Child Protection Practitioners and Decision-Making Tools: Observations and Reflections from the Front Line

Philip Gillingham* and Cathy Humphreys

Dr Philip Gillingham is a Lecturer in Social Work in the School of Health and Social Development at Deakin University in Victoria, Australia. Professor Cathy Humphreys is the Alfred Felton Chair of Child and Family Welfare at the University of Melbourne.

*Correspondence to Dr Philip Gillingham, Lecturer in Social Work, School of Health and Social Development, Deakin University, Waterfront Campus, Gheringhap Street, Geelong, Vic. 3220, Australia. E-mail: philipg@deakin.edu.au

Abstract

Decision-making tools, particularly risk-assessment tools, have been implemented by governments around the world, perhaps most notably in the field of child protection, though little attention has been paid to how practitioners use them. This article presents the findings from ethnographic research that explored how child protection practitioners in the Department of Child Safety, Queensland, Australia, used four Structured Decision Making tools developed by the Children’s Research Centre in Wisconsin in their daily practice in the intake and investigation stages of a case. The findings that the tools were not being used as intended by their designers and, in fact, tended to undermine the development of expertise by child protection workers has profound implications for the future development of technological approaches to child protection and, more broadly, human services practice.

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Introduction

Concern about the decision-making abilities of practitioners in child protection has emerged as a strong and recurrent theme in child death and serious case reviews over the last thirty years (Reder and Duncan, 2004). Research about decision making has highlighted the fallibility and limitations of
decision makers (Dingwall et al., 1983; Munro, 1999; Gambrill and Shlonsky, 2000; Proctor, 2002; Munro, 2008). One response to concerns about both the process and outcomes of decision making has been the development of tools designed to address ‘inconsistency across decision makers and the weak ability of human services professionals to predict important outcomes of interest’ (Schwalbe, 2004, p. 563). Since the 1980s, tools have been developed based on different forms of risk assessment (Rycus and Hughes, 2003; Schwalbe, 2004; Gillingham, 2006), particularly in the USA (Corby, 2006), where the Children’s Research Center (CRC) in Wisconsin has developed a suite of Structured Decision Making tools (SDM) to be used by child protection practitioners. Until recently, little attention has been paid to how practitioners actually use tools in their daily practice and the research presented in this article was designed to begin to address this gap in knowledge. The main aim of this research was to generate detailed information, a ‘thick description’ (Garfinkel, 1967), about how practitioners in the Department of Child Safety, Queensland, Australia, used four SDM tools in the intake and investigation stages of a case.

First, the findings of this research are considered in relation to the three main claims made for the SDM tools, namely that they assist decision making, promote consistency in decision making and help to target the children most in need of a service. Second, insights gained from practitioners as research participants are presented to explore reasons why the tools were used in certain ways and, third, the broader impact of the tools on practice are described. More generally, the implications of this and other emerging research in the area for the future development of decision-making tools and the implementation of technology are discussed.

Most of the research about the use of assessment tools has focused on the outcomes rather than the process of using them (Gillingham, 2009). There are suggestions from research that the use of tools is not straightforward and that practitioners may not use them as intended by their designers. Lyle and Graham (2000), in their research about the Illinois CANTS-17B risk-assessment tool, found that staff deliberately inflated initial scores of cases in order to increase the eligibility of families for services. Other studies have found that practitioners only use risk-assessment tools after they have reached a decision about a case (Cicchinelli and Keller, 1990; Fluke, 1993; English and Pecora, 1994). There is also anecdotal evidence, particularly from the USA, that using the SDM tools is not straightforward (ACNJ, 2004; McCaskill, 2004).

More recently, ethnographic research has been conducted in the UK on both the process and outcomes of practitioners’ use of ICT systems and assessment frameworks embedded in ICT systems. This emerging research has provided insights that suggest that the implementation of tools does not necessarily improve practice in child welfare and may have unintended consequences. Broadhurst et al. (2009), from their research about the Initial
Assessment System (IAS), an ICT system being used in some UK jurisdictions, conclude that although its implementation aimed to improve safety for children and improve the decision making of social workers, it may have had the opposite effect. Studies by Peckover et al. (2008) and Pithouse et al. (2009) highlight differences between the intended aims of implementing two different electronic information systems and how they were perceived and used by practitioners. In their study of how practitioners used the Common Assessment Framework (CAF) in the UK, White et al. (2008) highlight the interpretive demands of the forms in the CAF, which require that information that practitioners have about clients be re-ordered as ‘the CAF disrupts the temporal and narrative display of information’ (White et al., 2008, p. 10).

There has been no independent research published about the efficacy of the SDM tools (Stewart and Thompson, 2004). The research that has been published has been part of a process of evaluation and adjustment by the Children’s Research Center (CRC), the organisation that developed and promotes the SDM tools (Baird et al., 1995; Johnson, 2004) and has focused on the outcomes of using the tools at an organisational level. Research by the CRC has also concluded that the tools have high levels of validity (their accuracy in classifying children as being at risk of harm) and reliability (the extent to which different users of a tool make the same assessment in the same situation, compared to other tools) (Baird et al., 1999).

The research described in this article is the first to be conducted that is independent of the CRC or any government agency that has implemented the SDM tools. It is also the first to focus on how the tools are actually used by practitioners in everyday practice situations. In the next section, background information about the SDM tools is provided and the context for their implementation in Queensland explored.

### Structured Decision Making and the Department of Child Safety, Queensland, Australia

SDM was developed by the Children’s Research Center (CRC) in Wisconsin, USA, and has been implemented in whole or in part in twenty states in the USA and two states in Australia (South Australia and Queensland). The Department of Community Services in New South Wales is currently considering a trial of two of the SDM tools in its case intake system (DoCS, 2009). SDM contains ten tools designed to assist the decision making of professionals at all points in a child protection case, from which cases to accept for investigation to permanency for children in the care of the state.
In recognition of the rising demand for child protection services and an apparent crisis of public confidence in these services, the CRC (2008) points to the need for ‘more efficient, consistent and valid decision making in children’s protective services’ (CRC, 2008, p. 1). In particular, ‘[a]gencies overwhelmed by heavy workloads need to be able to consistently and accurately determine which cases should be investigated, which children need to be removed, and which families require the most intensive services’ (CRC, 1999, p. 1, emphasis in original). SDM therefore seeks to address how decisions are made in terms of prioritising need and directing resources to families by the use of assessment tools (based on actuarial and consensus-based forms of risk assessment) to measure and codify levels of risk. The main aims of SDM tools are: to assist decision making; promote consistency in decision making; and target the children most in need.

Child protection services in Queensland were significantly reorganised in 2004 following the recommendations of an enquiry that was conducted by the Crime and Misconduct Commission (CMC) in 2003. Originally, the enquiry was initiated in response to allegations of the sexual abuse of children in state foster-care, but it expanded to encompass the entire child protection system. The final report (CMC, 2004) was very critical of the child protection system, and concluded that it had ‘failed Queensland children in many important respects’ as a result of ‘longstanding problems of great substance’ (CMC, 2004, p. xi). Its general recommendation was that ‘fundamental structural and organisational reform’ (CMC, 2004, p. xii) was required, specifically that a new ‘Department of Child Safety’ be created with the sole function of protecting children. The CMC was also concerned that the previous Department had failed to ‘equip officers at virtually every level with the information or skills and resources to make the right decisions in the best interests of Queensland’s at risk children’ (CMC, 2004, p. 7). A lack of practice procedures was implicated in the high rates of staff attrition as ‘the appeal of doing frontline work . . . was often lost in an environment of . . . a lack of professional tools to guide decision making’ (CMC, 2004, p. 21). Hence, in the Department’s response to the CMC (Forster, 2004), a priority became to ‘identify and establish a suite of professional practices and decision tools to help regulate, standardise and record the frontline decisions taken by Child Safety Officers’ (Forster, 2004, p. 25).

The new Department of Child Safety commissioned a review of risk-assessment tools (Stewart and Thompson, 2004) before it was decided that eight of the ten SDM tools would be implemented across the Department during 2006–07. The implementation of the SDM tools was, however, only one of the major changes made in the child protection system in Queensland. The CMC made 110 recommendations for change, including forty-six suggestions for change in the provision out-of-home care services, the creation of new roles, a significant expansion of the workforce and new arrangements for inter-agency collaboration. The pace of organisational
change was as fast as its scope was wide: by 22 March 2007, all 110 recommendations of the CMC had been implemented (DCS, 2007).

This research explored how practitioners in the intake and investigation stages of a child protection case used four of the SDM tools: the Screening tool, the Response Priority tool, the Safety Assessment tool and the Family Risk Evaluation tool (FRET). According to the Department of Child Safety Practice Manual and the CRC (1999), the intended uses of the four tools are as follows. The Screening tool is designed to assist in the decision about which cases should be accepted for investigation and the Response Priority tool to determine the timeline for investigation (twenty-four hours, five or ten days). The Safety Assessment tool is used during an investigation to determine whether a child is ‘safe’, ‘conditionally safe’ (and in need of a ‘safety plan’) or ‘unsafe’ (and requires removal from parents/care-givers). The Family Risk Evaluation tool (referred to as the FRET by research participants) is an actuarial risk-assessment tool that is used at the end of an investigation to determine the level of risk to a child (from low to very high) and inform the decision about whether further involvement of the Department is required.

The use of the tools by practitioners in Queensland is mandatory and they are embedded in the electronic case recording system in a way that requires the tools (as electronic forms) to be filled in before a case can be moved to another team or closed. However, the Department of Child Safety Practice Manual makes it clear that the tools should be used to complement rather than replace professional judgement in the decision-making process.

Methodology and methods

The methodology for this research drew from ethnomethodology (Garfinkel, 1967), the focus of which is on the ‘sequential production of what it is that practitioners of esoteric competencies distinctively and in detail do’ (Katz, 2001, p. 333). Ethnomethodological studies of work have shown how practitioners do not necessarily use the formal rules or abstractions that it might be assumed they would in complex situations (Smith, 1991). While the formal procedures may be one influence on practice, they may be inadequate for capturing and describing what practitioners actually do (Maynard and Clayman, 1991). There may be an unofficial version of practice, which is quite different from the official version, as represented in formal procedures and practice guides (Buckley, 2003). Garfinkel (1967) proposes that practitioners, individually and through interaction with colleagues, develop their own unofficial rules and procedures to assist them in their work. These unofficial rules, or unstated conditions (Garfinkel, 1967), assist practitioners to make sense of their practice and bridge the divide between the abstract and general, as
represented by the formal rules, and the concrete and situational, that is, the lives of their clients (ten Have, 2002). The aim of this research was to explore the *unstated conditions* that practitioners had developed in relation to their use of the SDM tools:

The methods for data collection resembled a particular strategy in ethnomethodological studies identified as ‘the one that most resembles traditional ethnographic fieldwork…. [which] consists of closely observing situated activities in their natural settings and discussing them with the seasoned practitioners, in order to study the competences involved in the routine performance of these activities’ (ten Have, 2002, p. 7).

The researcher spent two weeks each at six different Child Safety Service Centres in Queensland, observing practice, interviewing practitioners, team leaders, senior practitioners and managers (forty-six in total) and auditing case files (fifty-one in total). The aim of the fieldwork was to collect data about how participants used the SDM tools in their practice and about the local and organisational contexts for practice. Data from the interviews and observations of practice were recorded as handwritten notes by the researcher and then typed into an electronic Field Diary on the same day. Recording the data in the Field Diary in this way allowed time for reflection and for ‘theoretical sampling’ (Strauss and Corbin, 1990) of emergent themes that were then explored further. Pursuing emergent themes proved to be a useful way to check the researcher’s interpretation of the data and to develop a more detailed and nuanced understanding of the participants’ observations and experiences. This process was further facilitated between field trips by the loading of the Field Diary into NVivo 7 to conduct a thematic analysis (Everitt et al., 1992).

The research was conducted as part of a Ph.D. at the University of Melbourne and during the fieldwork, weekly contact with the supervisor was maintained to discuss the process and outcomes of the research. Ethical and practical challenges about the collection and interpretation of the data, such as ‘reactivity’ (Bryman, 1988) and achieving ‘ethnomethodological indifference’, a focus on process rather than outcome (de Montigny, 2007), were an important part of this ‘peer’ debriefing process (Padgett, 1998). It was decided that it would not be appropriate to attempt validation of the interpretation of the data by peer review, as the process was so heavily grounded in the ethnographic experience of conducting the fieldwork. Regular discussion with the supervisor instead facilitated the adoption of a reflexive stance by the researcher, which made explicit his own tacit assumptions and biases (Rodwell, 1998; Shepherd, 1998).

In addition to observing practice and interviewing Child Safety Officers, a third source of data was the case files in which practitioners recorded their practice. The limitation of the case files as being representative of what practitioners actually did in their practice with children and families was
acknowledged (Atkinson and Coffey, 2004), as was their tendency to present what practitioners considered to be practice-aligned with organisational norms and requirements (Prior, 2004; Hall et al., 2006; de Montigny, 2007). The difference between what practitioners might do and say privately and what they represent publicly emerged as an important observation about the context for practice. As stated above, participants were mandated to use the tools and so, publicly, in office discussion, criticism of them was discouraged. It was in private discussions and interviews with the researcher, in which anonymity and confidentiality were assured, that critical thoughts and accounts about how the tools were actually used were expressed.

Ethical clearance to conduct the research was provided by the University of Melbourne Human Research Ethics Committee.

Research findings in relation to the aims of SDM

During interviews, participants were asked how they used and regarded the SDM tools and they made statements about the tools generally and about specific tools. More specific questions were also asked as the research proceeded, in order to explore themes that emerged from previous interviews and the observations of practitioners using the tools. The interviews also allowed space to ask questions about what had been observed during, for example, visits to families, team and office meetings and attendance, when it would not have been appropriate for the researcher to interject. The following themes emerged from the data that relate to the main aims of the SDM tools, namely to assist decision making, promote consistency in decision making and target the children most in need. Quotes are presented that represent a dominant response by participants to a particular theme in the data. The statements made by participants are sometimes presented in the third person, as they were recorded by the researcher in the Field Diary.

To assist decision making

The main decisions that were being made by participants in this research were about which referrals to accept for investigation, the urgency of an investigation, whether a child was safe in the short term with their parent/care-giver and which cases should be opened after investigation for further involvement. Early in the fieldwork, it became clear that decisions were being made some time before the SDM tools were completed in the electronic case recording system:

Already made their decisions before they use the tools (Interview 7).

Tend to have made up their minds before they use the tools (Interview 41).
There was no evidence to suggest that this ‘after the event’ engagement with the tools affected the decision that had already been made:

Most of the time they have to think on the run, so make decisions without using the tools. Fine point about whether their thinking is affected by the tools anyway—but in serious cases then common sense takes over anyway (Interview 13).

Indeed, participants reported how they manipulated the tools to achieve an outcome that agreed with the decision they had already made:

Have to manipulate SDM tools to get what you want and get it to say what you want it to say (Interview 36).

SDM can be manipulated to give you whatever outcome you want, especially the Safety tool. Just a matter of ticking or not ticking a particular box (Interview 32).

The theme of manipulating the tools emerged from one of the first observational experiences in the research. A practitioner was discussing with colleagues how to get the result she wanted from the FRET and one of them explained how and then showed her (and the researcher) what to do.

To promote consistency

Consistency in decision making and service delivery between practitioners, teams and Child Safety Service Centres was, generally, not considered to be important by the participants in this research and it became clear that the SDM tools had not improved consistency in terms of the process or outcomes of decision making:

Huge differences between how different offices use the tools (Interview 32).

Huge differences between service centres—some things go from one extreme to another—a PI [notification requiring a response within 24 hours] from another centre might only be a CCR [Child Concern Report not requiring a response] if she accepts it in this office (Interview 34).

One participant suggested the following reason for this lack of consistency:

... because of people’s different experiences and knowledge because this impacts on how they interpret the definitions within SDM—particularly words like ‘cruel’ and ‘usual’ (Interview 34).

Contextual factors also emerged strongly as a theme to explain inconsistency between Child Safety Service Centres (CSSC):

... added that they were not busy that week—on a busy week that might have been a CCR (Child Concern Report, not requiring action) (Comment by participant, excerpt from Field Diary).

Used to work in [another Child Safety Service Centre] where it was much busier and there she used the tools differently—there was no point in
screening in things up there that she would here because they would just never get to them anyway (Interview 21).

To target the children most in need

The findings that the SDM tools were not used to assist decision making and did not promote consistency presented in the previous two subsections suggest that neither were they used to target the children most in need. In particular, statements made by participants about use of the FRET, which is used to determine which cases should be opened for further intervention, support this conclusion.

The FRET was not used at the time decisions about cases were made and had little part in the process of decision making:

FRET done as an afterthought and has little influence on what they do with a case subsequently (Interview 42).

FRET as another piece of paperwork (Interview 12).

The time differences between decisions and actions being taken and subsequently recorded using the SDM tools emerged in the audit of the case files. This was confirmed by observations of practitioners conducting investigative interviews with families and then returning to the office. Case files (and the SDM tools) were frequently not updated or completed for days, perhaps even weeks, until or unless there was some imperative to do so, for example, the need to close or transfer a case or the possibility of scrutiny of a case file by senior management.

Despite the guidance provided by the Department’s Practice Manual, cases that had been assigned a ‘high-risk’ level were routinely closed, again because of limited resources:

FRET is fairly useless as always gives high or very high—they do not automatically open very high cases as they do not have the staff to do so (Interview 24).

In summary, the findings of this research were that the aims of the implementation of the SDM to assist decision making, promote consistency and target the children most in need of service provision had not been met. The focus of the research on how the tools were actually being used also provided useful insights about why these aims were not being met.

Explaining the findings: practitioner perspectives and unintended consequences

During interviews, participants were keen to explain why they did not use the tools as intended by their designers. Their reasons can be summarised under two main themes in the data, which relate to the design of
the tools and the limitations of using them to make decisions about children and families.

The overestimation of risk

The reasons why the FRET was not considered useful related to the risk levels it assigned are:

FRET nearly always gives a high or very high—office joke that one of the practitioner’s family would get high or very high on a bad day (Interview 32).

...and almost every case comes out as high—indeed most families would—ie more than three children, criminal history (Interview 43).

Participants explained the overly high levels of risk assigned by the FRET with reference to the risk factors it contains, particularly ‘historical’ factors:

Problem with FRET is that most families come out as high or very high and that does not change because many of the factors are historical. So, they end up closing lots of high risk cases after voluntary involvement. So, FRET not really helpful here as it does not give enough weight to the current situation and how much people might have achieved with the involvement of the Department (Interview 34).

Restricted practice, oversimplification and ‘lack of fit’

While new practitioners described the SDM tools as a learning tool, more experienced practitioners were concerned that they tended to limit their practice:

SDM does not account for poverty or the cumulative stress of poverty on families. The issue is never addressed or even talked about in the department (Interview 13).

Tells you what needs to be addressed, but not how (Interview 33).

In the same vein, there was also concern that the tools oversimplified situations and could not deal with complexity:

...can’t really use a set of rules and tick boxes to understand what is happening in people’s lives. SDM does not deal with the complexity of real lives and they are constantly facing situations which the tools cannot cater for (Interview 3).

SDM is too specific, too focussed, everything has to be considered as abuse or not when family life is far more complicated than that and it cannot be reduced (Interview 10).

Practitioners also found it difficult to reconcile the information they had about children and families with the categories of maltreatment in the tools:
Sometimes hard to fit children’s lives into the tools and definitions (Interview 28).

Has difficulties when the information she has about a child or family does not fit into one of the boxes (Interview 37).

In summary, the participants in this research reflected that the tools, the FRET in particular, tended to overestimate the risk of harm to children. The tools also tended to restrict practice, oversimplify children’s circumstances and could not deal with complexity. In the next section, the insights provided by participants about the broader impacts of the SDM tools are explored.

The impact of tools on child protection practice

Most of the participants in this research resembled, at least superficially, accidental users of technology (Hollnagel and Woods, 2005)—people whose preference would be to find a way of completing a task that avoids the use of technology, but who are not given a choice. The insights gained from the interviews with practitioners led to the conclusion that the participants were more than just accidental users. Their aversion to the SDM tools was based less on natural inclination and more on their experience that the tools were not useful to them in their work, and so they might be better described as discriminatory users. Some participants expressed the following concerns about the broader impacts the tools had on their practice and the development of expertise.

Shifting the focus

A strong theme in the data was that the tools were considered to be an administrative burden and deflected attention from the core task:

It then becomes ‘just another form we have to fill in’ (Interview 42).

Takes the focus away from the child at times, more concern about the boxes that need to be ticked (Interview 36).

Accountability

This shift in focus, from client-related to administrative tasks, was indicative of what some participants considered as the main purpose of the SDM tools:

SDM is being used as yet another accountability tool (Interview 20).

Problem is not SDM but more how it is used. More about the bureaucracy and has become an accountability device (Interview 6).
These statements were supported by the findings from the analysis of the case files that contained lengthy rationales for decisions about which cases to accept for investigation and subsequently for further involvement. Rationales were constructed using the lexicon, or language, of the SDM tools and sometimes amounted to commentary on how the tools had been applied by practitioners:

Family Risk Evaluation tool

The outcome reported with VERY HIGH based on mother’s previous involvement with the Department and father’s drug misuse issues (Case file 5, note, case was not opened for further intervention).

The use of the SDM tools to account for decision making might suggest that they were being used as a form of analytical reasoning to complement the practitioners’ more intuitive reasoning (Munro, 2008). However, and particularly from a practitioner’s perspective, making decisions and then later having to account for them are two quite different activities, in this case, performed at different times.

It has been argued that there is a specific need for ethnographic engagement with practitioners to ensure that the design of ICT systems and other tools is user-centred rather than tool-centred (Peckover et al., 2008; Broadhurst et al., 2009). As Munro (2005) suggests, ‘current innovations are being developed without sufficient attention to understanding the needs of frontline workers’ (abstract). The finding of this research that practitioners considered the tools as accountability rather than decision-making tools suggests that the SDM tools are organisation-centred rather than user or tool-centred.

The development of expertise

Participants were concerned that the tools undermined the development of skills and knowledge required in child protection:

Good for inexperienced staff but it [sic.] does not help them to develop analytical skills—just breeding workers who are good at ticking boxes and deskill the more experienced (Interview 31).

It was considered that the utility of SDM was limited as expertise grew:

Could see that, as her experience grows, she would outgrow SDM and not be so reliant on it. Then she might be less likely to use it (Interview 29).

Aside from the development of expertise, participants also reflected that the tools could not be used to replace expertise:

Main problem they have is the lack of experience in workers and SDM does not make up for that (Interview 14).
The education and training that practitioners receive have been acknowledged as a crucial factor in the development of expertise, particularly in relation to the ability to make decisions (Balen and Masson, 2008). Some of the participants in this research described an educational initiative that, in contrast to the SDM tools, they found very useful for the development of professional expertise. They had been sponsored by the Department of Child Safety to study a Graduate Certificate in Human Services (Child Protection) at a local university. These participants were enthusiastic about how this course had helped them to develop their knowledge and thinking about their practice, particularly in relation to the development of ‘critical thinking’, through exposure to research and debate about child protection policy and practice. A distinction was made by these participants between training and education. The training they had received about the SDM tools attracted mostly negative comments, such as:

Training did not give any opportunity to look at how SDM was developed, nothing critical was mentioned, it was just ‘this is how you use it, so go and do it’ (Interview 28).

To summarise so far, the SDM tools were not meeting their aims and participants were concerned that they were used within the Department as accountability rather than decision-making tools, that they were organisation rather than user-focused. The mandate to use the tools shifted the focus of practice from client-related to administrative tasks and tended to inhibit the development of expertise in less experienced practitioners.

**Implications for policy makers**

Much of the debate about risk-assessment tools, as an aid to decision making, has been concerned about the relative efficacy of different forms of risk assessment (actuarial, consensus or mixed) on which they are based. There is evidence that actuarial forms of risk assessment are superior to other forms and to ‘professional judgement’ (Rycus and Hughes, 2003) and that they can be used to improve the intuitive reasoning of practitioners by providing an analytical form of reasoning (Munro, 2008). The research presented in this article has not provided any further evidence that can directly inform this debate, but it does highlight how such a debate is premised on the assumption that practitioners will use tools in the intended ways. In producing a detailed account of how practitioners actually use a mandated set of tools in their daily practice that is at odds with how they might be expected to use them, the findings of this research also provide important messages for policy makers. First, it cannot be assumed that practitioners will use tools in the intended way, even if mandated to do so. Second, tools cannot be used to replace expertise.

The second point is perhaps the most pertinent for policy makers. The findings of this research should not be taken as being critical of SDM in...
particular, as they could perhaps be applied to the implementation of any assessment tool. The CRC do not claim that the SDM tools can be used to replace expertise. It would be clear to seasoned child protection practitioners that the abstractions in the tools themselves would take considerable expertise to apply to the specific circumstances of children. The statements of practitioners that relate to the positioning of the tools as a device for accountability in the organisation should also be heeded. Organisational culture therefore has a significant effect on how tools are used.

A further message for policy makers relates to how this account of the unofficial version of practice was created and stems from comments made by participants about how they had told senior management what they wanted to hear when asked about the SDM tools, but had then been far more critical when speaking with the researcher in a context that promised anonymity and confidentiality. The implication is that accounts of practice are likely to be more honest and therefore more informative if they are sought in ways that are free from the constraints of organisational agendas and the power imbalances inherent in a hierarchical bureaucracy.

However, the implications of this research are not necessarily that the development of tools that might assist practitioners should be abandoned. Their development is still in its infancy and it is too early to conclude that they cannot meet expectations. How they should be developed is discussed more fully in the next section.

The future development of tools

A limitation of this research is that it was restricted to a particular set of tools in one jurisdiction but the findings are broadly consistent with emerging research about the use of assessment frameworks embedded in ICT systems mentioned above. The findings of this research are also succinctly summarised by comments made by Lord Laming in his review of the death of Baby P, which relate to a different assessment tool and a different jurisdiction:

Professional practice and judgement, as said by many who contributed evidence to this report, are being compromised by an over-complicated, lengthy and tick-box assessment and recording system. The direct interaction and engagement with children and their families, which is at the core of social work, is said to be at risk as the needs of a work management tool overtake those of evidence-based assessment, sound analysis and professional judgement about risk of harm. (Laming, 2009, p. 47).

An emphasis on the development of technology in social work to address human problems has, theoretically, been described as a reliance on instrumental reason (Blaug, 1995) or technocratic ideology (Spratt and Houston,
at the expense of communicative reason or humanistic approaches to deal with human problems. The findings of this and other emerging research in the UK support Blaug (1995) and Spratt and Houston’s (1999) contention that this reliance represents a ‘wrong turn’ in the development of human services. The findings of this research support arguments (see Munro, 2005; Balen and Masson, 2008) that the ‘right turn’ in the future should be towards the development of practitioner expertise through education and away from the development and implementation of increasingly complex and time-consuming ICT systems and decision-making tools.

Perhaps, though, there has also been a ‘wrong turn’ in the way that tools have been developed to assist social work practice and to turn away from them completely would be to miss opportunities to enhance practice. As argued above, tools have been developed to meet organisational needs and been promoted and implemented as an essential, even mandatory, part of practice. The ‘right turn’ would be to attempt to develop tools that meet the needs of practitioners and that are genuinely considered by them as a complement to, rather than replacement of, their expertise. The development of tools in this way would require further research with practitioners about what might actually assist them in their daily practice (see also Munro, 2005). Such research would need to transcend pro and anti-technology debates and be underpinned by genuine curiosity about whether tools can be developed to assist practice. Final decisions about which, if any, tools should be available to practitioners should be guided by their experiences of using them, rather than based on an uncritical acceptance that technological approaches can automatically be employed to deal with human problems.

Since a major finding of this research was that the SDM tools could not deal with complexity, the future development of tools also needs to be guided by recent theoretical developments in the application of complexity theory to child protection policy and practice. Drawing on concepts from complexity theory, Stevens and Cox (2008) conceptualise families as complex adaptive systems, about which it is difficult to predict anything, including abuse. This difficulty is compounded by the application of linear assessment tools, which promises high levels of prediction and certainty based on a process of adding up risk factors. Stevens and Cox (2008) argue that the application of concepts from complexity theory can lead to the development of a more realistic form of risk assessment, particularly for the purpose of identifying where effort should be expended to prevent abuse. Devaney and Spratt (2009) also emphasise the complexity of the problem of child abuse in their conceptualisation of it as a wicked rather than tame problem. They argue that no matter how rational a solution might appear to be, it will not solve a wicked problem, as there is no single solution. From this perspective, the implementation of the SDM tools in Queensland appears to be a quick-fix solution to what has been
mistakenly considered a *tame* problem, namely the identification of children most in need of services to protect them from harm.

**Conclusion**

The main finding of this research that explored how child protection practitioners in Queensland used the SDM tools in the intake and investigation stages was that their implementation had not achieved its aims. The tools were not used to assist decision making, promote consistency or target the children most in need of a service. The focus of the research on the process of how the tools were used at a practitioner level revealed a significant disjuncture between the *official* and *unofficial* versions of practice and between the intentions of their implementation and the reality of daily use by practitioners.

The findings of this research imply that a cautious approach should be adopted when developing and implementing tools to assist practitioners. It cannot be assumed that their effects on front line practice and practitioners will be beneficial or even benign, as there may be unintended and unforeseen consequences. Neither can it be assumed that the same tools can meet the needs of practitioners and organisations. The implementation of tools, as a *quick fix* to improve decision making, may be attractive to governments in the wake of highly critical public enquiries that recommend wide-reaching organisational change, but, from a practitioner perspective, longer-term investment in staff education to enhance their ability to think critically and deal with complexity must still be a priority.

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