

“Predictive Risk Modelling and Child Maltreatment: An Ethical Review” -- Downie Review

I have been asked to provide my opinion of “the adequacy and comprehensiveness of the review [of predictive risk modelling and child maltreatment].” I have reviewed the paper carefully and conclude that it is indeed adequate and comprehensive. I would add, further, that it is a very thoughtful, rigorous, well-written, and well-reasoned analysis of the difficult ethical issues that rightly prompted the recommendation in the Vulnerable Children Report that “[a] full ethical evaluation of PRM is necessary before implementation” and that “[a]dditionally, an ethical framework should be developed to guide agencies in their responses to the use of automated child risk scores.”

The report is to be particularly commended for:

- emphasizing that the ethical analysis must be comparative (“asking how costs and benefits associated with the model compare with those of plausible alternatives.” (1))
- recognizing the potential for stigmatization of individuals and their families but also whole communities.
- recognizing the potential of PRM to “contribute to child maltreatment by increasing the pressure and social isolation of targeted families.” (15)
- describing ways in which the negative consequences of false-positives could be reduced (22). It is critical that these steps be taken.
- offering a very thoughtful discussion of stigmatization. This could usefully form the basis of educational materials for those tasked with implementation of the program.
- recognizing the need for “a separate report [with respect to cultural implications] from more appropriately positioned and qualified reviewers.” (33)
- offering accessible illuminating analogies with respect to the preconditions for ethical screening.

I would raise the following for the consideration of the author:

- various elements of privacy and confidentiality are identified and discussed. I would press for more consideration to be given to the aspect of privacy as it relates to control over the use of personal information (as opposed to sphere of exposure - the bedroom window illustration). As noted in the report, the information to be used in the Vulnerable Children PRM is gathered for purposes other than child protection (46). It is suggested that the use of the information collected from

standard welfare benefit application forms is arguably "consistent with the autonomous choices of those providing the information" (49) because: a) the information providers are told that it is "being collected for the purpose of providing for the 'care and protection needs of children' and for 'providing support and services for you and your family'" and this use could be seen as encompassing use to reduce or remove the risk of child maltreatment; and b) it is an autonomous choice to provide this information for this use. I find the interpretation of the purpose of collecting the information on the welfare benefit application forms to be a stretch. I would ask "do you think that the individuals receiving the disclosure of use understand that their information could be used to classify them as high risk for child maltreatment?" You would need to be able to answer "yes" to this question for their consent to the use of their personal information be considered informed. I doubt the answer would be "yes". This concern is heightened with the recommendation "[t]hat the MSD expand the databases upon which the Vulnerable Children PRM draws." (2). I am not clear what databases are contemplated but great caution would be required to ensure that the use does not entail an unjustified violation of privacy (understood as control over use of personal information) since it is possible if not likely that interpreting the consent to their use as consistent with the use for PRM would be an even greater stretch.

Furthermore, the recommendation "that invasions of privacy which could appear discriminatory be monitored and minimised, consistently with delivering the benefits of the Vulnerable Children PRM." (4) is, I believe, too narrow. It is not only those invasions "which could appear discriminatory" that should be monitored and minimised. Rather, all invasions of privacy should be monitored and minimised and, I would add, justified.

This is not to say that the use of the information would be unethical. Rather, it is to say that it should be fully informed and that the constraints on autonomy (having to consent in order to realize benefits) should be recognized and justified in light of the benefits that the program will realize with respect to the protection of children (limits on autonomy can be justified).

I should note here that my view of this issue may well be coloured by the fact that I am reading the review through the lens of a Canadian rather than a New Zealander and there are ways in which our views on privacy and on autonomy are somewhat different so my comments should be tempered by that acknowledgement.

- the risk of stigma attached to the label "high risk" is recognized. The more positive label "high priority for services" is identified as a possible, better, alternative. (29) While I agree that the latter is better, it should be emphasized to staff working with the label that the more positive label is not a panacea or true shield against stigma -- just as young children can see through the streaming built into putting them into groups labelled with different bird or tree names (they all know that, for example, the bluejays have been identified as the high achievers), "high priority for services" will be recognized by many as "high risk". This isn't to say the switch should not be

made (language is critical). Rather, it is to say that it must be accompanied by deeper anti-stigma education, policy, and practice.

- "We suggest, however, that the MSD seek interventions that do not themselves mark families or individuals as high-risk." (30) It would be helpful to have some illustrative examples of such interventions here.

- "Hence there is an ethical responsibility to ensure that the media receive a sober and accurate impression of the system to convey to the public." (30) I agree with this statement but would like to see a greater emphasis on public anti-stigma education. Relying on the media (no matter how sober and accurate the impression they are given of the system) would be unwise. Also on the topic of the media, to Recommendation 10 ("That MSD explore ways of engaging with the media both over child maltreatment and over the Vulnerable Children PRM to minimise stigmatisation and promote as accurate an account of the PRM as possible." (3)), I would add the need for this to be done as early as possible in the process (i.e., prior rather than contemporaneous to implementation).

I would encourage as next steps:

- consolidation of the ethical review and the cultural implications review. The MSD recognized the need for "a separate report from more appropriately positioned and qualified reviewers [with respect to cultural implications]." (33) As noted above, this is to their credit. I hope that the authors of that report are brought together with the author of this report so that their reflections and findings can, in turn, be brought together as neither is complete without the other.

- ongoing involvement of ethics . The review notes that "important implementation decisions remain to be made about PRM in the child maltreatment area." (11) It lists a series of critical issues (at 12). In light of these issues (and the fact that the ethical review could not anticipate all possible paths that might be taken in relation to these issues), I would suggest strengthening Recommendation 17 ("That implementation decisions around the Vulnerable Children PRM identify staff or services who will have responsibility for monitoring the Vulnerable Children PRM and engaging with families, taking into account the ethical issues relevant to those decisions raised in this report." (5)) by adding a requirement of ongoing involvement of individuals with ethics expertise at least while the identified implementation decisions are being made. In particular, I suspect that agencies would benefit greatly from assistance in translating the ethical framework into actual policy and practice.

- explicit commitments to meet the conditions set out in this report and an ongoing evaluative process built in to check on the conditions five years post-implementation. Much of the ethical acceptability of proceeding with the PRM for child maltreatment depends upon the recommendations in the ethical review being followed. Ongoing oversight with respect to these issues is therefore required.