



Child Protection Reform in South Australia

Initial Evaluation

TIM HEATHERINGTON

The Department of Human Services in South Australia recently implemented a major reform of its child protection service, which was described in detail in the *National Child Protection Clearing House Newsletter*, vol. 6, no. 1, Autumn 1998, pp. 5–9.

The main goals of the reform were:

- to target investigative resources on children in immediate danger and at significant risk, and to provide less intrusive and non-investigative responses to low risk reports;
- to provide greater consistency in response and decision-making and improved outcomes for children and families;
- to introduce brief, user-friendly assessment tools that assist workers in their casework and, at the same time, provide reliable information to management on the risks to children and the needs of families across the state;
- to target departmental intervention in families where abuse has been confirmed to those cases where children are at high risk of reabuse;
- to provide case management that focuses on family needs and strengths and clearly identifies the progress made by families in addressing their needs and reducing the risks of reabuse.

Although the reform implementation was completed as recently as February 1998, it is now possible to report on certain key aspects of the Department's performance in relation to the first two goals and to make comparisons with the situation before the reform.

Elements of the Reform

The reform had five main elements. These are described below.

Central intake system

A central telephone intake team (CIT) of skilled and experienced social

workers was established in April 1997 so that all child abuse and neglect reports from across the state are received on a single 24-hour child abuse report telephone line. A central Aboriginal consultation and response team – Yaitya Tiramangkotti – was established at the same time.

Differential response

Between April and November 1997, the Department introduced a three-tier response system to child protection notifications, differentiating between children in immediate danger (tier 1), children at risk (tier 2), and children primarily in need where the risk of future abuse is low (tier 3).

The emphasis with tier 3 is on problem-solving rather than investigating a reported incident. The traditional response of home visit and investigation is not adopted in these cases. Instead, the subject families are invited to meet with departmental staff so that the notification can be discussed, perceptions and views of the reported concerns shared and community and/or professional support sought where necessary.

Closer inter-agency cooperation

In November 1997, formal inter-agency strategy discussions with police investigators and the Health Department's child protection service were introduced for tier 1 cases. Participants in the strategy discussions exchange information and views about the report, clarify roles, and plan and coordinate the most effective investigation. Strategy discussions are also held on tier 2 investigations where departmental staff propose to interview children prior to visiting their caregivers/parents.

Safety assessment

From November 1997, the formal use of assessment instruments in child protection has been included in standard procedures. Safety assessments

are completed on all tier 1 and 2 notifications.

In South Australia, safety assessment is conducted in two stages: at intake and after the initial investigative visits. The identification of a safety factor at intake is essentially a trigger for an immediate response. If the full assessment confirms that the child is indeed in danger, the worker must then take steps to ensure the child's safety.

Structured decision-making

The structured decision-making system was introduced in all district centres between November 1997 and February 1998. Under this system, a full risk and needs assessment is completed on all confirmed cases and services are then targeted towards families where there is a very high or high risk of renotification and reabuse. When priority family needs have been identified, workers are required to specify the interventions and services necessary to address them as well as the availability of those services. Reassessments of risk and family needs and strengths are conducted every three months and prior to closure so that the family's progress and risk level can be monitored.

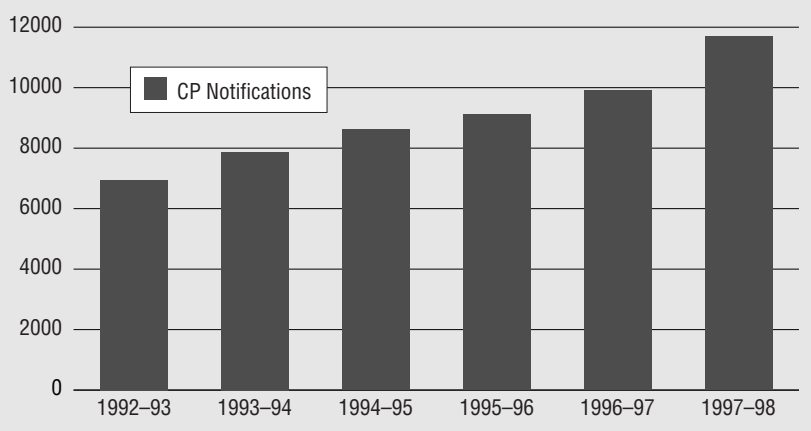
The system generates information on the risk and needs profiles of those families where abuse or neglect has been confirmed, thus enabling management to identify resource and service requirements both within the Department and in government and funded sectors.

Initial Evaluation of the Reform

The initial evaluation of the above reform measures is based on the following:

- client information system (CIS) annual data on notifications and outcomes since 1992–93 (see figure 1);

Figure 1 CP Notification for 12-month periods May to April 1992-93 to 1997-98



- data on 'screening out' from CIS for the twelve-month period before reform (May 1996 to April 1997) and the twelve-month period after reform (May 1997 to April 1998);
- a survey of all child protection notifications in South Australia in a two-week period in February 1998. This was compared with a baseline survey of all child protection notifications in a comparable two-week period in February 1996;
- an inter-rater reliability and validity study of a sample of fifty child protection intakes recorded between July and December 1997;
- preliminary analysis of 184 confirmed abuse cases where family strengths and needs assessments have been completed (February to May 1998).

Trends in Notification

The average rate of increase in notifications during the three years prior to the introduction of the central intake team was 8 per cent. The rate of increase in the first year after CIT (May 1997 to April 1998) was 18 per cent; that is, more than double the previous average rate.

Notifications on Aboriginal children have risen at about the same rate as in the previous year. There has been a slight decrease in the number of notifications on children from families with a non-English-speaking background, as in the previous year. Because of the small numbers it is not possible to deduce clear trends in relation to these categories of notification at this stage.

Notifications from mandated notifiers have increased to a greater extent than those from other notifiers; in particular, notifications from education and health professionals have increased by 30 per cent.

During consultations and implementation of the central intake system, some concerns were expressed that notifiers from country and remote areas might be reluctant to phone a central telephone line in Adelaide and might prefer to use their local networks. In reality, the opposite seems to have occurred. The increase in notifications from the metropolitan area has risen from an average of 9 per cent in the three years before CIT was introduced to 13 per cent in the year after. However, the increase in country areas has been more than fourfold, from an average of 5 per cent in the three previous years to 22 per cent in the year since the introduction of CIT. Indeed, in the most remote districts (more than 750 kilometres from Adelaide) the increase in notifications in the year post-CIT has been 30 per cent. Possible explanations for this significant increase in reporting from country districts include the introduction of a free call system, and the greater anonymity provided to notifiers by a central abuse report line.

Screening

Screening in child protection involves two separate decisions which may be taken concurrently or sequentially.

The first task for intake workers in South Australia who have received and recorded a child protection intake is to decide whether the reported concerns are appropriate and sufficiently serious to warrant a departmental response. If not, the notification is recorded (as 'notifier concern') but no further action is taken by the Department.

Criteria for such decisions typically include the following:

- whether the report, if true, would constitute abuse or neglect as defined by the law and/or by departmental policy;

- whether the victim is clearly identified and able to be located;
- whether the report specifies an incident, a series of incidents or an ongoing condition;
- whether the alleged victim is under eighteen years.

Having ruled out inappropriate and insufficiently serious reports, the intake worker must make their next decision based on whether the child protection issues have already been dealt with by the family or some other party. A notification where the alleged perpetrator has been effectively removed from the family home and where the child is now adequately protected requires no statutory protective action and can therefore be ruled out even though the reported incident of abuse may be appropriate and serious.

One of the major concerns in South Australia prior to the reform was the significant variation between district centres in the proportion of cases they screened in and out. In the twelve-month period prior to reform, the average screening-out rate was 30 per cent. However, five of the nineteen district centres in South Australia screened out less than 20 per cent of notifications whereas three screened out more than 40 per cent.

Significantly, there appeared to be an association between work pressure in district centres and their screening-out practices, with the busier district centres tending to screen out the highest proportion of cases and those with the least work pressure screening out the least.

In the twelve-month period following the introduction of the central intake system there have been four changes to the screening situation:

- The overall screening-out rate has increased slightly from 30 per cent to 32 per cent.
- The range of screening-out rates has been significantly reduced. The screened-out rate for eighteen of the nineteen districts has been within plus and minus 10 per cent of the state average since reform, whereas this was the case in just eleven districts prior to reform.
- The screening-out rate no longer correlates with workload pressure. Indeed, the two district centres identified at either end of the workload spectrum have, since reform, had screening out rates of 27 per cent and 29 per cent.
- Screening-out rates since reform have been lowest in those districts with the highest proportion of notified Aboriginal children.

In the year before CIT, only ten out of the nineteen district centres screened out 25 to 35 per cent of notifications; in the year after CIT, 25 to 35 per cent of notifications were screened out in sixteen of the nineteen districts.

The picture is even clearer when those districts with high Aboriginal populations are excluded. In the year after CIT, four of the five districts where Aboriginal notifications accounted for more than a fifth of the total had screening-out rates of 20 per cent to 25 per cent. Thus the range of screening out in other districts was even narrower than that shown in the chart.

Excluding the districts with high Aboriginal notifications, the change in screening practice pre- and post-reform is as follows:

	Pre-reform May 96– April 97 %	Post-reform May 97– April 98 %
Highest screened-out rate	47	40
Lowest screened-out rate	15	29

Differential Response and Decision-Making at Intake

The issue of consistency of decision-making has also been examined in terms of the tier classifications made by central intake team members.

Central intake workers are required to complete initial safety assessments and to assign tier classifications to each notification screened in for action. In a study conducted in May 1998, fifty vignettes of child protection intakes were created to serve as a basis for assessing the reliability of their tier classifications. The vignettes were based on a random sample of fifty actual notifications made in the second half of 1997 with added summaries of any prior relevant information recorded on CIS. Identifying materials (for example, the name of the intake worker) and the actual tier rating were removed.

Three groups of five central intake workers and a group of senior staff at CIT were then individually asked to read and assess the fifty vignettes. Workers were instructed to assign tiers to the cases they considered were clear cut and to indicate those cases on which they would consult with senior staff. Senior staff were simply instructed to rate all cases by tier. The final 'central intake tier ratings' were taken to be the workers' judgements on those cases they considered clear cut, combined with their senior's judgements in the unclear cases.

The consistency of tier decision-making was determined by the proportion of cases where four out of five (80 per cent of) 'central intake tier ratings' were the same. Results were compared with tier classifications made on the same fifty cases by five district centre senior staff; that is, staff who were among those responsible for prioritising child protection intakes before the introduction of central intake.

Whereas four out five district centre senior staff agreed on the tier rating in only 42 per cent of cases, this level of agreement at central intake was significantly higher, ranging from 60 per cent to 68 per cent of cases among the groups of workers.

Departmental Responses to Notifications

In the eight months from November 1997 to June 1998, 8 per cent of screened-in notifications were classified as tier 1, 63 per cent as tier 2, 23 per cent as tier 3 and 6 per cent as extra-familial abuse. Initial evaluation shows that the main impact of the central intake and differential response system has been improved response and investigation rates for the more serious notifications.

In order to provide a baseline measure prior to the child protection reform, a detailed analysis was conducted in 1996 of all child protection notifications received by the department in a two-week period in February of that year. Notifications were given tier classifications by the researchers using an initial risk assessment framework similar to that which has subsequently been followed by the central intake team. Departmental responses and investigation outcomes to the February 1996 intakes were examined in May 1996.

A similar analysis was then conducted on all notifications received in a

comparable two-week period in February 1998, after full implementation of the reform, and once again outcomes were studied in May. This has enabled a direct comparison between responses, investigation and confirmed abuse rates under the previous system and since reform. (See figure 2.)

The main difference between the two is that whereas in 1996 only 60 per cent of cases rated tier 1 and 53 per cent of cases rated tier 2 were actually investigated, 80 per cent of tier 1s and 75 per cent of tier 2s were investigated in 1998. (An 'investigation' in these surveys was defined as a case where allegations were investigated by direct face-to-face contact with the subject family and where the outcome of the investigation was recorded on CIS.) This strongly suggests that the introduction of the central intake and differential response systems has significantly improved the targeting of scarce investigative resources towards the most dangerous cases. This is borne out by the fact that for tier 1 cases involving children under five years of age, the investigation rate in February 1998 was 95 per cent.

A summary of the findings of this comparative study are shown in figure 2.

(The low investigation rate for tier 3 cases in February 1998 reflects the transition to a non-investigative response to those notifications. In the February 1998 analysis, families attended meetings with departmental workers in 50 per cent of tier 3 cases.)

CIS data for the period November 1997 to June 1998 shows that the investigation rates indicated in the February 1998 survey have been sustained. Over the entire eight-month period, some 89 per cent of tier 1 cases and 79 per cent of tier 2 cases have been investigated. ('Investigation' in this instance refers to

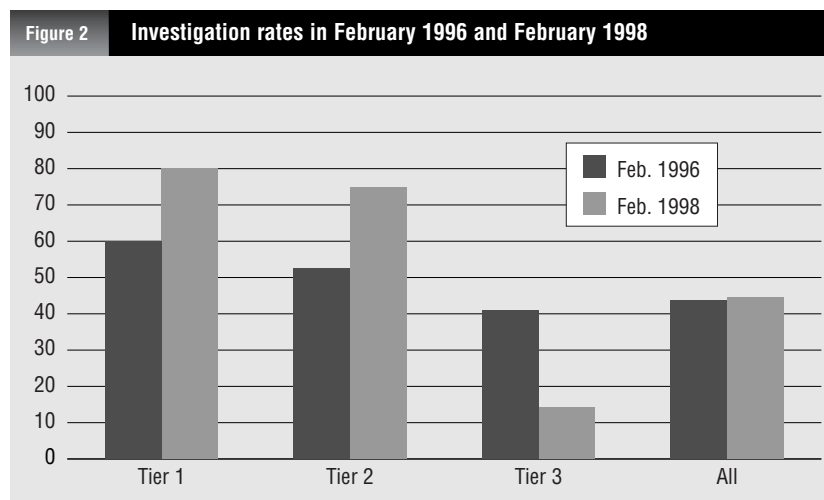
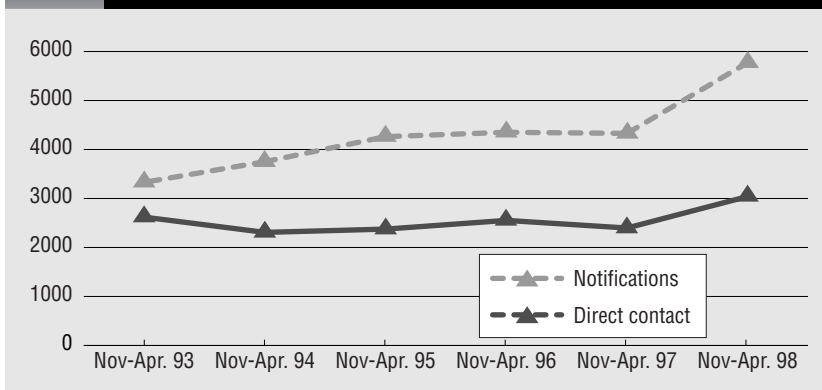


Figure 3 CP Notifications – total and direct contact



the Australian Institute of Health and Welfare definition – outcome recorded plus investigations not yet finalised.)

Confirmed abuse rates have also increased under the new child protection system. Confirmed abuse was recorded in 38 per cent of tier 1 cases in the February 1998 survey compared with 35 per cent in February 1996. For the eight-month period from November 1997, confirmed abuse has been recorded in 46 per cent of tier 1 cases and 29 per cent of tier 2 cases.

Direct Contact with Notified Families

Arguably the most telling measure of departmental responses is the proportion of notifications where direct contact is made with the notified families. Prior to reform, this included all full investigations plus ‘partial investigations’ where there was a referral for services. Post-reform this includes all full investigations plus tier 3 cases where families actually attended the meetings to which they were invited.

Figure 3 shows the trends over the past five years in South Australia, both in total child protection notifications

and in the number of notifications where direct contact was made. It can be seen that prior to the reform there was a general decline in direct contact cases and that the decline was accentuated when the rate of increase in total notifications rose. The net result of these trends was a steadily increasing gap between total notifications and those where direct contact was made. In the first year since reform, these trends have been reversed, with the 18 per cent rise in notifications being more than matched by a 24 per cent increase in the number of families contacted directly.

(Figure 3 is based on comparative data for the six-month periods November to April in each year because the operation of differential response systems at district centre level was implemented at the end of October 1998.)

Intervention on Confirmed Abuse Cases

The structured decision-making system (SDM) for dealing with families where abuse/neglect has been confirmed was implemented in February 1998 and it will not be possible to fully evaluate outcomes until

the rates of renotification and reabuse over eighteen-month periods both before and after that time can be compared.

However, the ability of SDM to generate critical management information by aggregating case data on the risks to children and family strengths and needs is already becoming apparent. Over the next year, detailed profiles of family characteristics for abusing/neglecting families and the services required to address family needs will become available district by district, and according to risk level.

A needs analysis of the first 184 families (all risk levels) dealt with under SDM shows the following breakdown of priority-identified family needs. It shows, for example, that mental health issues were considered a priority need in 128 (or 67 per cent) of the families where abuse had been confirmed. (See figure 4.)

Of course, the true value of this aggregate data becomes apparent when such profiles can be produced for particular districts and subcategories of abusing/neglecting families.

Conclusion

Although these preliminary findings are based on data for periods of between six and twelve months only, there does appear to be sufficient indication that the recent child protection reform in South Australia has improved responses to children in danger and at serious risk by offering both a more consistent and a more targeted approach. Further evaluation will be conducted on the structured decision-making system next year.

Tim Heatherington, at the time of writing, was Manager, Child Protection Reform, Family and Community Services, Adelaide, South Australia. This article is abridged from a paper supplied by the author.

Figure 4 Family needs profile based on first 184 family strengths/needs assessments, February–June 1998

