

**How to improve the quality of decision making and risk assessment for children referred to statutory children's social care services: a brief evidence review**

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| <b>Institutional affiliation</b> | Faculty of Health, Social Care and Education, Kingston University and St Georges, University of London  |
| <b>Principal Investigator</b>    | Prof Rick Hood  |
| <b>Protocol Author(s)</b>        | Professor Rick Hood, Kingston University<br>Dr Simon Abbott, Kingston University<br>Dr David Nilsson, Kingston University<br>Dr Robbie Duschinsky, Cambridge University<br>Dr Barry Coughlan, Cambridge University<br>Dr Pamela Parker, Cambridge University<br>Ms Julia Mannes, Cambridge University |
| <b>Contact details</b>           | <a href="mailto:rick.hood@sgul.kingston.ac.uk">rick.hood@sgul.kingston.ac.uk</a><br>Department of Social Work and Social Care<br>Kingston University<br>Kingston Hill<br>Kingston upon Thames<br>KT2 7LB  |
| <b>Funder</b>                    | What Works for Children's Social Care   |

### Summary

The quality of risk assessment and decision-making is a key concern within children's social care services. As part of work undertaken to support the Independent Review into Children's Social Care, What Works for Children's Social Care has commissioned a brief evidence review into this area to capture a growing evidence base and inform the recommendations of the Independent Review. The aim of the evidence review is to improve the quality of decision making and risk assessment for children referred to statutory CSC services. It will do this through a systematic search of the literature, focusing on empirical studies of decision-making in statutory services in the UK and some other countries with a comparable child welfare system. The review will be carried out from July-September 2021 and will report in mid-October 2021.

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### Part 1) Rationale and question formulation

#### Rationale

Decision-making and risk assessment in children's social care (CSC) and child protection (CP) have been extensively studied and several systematic reviews already exist (e.g. Platt and Turney, 2014, Damman et al., 2020). Yet there has not been a systematic review of the evidence on how to improve the quality and effectiveness of decision-making.

There are several reasons why this is a crucial area for children's social care. One is that decisions are made under conditions of uncertainty, so that even decisions that are reasonable do not guarantee a good outcome. Another is that many risks in this field are affected by both institutional factors and external events. Over the past ten years, rates of child protection interventions and admissions to care have greatly increased, while decisions at any threshold are affected by the level of demand elsewhere in the system (Hood et al., 2019). Other factors include the ripple effect of court judgements and legal proceedings, and the fallout from public scandals about deaths from child abuse (Elliott, 2020).

These conditions mean that quality and effectiveness of decision making and risk assessment are socially contingent and so it is crucial to understand how they are understood and operationalised in practice. An evidence base that can specify the complex interplay between factors shaping effectiveness under different circumstances and conditions will also be helpful for operational purposes.

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|                             | <p>The review outlined here will examine these two questions together to enable a synthesis of knowledge about how to improve the quality of decision-making in the current context of CSC. A limited international scope will allow consideration of contextual factors impacting on decision-making in jurisdictions with comparable child welfare systems (Gilbert et al., 2012).</p>  |
| <p>Research question(s)</p> | <ol style="list-style-type: none"> <li>1. How are quality and effectiveness understood and operationalised in studies of decision-making in children's social care?</li> <li>2. What factors affect the quality and effectiveness of decision-making?</li> </ol> <p>Population: children (0-17) referred to statutory children's social care services<br/> Intervention: quality and effectiveness of decision-making and risk assessment<br/> Context: child welfare, child protection and children's social care 2000-2021.</p> <p>Quality and effectiveness are not pre-specified terms, as part of the review is to examine how they are explained and defined in the literature. However, an example of quality may be consensus between professionals (e.g. in coming to similar conclusions about a particular situation). Effectiveness may be examined by the comparison of risk assessments with subsequent substantiation of abuse or neglect.</p> |

## Part 2) Identifying relevant work

### Search Strategy

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| <p>Electronic databases</p> | <p>Scopus, Cochrane, Science Direct, PubMed, PsychINFO, JStor, Web of Science, ASSIA</p> <p>2000 – 2021</p>   |
| <p>Other sources</p>        | <p>Once key papers are identified, onward citations (including grey literature) will be searched through a manual search of other systematic reviews on decision-making in children's social care.</p> <p>A limited search of key websites will be conducted: DfE and Ofsted; NCB; and SCIE.</p>  |
| <p>Key search terms</p>     | <p>Domain</p> <p>#1 (Population): Child* OR Adolesce* OR Unborn OR Infant* OR Baby or Babies* OR "Young people" OR Teenagers)</p> <p>#2 (Intervention): Decision* OR "Decision-making" OR "Decision making" OR "Risk Assessment"</p> <p>#3 (Outcome): Quality OR Effectiveness OR Evaluat* OR Efficacy OR Success* OR Improve* OR Improving</p> |

|                              |   |  |     |   |     |           |  |     |         |   |     |            |   |     |           |  |     |           |  |
|------------------------------|---|--|-----|---|-----|-----------|--|-----|---------|---|-----|------------|---|-----|-----------|--|-----|-----------|--|
|                              | <p>#4 (Context – need/problem): Maltreat* OR Abuse* OR Neglect* OR Exploit*</p> <p>#5 (Context – type of provision): Protection OR Safeguarding OR Thresholds OR Investigation OR Intervention OR Screening OR Intake)</p>  |  |     |   |     |           |  |     |         |   |     |            |   |     |           |  |     |           |  |
| <p>Draft search strategy</p> | <p>Example from Web of Science search:</p> <table border="1" data-bbox="507 479 1401 853"> <tr> <td># 6</td> <td>781</td> <td>#5 AND #4 AND #3 AND #2 AND #1<br/><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i></td> </tr> <tr> <td># 5</td> <td>5,315,626</td> <td>TS=(Protection OR Safeguarding OR Thresholds OR Investigation OR Intervention OR Screening OR Intake)<br/><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i></td> </tr> <tr> <td># 4</td> <td>908,465</td> <td>TS=(Maltreat* OR Abuse* OR Neglect* OR Exploit*)<br/><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i></td> </tr> <tr> <td># 3</td> <td>14,499,409</td> <td>TS=(Quality OR Effectiveness OR Evaluation* OR Efficacy OR Success* OR Improve* OR Improvement*)<br/><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i></td> </tr> <tr> <td># 2</td> <td>1,245,779</td> <td>TS=(Decision* OR "Decision-making" OR "Decision making" OR "Risk Assessment")<br/><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i></td> </tr> <tr> <td># 1</td> <td>2,515,373</td> <td>TS=(Child* OR Adolescence* OR Unborn OR Infant* OR Baby or Babies* OR "Young people" OR Youth*)<br/><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i></td> </tr> </table> | # 6  | 781 | #5 AND #4 AND #3 AND #2 AND #1<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i> | # 5 | 5,315,626 | TS=(Protection OR Safeguarding OR Thresholds OR Investigation OR Intervention OR Screening OR Intake)<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i> | # 4 | 908,465 | TS=(Maltreat* OR Abuse* OR Neglect* OR Exploit*)<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i> | # 3 | 14,499,409 | TS=(Quality OR Effectiveness OR Evaluation* OR Efficacy OR Success* OR Improve* OR Improvement*)<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i> | # 2 | 1,245,779 | TS=(Decision* OR "Decision-making" OR "Decision making" OR "Risk Assessment")<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i> | # 1 | 2,515,373 | TS=(Child* OR Adolescence* OR Unborn OR Infant* OR Baby or Babies* OR "Young people" OR Youth*)<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i> |
| # 6                          | 781   | #5 AND #4 AND #3 AND #2 AND #1<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i>  |     |   |     |           |  |     |         |   |     |            |   |     |           |  |     |           |  |
| # 5                          | 5,315,626   | TS=(Protection OR Safeguarding OR Thresholds OR Investigation OR Intervention OR Screening OR Intake)<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i> |     |   |     |           |  |     |         |   |     |            |   |     |           |  |     |           |  |
| # 4                          | 908,465   | TS=(Maltreat* OR Abuse* OR Neglect* OR Exploit*)<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i>  |     |   |     |           |  |     |         |   |     |            |   |     |           |  |     |           |  |
| # 3                          | 14,499,409  | TS=(Quality OR Effectiveness OR Evaluation* OR Efficacy OR Success* OR Improve* OR Improvement*)<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i>      |     |   |     |           |  |     |         |   |     |            |   |     |           |  |     |           |  |
| # 2                          | 1,245,779   | TS=(Decision* OR "Decision-making" OR "Decision making" OR "Risk Assessment")<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i>                         |     |   |     |           |  |     |         |   |     |            |   |     |           |  |     |           |  |
| # 1                          | 2,515,373   | TS=(Child* OR Adolescence* OR Unborn OR Infant* OR Baby or Babies* OR "Young people" OR Youth*)<br><i>Indexes=SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1970-2021</i>       |     |   |     |           |  |     |         |   |     |            |   |     |           |  |     |           |  |

## Study selection criteria

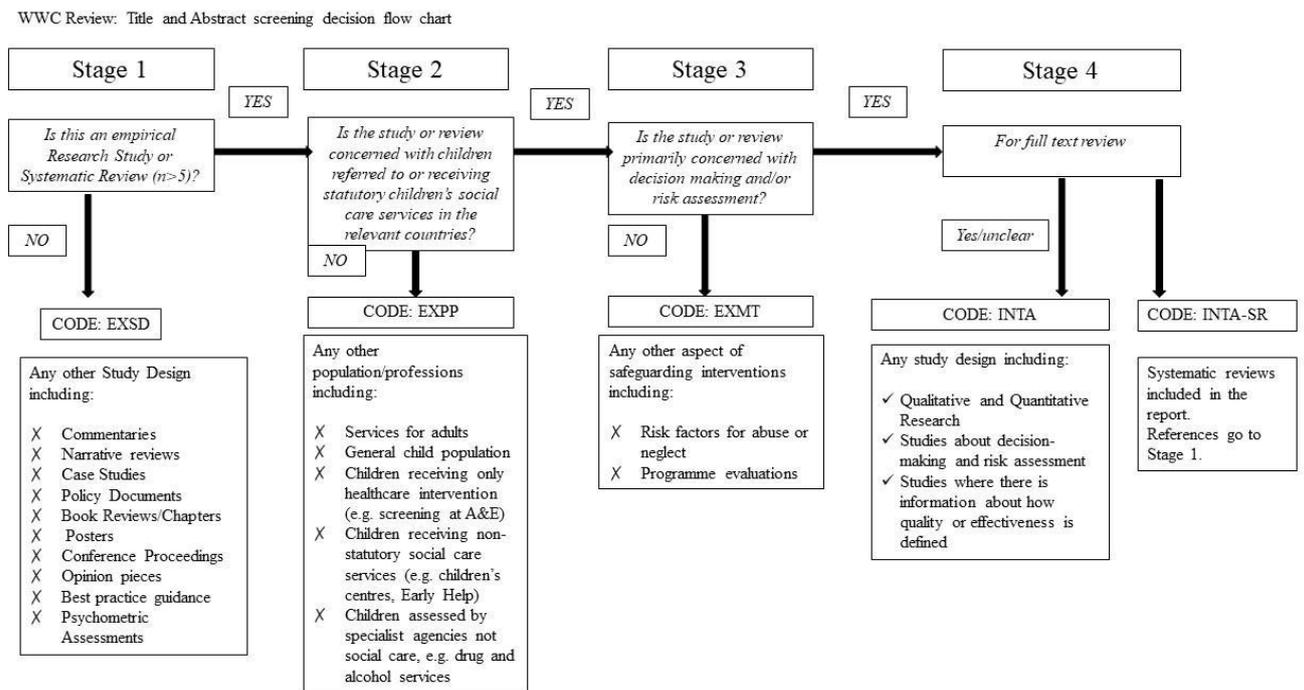
|                                   |  |
|-----------------------------------|--|
| <p>Inclusion criteria</p>         | <p>Inclusion:</p> <ul style="list-style-type: none"> <li>• Empirical study designs (e.g. RCTs, observational studies, qualitative studies, case-studies)</li> <li>• Publication date: 2000 – 2021.</li> <li>• Geographical region: UK, Republic of Ireland, United States, Canada, Australia</li> <li>• Language: English</li> <li>• Type: article, report</li> </ul> <p>Studies will be included if they directly consider aspects of quality and effectiveness, whether in terms of outcomes for children or the reasonableness of the decision process. Grey literature will be included along with peer-reviewed articles where it meets inclusion criteria.</p> <p>The geographical inclusion criteria are designed to provide insight into contextual factors affecting decision-making in jurisdictions with a similar 'child protection' orientation towards child welfare (Gilbert et al., 2012).</p> |
| <p>Exclusion criteria</p>         | <p>Exclusion: see flow chart below for exclusion criteria and associated codes.</p>  |
| <p>Process of study selection</p> | <p>After removal of duplicates, abstracts will be screened according to the inclusion criteria and then the remaining full texts will be screened to obtain a final sample. Screening will be carried out separately by two reviewers and any inconsistent results passed to a third reviewer or discussed by the project team.</p>  |

A 'pilot' screening exercise will be carried out with a limited sample of 100 entries to support consistent inclusion/exclusion decisions. Systematic reviews will be considered alongside empirical studies and references from selected reviews will be added to the title/abstract screening processes.

Once a provisional list of full text articles has been identified, further screening will take place to check that the full text is available and that inclusion criteria are met.

A flow chart illustrating study selection has been added below

Flow chart for title/abstract selection:



## Study records

### Data collection

The following data will be extracted from each study: author, year, funding, aims, study design, methods of data collection and analysis, sample, interventions (if applicable), follow-up period (if applicable), main findings, ethics, strengths, and limitations. A pro-forma framework will also be used to record data specifically relevant to the research questions to assist with thematic analysis.

### Data management process

A shared folder in KU Box, an encrypted storage and file sharing system, has been set up for this project. A record of all database searches carried out will be stored in this folder. Citation records

|                                    |  |
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|                                    | from searches will be imported into specialist software for collaborative reviews (Rayyan) for abstract and title screening. Full text publications will be stored in Pdf format and decisions on final screening for inclusion recorded in Excel.   |
| <b>Data items</b>                  | For quantitative studies, data will include participants, intervention/programme, comparators and outcomes (for quantitative studies), principal thematic categories will also be collected for qualitative studies and implications (all studies). Specific data relating to the research questions will be additionally recorded.  |
| <b>Outcomes and prioritisation</b> | The outcomes of interest are measures of the quality and effectiveness of decision-making. For example, some studies may operationalise quality as consensus between professionals (e.g. in coming to similar conclusions about a practice-near vignette), whereas others may focus on evidence that decisions are effective in terms of accurately assessing risk of abuse that subsequently turns out to be substantiated. |

### Part 3) Risk of bias assessment

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| <b>Risk of bias assessment criteria</b>   | The final sample of publications will be appraised using the Critical Appraisal Skills Programme (2020) checklists, which include an assessment of potential bias.   |
| <b>Purpose of risk of bias assessment</b> | This review will not carry out meta-analysis of quantitative results. The principal purpose of bias assessment is to contribute to quality appraisal and critical analysis of the benefits and limitations of quality measurement in this field. |

### Part 4) Summarising the evidence

|  |  |
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| <b>Data synthesis</b>                    | The principal method of data synthesis will be a thematic analysis of study findings (in the final sample of full text articles) based on an adapted Framework approach (Gale et al., 2013). The framework will combine the CASP appraisal criteria with a set of analytical categories focused on the results/findings and designed to capture data relevant to the review questions. Although some of these categories will be a-priori, there will be scope to generate new themes from the data in an iterative process of interpretation and synthesis. |
| <b>Meta-bias(es)</b>                     | n/a  |
| <b>Confidence in cumulative evidence</b> | The strength of the body of evidence will be reported through a summary of the CASP appraisal part of the framework used to examine all included studies.  |

## Reporting and interpreting findings

The findings will be written up in a report using a pre-specified review template. It will include an overview of the area, an account of methods and results, strengths and limitations of the review process and evidence base, as well as a discussion of the implications of findings for practice, policy and research.

## Registration

The review was registered with the OSF on 1/07/2021. Registration link: <https://osf.io/uv9e4/>

## Personnel

Hood will coordinate the project, contribute to all aspects of the review, and lead on design and report writing. Abbott and Nilsson will undertake database search, screening, appraisal and evidence synthesis, and contribute to design and report writing. Screening and appraisal will be assisted by Parker and Mannes. Coughlan will supervise technical aspects of the search and appraisal process. Duschinsky will contribute to knowledge synthesis and report writing.

## Timeline

| Dates                    | Activity  | Staff responsible/ leading                                       |
|--------------------------|---|--|
| <b>July 2021</b>         | Database search and title/abstract screening      | Hood<br>Nilsson, Abbott, Coughlan,<br>Mannes, Parker             |
| <b>August 2021</b>       | Agreement, appraisal and analysis of final sample | Hood<br>Nilsson, Abbott, Coughlan,<br>Mannes, Parker, Duschinsky |
| <b>September 2021</b>    | Report writing                                    | Hood<br>Nilsson, Abbott, Coughlan,<br>Mannes, Parker, Duschinsky |
| <b>17 September 2021</b> | Draft report submitted                            | Hood   |
| <b>October 2021</b>      | Amendments to report following review             | Hood   |
| <b>15 October 2021</b>   | Final report submitted                            | Hood   |

## References

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