use of prescription drugs should not be scored.

Indicate whether the alcohol or drug problem has been present DURING the past 12 months, AND/OR was present at any time prior to 12 months.

**N11. Primary parent has criminal history as adult or juvenile**

Score 1 if the primary parent has been charged or convicted of offences prior to the current notification as either an adult or a juvenile. This includes drink driving offences but excludes all other traffic offences.

**CULTURAL CONSIDERATION:** In some communities, individuals may experience arrests that do not result in formal charges. Some communities have local laws, and violations of these laws can lead to arrest. Local law violations are not considered criminal and should not be counted when scoring this item.

**N12. Characteristics of children in the household**

- a. Score 0 if no child in the household exhibits characteristics listed below.
- b. Score 1 if any of the following conditions apply to any child in the household:
  - A significant physical or developmental disability, including a formal diagnosis of an intellectual disability, a learning disability indicated in school records or another developmental problem (i.e.; a limitation in the development of the child when compared to the average range for their peer group, which results in substantial limitation of the child's functioning or intellect);
  - Medically fragile, defined as either a long-term (six months or more) physical condition requiring medical intervention or diagnosed as failure to thrive; and/or
  - A positive toxicology report for alcohol or drugs at birth.

**N13. Current housing**

- a. Score 0 if the family has physically safe housing.
- b. Score 1 if any of the following apply:
  - The family's current housing situation is physically unsafe and does not meet the health or safety needs of the child (e.g., exposed wiring, inoperable plumbing, cockroach/rat infestations, human/animal faeces on floors, rotting food).
  - The family is homeless or about to be evicted at the time the I&A began. Consider as 'homeless' people who are living in a shelter and those living on a short-term basis with relatives or friends.

**CULTURAL CONSIDERATION:** A home should be defined consistent with community standards. It is not necessary for a family to own or rent a property to be considered as having a home. Within Aboriginal and Torres Strait Islander communities, a family staying with other family or community members is not necessarily homeless. This should not be confused with tenuous or unstable living situations.

## ABUSE INDEX

### A1. Current investigation and assessment is substantiated AND the harm or risk of harm resulted from physical abuse

Score 1 if the current I&A was substantiated for physical harm.

### A2. Number of prior notifications alleging abuse

Count all prior notification for abuse. To complete this item correctly, follow these guidelines:

- Count all prior notifications regardless of whether they were investigated and assessed or not, substantiated or unsubstantiated, or recorded with no outcome possible;
- Count all prior notifications in which any adult member of the current household has been alleged responsible for the abuse of a child. Count these notifications regardless of whether the subject children in these notifications are subject children in the current notification;
- Do not count any prior notifications on the subject child if the person alleged to be responsible for the child protection concerns is not a member of the current household;
- Do not count any prior notifications in which an adult member of the household has been recorded as a subject child;
- Do not count child concern reports, intakes or protective advice notifications;
- If an initial unborn child notification is recorded and another notification is recorded after the birth of the baby, these two notifications will only be counted as **one** notification when completing the FRE or family risk re-evaluation. Two notifications are counted only when new child protection concerns are recorded in the notification after the child is born; and
- Where applicable, child protection history from other state jurisdictions and New Zealand should be checked, and any relevant notifications alleging abuse or neglect counted.

#### Scoring:

- a. Score -1 if there were no notifications alleging abuse *prior* to the notification that led to the current I&A. Abuse includes physical, emotional or sexual abuse.
- b. Score 0 if there was one notification alleging any type of abuse *prior* to the notification that led to the current I&A.
- c. Score 1 if there were two or more notifications alleging any type of abuse *prior* to the notification that led to the current I&A.

### A3. An ongoing intervention case has previously been opened with the household



Score 2 if the department has provided ongoing intervention to the household prior to the current I&A.

- Include an ongoing intervention case that was open when current notification was received;
- Include intervention with parental agreement cases (IPA), intensive family support cases (IFS) and intervention with a child protection order;
- Do not include support service cases;
- Do not include investigations that did NOT result in a case opening; and
- Where applicable, statutory child protection cases from other state jurisdictions and New Zealand should be checked, and any ongoing interventions provided to the household counted.

**A4. Prior injury to a child resulting from abuse/neglect**

Score 1 if there is credible evidence that any child has sustained an injury resulting from prior abuse and/or neglect by any adult who is currently a member of the household. Injury sustained as a result of abuse or neglect may range from bruises, cuts and welts to an injury that requires medical treatment or hospitalisation such as a bone fracture or burn.

The child who sustained this injury need not be a member of the current household.

**A5. Number of subject children living in the notified household**

Enter the total number of subject children who live in the notified household. Includes children identified as subject children during the course of the I&A. NOTE: Subject children must be under 18 years of age, and any child who has been removed from the household as a result of the current I&A is still counted as residing in the household.

Score 2 if there are four or more subject children in the household.

**A6. Primary parent justifies abuse/neglect of a child**

Score 1 if the primary parent justifies abuse or neglect that led to the harm or risk to the child. Justifying refers to parent's statement that his/her action or inaction, which resulted in harm to the child, was appropriate (e.g., claiming that this form of discipline was how he/she was raised, so it is alright).

**A7. Two or more incidents of domestic violence in the household in the past year**

Score 1 if, in the previous year, there have been two or more physical assaults or multiple periods of intimidation/threats/harassment between parents or between a parent and another adult in the home.

**A8. Primary parent characteristics**

- a. Score 0 if the primary parent does not exhibit characteristics listed below.
- b. Score 1 if any of the following apply:

- The primary parent deprives the child of affection or emotional support AND/OR is emotionally abusive toward the child. Examples of emotionally abusive behaviour include persistently berating/belittling/demeaning the child.
- The primary parent's disciplinary practices have caused, or are likely to cause, harm to the child because they were excessively harsh physically/emotionally and/or inappropriate to the child's age or development. Examples include, but are not limited to:
  - » Locking the child in cupboard;
  - » Holding the child's hand over fire;
  - » Hitting the child with implements; or
  - » Depriving a young child of physical and/or social activity for extended periods.
- The primary parent is domineering, indicated by controlling, abusive, overly-restrictive or unfair behaviour, or over-reactive rules.

**A9. Primary parent has a history of abuse or neglect as a child**

Score 1 if:

- Credible statements by the primary parent or others indicate that the primary parent was abused/neglected as a child (includes neglect or physical, sexual or other abuse); OR
- The primary parent's departmental history, or interstate/overseas child protection history, indicates that the primary parent was abused or neglected as a child.

**A10. Primary parent has/had a mental health problem**

- a. Score 0 if primary parent has no current or past mental health problem.
- b. Score 1 if credible and/or verifiable statements by the primary parent or others indicate that the primary parent:
  - Has been diagnosed as having a significant mental health disorder as indicated by a Diagnostic and Statistical Manual (DSM), or has a condition determined by a mental health clinician (does not include drug or alcohol abuse);
  - Had repeated referrals for mental health/psychological assessments; or
  - Was recommended for treatment or hospitalisation by a recognised psychiatrist or mental health authority.

Indicate whether the mental health problem has been present DURING the past 12 months, AND/OR was present at any time prior to 12 months.

**CULTURAL CONSIDERATION:** When assessing Aboriginal or Torres Strait Islander families, it is important to be aware that mental health professionals who lack understanding of cultural considerations may mistakenly diagnose behaviours or symptoms as a mental health condition. If there is a concern or question about scoring this item, seek the opinion of a culturally appropriate authority.

**A11. One or more parents have/had alcohol and/or drug problem**

- a. Score 0 if no parent has ever had a drug or alcohol problem.
- b. Score 1 if any parent has misused alcohol or drugs in the past or is currently misusing alcohol or drugs; AND this misuse interferes, or has interfered, with his/her or the family's functioning. Such interference is evidenced by:
  - Substance use that affects or affected:
    - » Employment;
    - » Marital or family relationships; and/or
    - » Ability to provide protection, supervision, and care for the child.
  - Criminal involvement related to alcohol or drug misuse;
  - An arrest in the past two years for driving under the influence or refusing breathalyser testing;
  - Self-report of a problem;
  - Received or is receiving treatment for alcohol or drug addiction, or drug- or alcohol-related health problems;
  - Multiple positive urine samples;
  - Health/medical problems resulting from substance use; and/or
  - The child was diagnosed with Foetal Alcohol Syndrome or Exposure (FAS or FAE) or the child had a positive toxicology screen at birth.

The legal, appropriate use of prescription drugs should not be scored.

Indicate whether the primary AND/OR secondary parent's alcohol or drug misuse is present at this time or DURING the past 12 months.

Indicate whether the primary AND/OR secondary parent's alcohol or drug misuse was present at some time prior to 12 months. BOTH timeframes may be marked if applicable.

**A12. Primary parent has a criminal history as adult or juvenile**

Score 1 if the primary parent has been charged or convicted of offences prior to the current notification as either an adult or a juvenile. This includes drink driving offences but excludes all other traffic offences.

**CULTURAL CONSIDERATION:** In some communities individuals may experience arrests that do not result in formal charges. Some communities have local laws, and violations of these laws can lead to arrest. Local law violations are not considered criminal and should not be counted when scoring this item.