SAFER children framework guide

The five practice activities of risk assessment in child protection

VICTORIA State Government | Families, Fairness and Housing

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.
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SAFER children framework guide

The five practice activities of risk assessment in child protection

Title: **Mand Yeann Lidj – Gunnai/Kurnai Language**

Embrace a child

Artist: **Dixon Patten**

This artwork represents our responsibility to care and nurture our children.

It is our collective duty as a society to look after the most vulnerable in our community.

The centre flower motif represents fragility, innocence, beauty, thoughtfulness, stillness, and growth.

The 'U' shaped symbols represent people coming together in a circle as equals to share, listen and reflect. Those yarns inform policy and understanding cultural needs.

Just like the SAFER children framework, the outer ripple sections depict ways of working with children and families that promote support, protection, and healing.

The various colours of the ripples represent the diversity within our community, honouring the various experiences, histories, and understandings of different people. However, the value of caring and looking after one another is the common thing that connects us all.

The larger figures on the outer honour our elders and their duty to enact and pass on ancestor knowledge. Caring for Country is at the centre of First Nations culture(s) and that includes the environments we find ourselves in. This teaches us that we are all accountable to one another as members of a community.

The patterns behind the elders represent knowledge exchange and a spiritual tether that connects our collective knowledge to each other and to past, present, and future.

Society has vast intersections, and we encounter and connect with people at various stages of their life's journey with the feet representing this.

The outer circle shapes represent healing stones. There are many steps to a healed community and hopefully this encourages connection to self, to country, to each other.

The hands make the proclamation: **'I am here, I matter'.**

Foreword

Child protection is one of the most rewarding helping professions. It is challenging and open to scrutiny, and we make a difference to children and families every day. Practitioners, leaders and managers in child protection often make a long-term, and at times a lifetime commitment to working in this field. Our staff are our greatest asset as we focus on keeping children safe and at home with families whenever possible.

The SAFER children framework is designed to support the highly specialised, statutory role of child protection, guiding practitioners to identify and assess risk and to plan for the safety, development, needs and wellbeing of individual children within their family, culture and community.

It provides the structure for bringing together information in a way that makes sense of it while empowering practitioners, leaders and managers to use their professional judgement. It recognises that risk assessment and understanding risk is at the heart of statutory work with families.

> *Risk assessment is a combination of the art (knowledge, skills and professional judgement of practitioners, leaders and managers) and the science (the tools and practice guidance).*

The approach seeks to achieve this purpose while working with families in a way that clearly articulates concerns and helps to identify strengths as building blocks to increased safety and reduced risk. Supporting families with targeted, purposeful and collaborative case planning is essential to providing the best chance of sustained change, allowing children to grow up safe and strong at home.

As we introduce the SAFER children framework, and specifically the five practice activities of risk assessment in child protection, we signal this as part of a practice development journey. Consistent with the continuous learning that happens in the field of child protection, the SAFER children framework will continue to grow and develop, with the aim of increasing its use and applicability across the entire continuum of the program.

It is critical that the framework is grounded in contemporary research and literature. This means we must regularly review and update. Most importantly, the framework must make a difference to the work undertaken by you, our practitioners, leaders and managers, and have a positive impact on outcomes for children and families.

As you read through this resource, you'll find reference to the work of Professor Eileen Munro. Professor Munro has influenced the way we think about decision making in child protection, including here in Victoria.

As we move forward with the SAFER children framework, it is vital that we examine when 'things go right' as they mostly do.

Each year I am moved by the practice in our program and I trust that in your day-to-day work you take the time to celebrate your successes and those of your colleagues.

Thank you for the extraordinary work you do every day.

Tracy Beaton
Chief Practitioner and Executive Director
Office of Professional Practice
October 2021

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SAFER – an introduction to the framework

The SAFER children framework

The SAFER children framework brings together components, some new and some existing, of child protection practice in Victoria. The framework confirms child protection's ongoing commitment to a guided professional judgement approach to risk assessment and practice.

The SAFER children framework is specific to the role of child protection in Victoria, with a legislative mandate under the *Children, Youth and Families Act 2005* (CYFA).

Figure 1: SAFER children framework: a guided professional judgement approach

At the centre of the framework are five practice activities of risk assessment. These are new and reflect contemporary thinking and evolving practice to enhance outcomes for vulnerable children and families.

This guide explains each of the layers of the SAFER children framework including:

- the child protection role and mandate
- supporting our practice
- professional judgement
- SAFER: the five practice activities.

It provides the technical detail about each of the five SAFER practice activities and how they combine with professional judgement to guide risk assessment and risk management. Figures 2 and 3 give an overview of how the five practice activities relate to each phase of child protection. Two of the activities relate to the intake phase, while all the practice activities relate to the remaining phases.

Figure 2: SAFER for intake phase

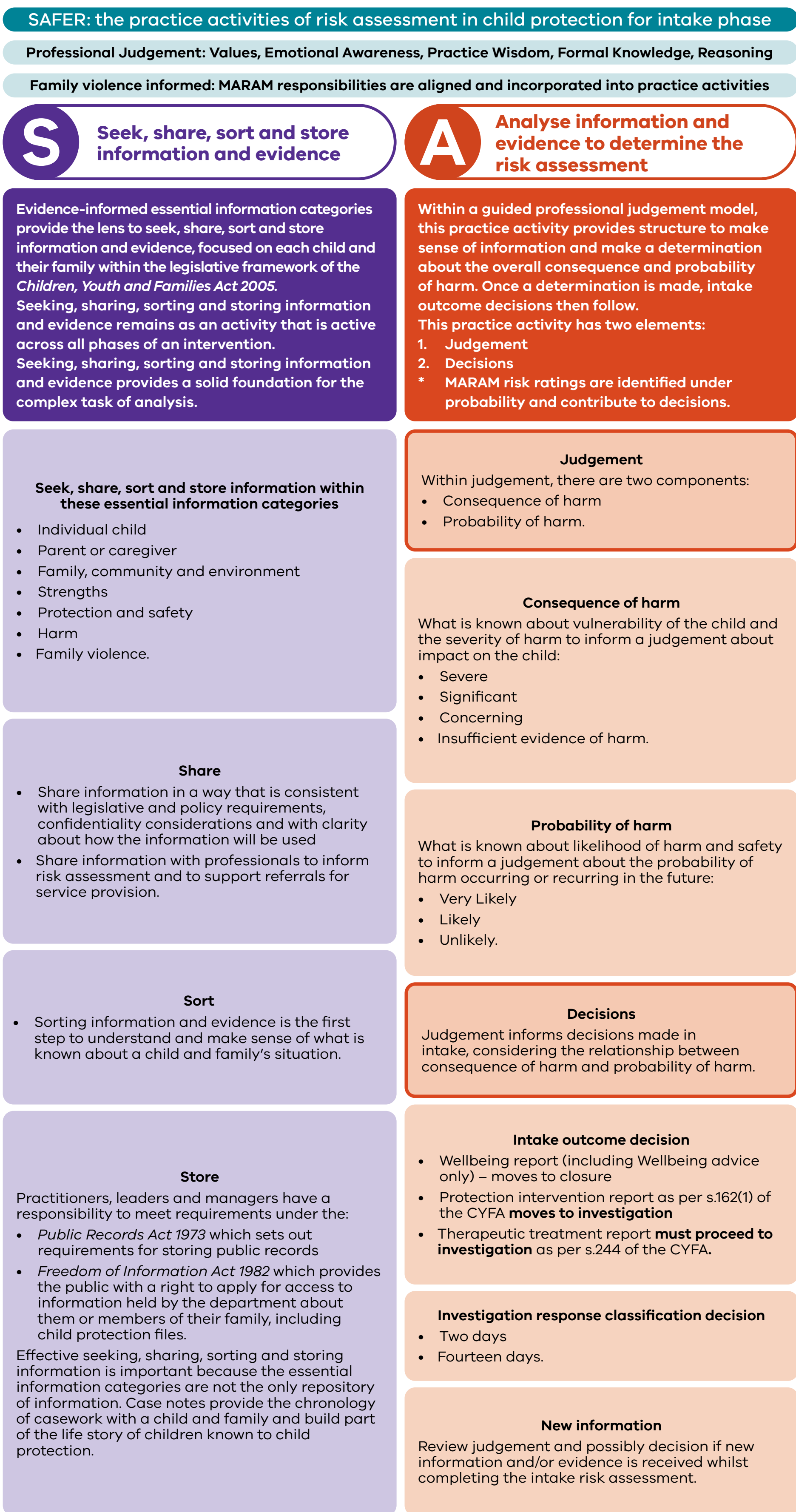
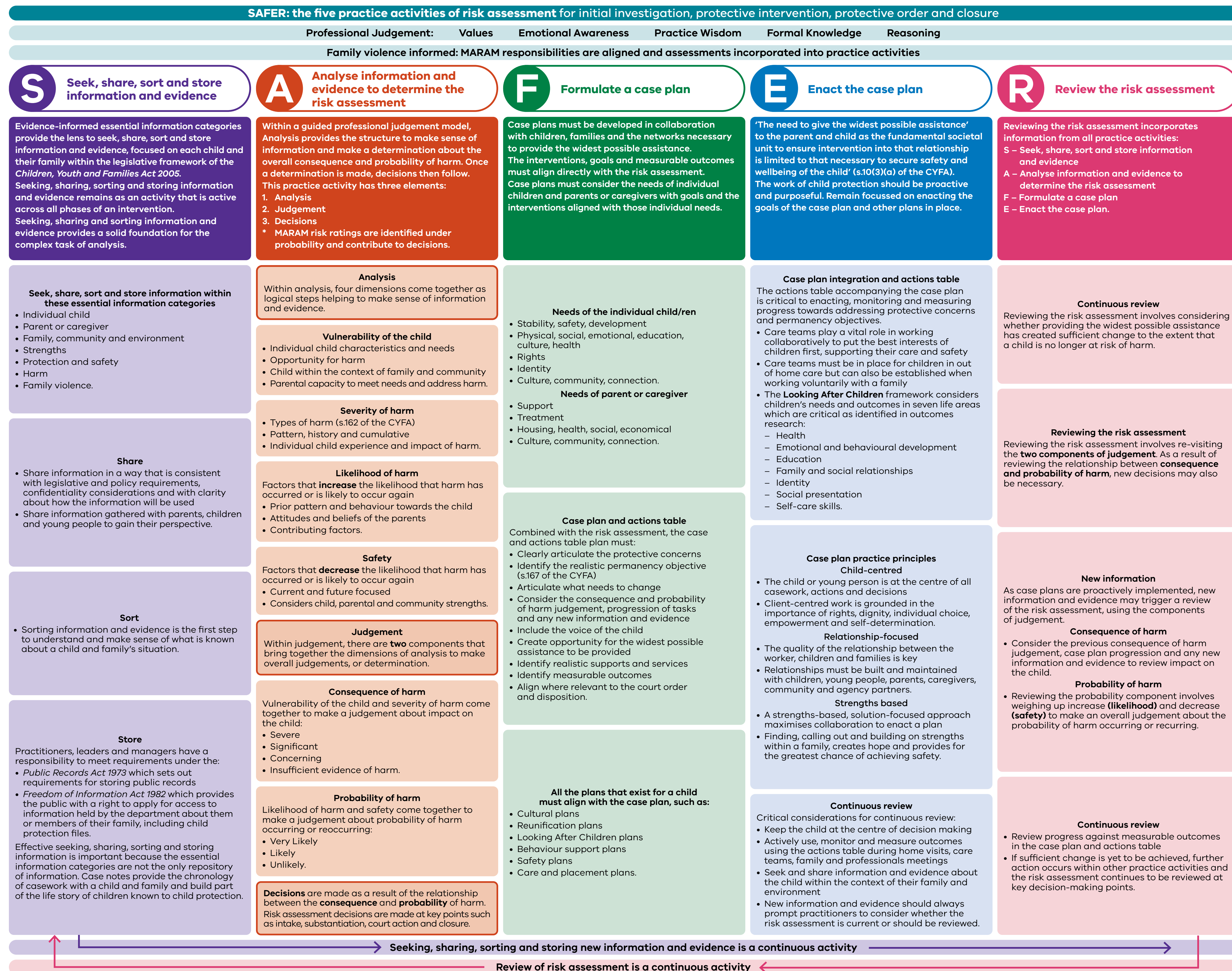


Figure 3: SAFER – the five practice activities for the phases of initial investigation, protective intervention, protective order and closure



Child protection role and mandate

The key component of the role and mandate of child protection is legislation, specifically the *Children, Youth and Families Act 2005 (CYFA)*.

This Act gives practitioners three sets of guiding principles:

- s. 10 Best interests principles
- s. 11 Decision-making principles
- s. 12 Additional decision-making principles when working with Aboriginal children and their families.

The CYFA requires protective intervenors, when making decisions, to consider a child's rights as outlined in the *Victorian Charter for Human Rights and Responsibilities 2006* and in line with the *United Nations Convention on Rights of the Child*, to which Australia is a signatory.

Other key legislation framing the SAFER children framework includes:

- *Children Legislation Amendment (Information Sharing) Act 2018*
- *Family Violence Protection Act 2008*
- *Family Violence Prevention Amendment (Information Sharing) Act 2017*
- *Privacy and Data Protection Act 2014*.

Supporting our practice

A range of frameworks, practice models and best practice commitments support child protection practitioners. These are summarised below.

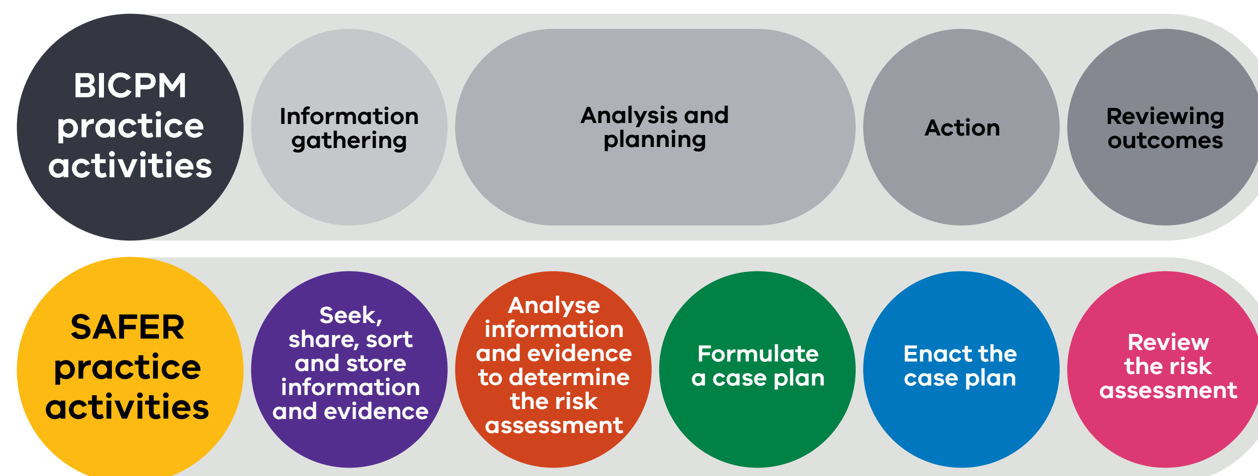
Best Interests Case Practice Model

The Best Interests Case Practice Model (BICPM) provides the model for practice and engagement with children and families in child protection and more broadly within the child and family services sector.

At the time of SAFER implementation, the BICPM remains as the overarching model of practice for child protection. However, the risk assessment activities will change. The five SAFER practice activities will replace the four BICPM assessment activities.

Over time, the practice resources associated with the BICPM will be updated. Until then, the four practice activities of the current BICPM are expanded to the five SAFER practice activities of SAFER and apply specifically to child protection practice (refer to Figure 4).

Figure 4: Practice activities: from BICPM to SAFER for child protection



Source: Office of Professional Practice 2021

Aboriginal cultural safety and self-determination

> *'Always was, always will be Aboriginal land.' (NAIDOC Week 2020)*

Good professional judgement must acknowledge the experience of Aboriginal people. It must guide our day-to-day practice in a way that is deeply respectful and culturally safe.

The shared vision of *Wungurilwil Gapgapduir* (Department of Health and Human Services 2018b), a commitment between the Aboriginal community, the child and family services sector and the Victorian Government is:

> **All Aboriginal children and young people are safe, resilient, thriving and living in culturally rich, strong Aboriginal families and communities.**

Seven important principles in *Wungurilwil Gapgapduir* outline how child protection practitioners, as part of the Victorian Government, can work with the Aboriginal community and the child and family services sector to benefit Aboriginal children and families:

- Aboriginal self-determination
- Aboriginal culture and community
- families are at the centre of raising children
- respect
- acknowledge strengths and celebrate success
- trusted relationships driven by accountability
- investment and resource equity.

Key resources to support these principles are:

- *Dhelk Dja: Safe Our Way – strong culture, strong peoples, strong families 2018–2028* (Department of Health and Human Services 2018c). This Aboriginal-led Victorian agreement commits Aboriginal communities, Aboriginal services and government to work together and be accountable for ensuring that Aboriginal people, families and communities are stronger, safer, thriving and living free from family violence.
- *Aboriginal and Torres Strait Islander cultural safety framework* (Department of Health and Human Services 2019). Cultural safety is a fundamental human right for all Aboriginal people including: the Aboriginal children and families who are reported to child protection; for our Aboriginal colleagues in Aboriginal Community Controlled Organisations and other agency partners; for our Aboriginal practitioners, leaders and managers and all Aboriginal department staff; our Aboriginal communities – for all Aboriginal people.
- *Charter of Human Rights and Responsibilities Act 2006.* Aboriginal self-determination is a fundamental right for Aboriginal children and families to have better outcomes. It is a human right and the law.
- Child protection services are delivered in Victoria by the government and by Aboriginal Community Controlled Organisations, who are authorised to take on responsibility for a child's case management and case plan, under Section 18 of the CYFA. .

Information sharing

The CYFA and other relevant legislation, permit the sharing of confidential information in particular circumstances.

In addition to provisions under the CYFA, prescribed organisations and services can share information with each other to promote children's wellbeing and safety through the:

- Child Information Sharing Scheme (CISS)
- Family Violence Information Sharing Scheme (FVISS).

Using these schemes enables agencies to shift away from a focus on privacy, which in the past prevented seeking and sharing vital information, to a focus on safety.

Child protection manual

The manual provides practitioners, leaders and managers with policy, procedural and practice advice. The SAFER children framework does not replace the *Child protection manual*; it provides a foundation for the guidance. The manual includes SAFER children framework resources to support practice.

Client Relationship Information System

The Client Relationship Information System (CRIS) provides the technology to record the work that practitioners do with children and families. It is an information repository that holds part of the life story for all children and young people reported to child protection in Victoria.

Reflective practice

Stopping, pausing and reflecting is critical to effective child protection practice. Reflective practice focuses on critical analysis as a central way of thinking.

Supervision

Child protection is technically challenging, at times raw and emotionally taxing work. Practitioners, leaders and managers at all levels benefit from supervision. Supervision allows space to build knowledge, explore values, develop practice wisdom and examine emotional awareness while honing analytical and reasoning skills. It can create a positive flow-on effect to improved outcomes for vulnerable children and families.

Family violence in child protection practice

Family violence is a significant risk factor for many children reported to child protection. Family violence can have significant and serious consequences for individuals, families and communities.

Child protection is in a unique position as a statutory intervenor. Practitioners can engage with perpetrators as parents and hold them to account for their behaviour, understand each child's experience and work collaboratively with adult victim survivors.

In focusing on the immediate and future safety and risk issues for children as the highest priority, the risk and needs of the adult victim are also considered.

SAFER and MARAM

The Multi-Agency Risk Assessment and Management Framework (MARAM) includes the responsibilities within the Victorian service system to identify, assess and respond to family violence risk. Part 11 of the *Family Violence Protection Act 2008* establishes the authorising environment for MARAM. Organisations that are authorised must align their policies, procedures, practice guidance and tools to MARAM. Child protection is an authorised organisation.

Under MARAM, organisations have responsibilities to identify how perpetrator behaviours have caused harm to the child and adult victim survivor. This includes undermining the victim survivor's capacity to parent and the bond between the child and non-offending parent. Aligning to MARAM involves holding perpetrators to account for their violence and control, which enables services to focus on the use of violence rather than the victim survivor's navigation of it.

There is the potential for tension because child protection considers the child as the primary client. SAFER embeds MARAM and provides strategies to manage this tension.

Child protection acknowledges that family violence is:

- a violation of human rights
- gendered violence (typically)
- behaviour that reflects a pattern of coercion and control
- prevalent in Australian society in all cultures and communities
- not part of traditional Aboriginal culture
- a key issue for Aboriginal children and families in contact with child protection and Aboriginal children entering care.

The SAFER five practice activities fully align to the requirements and responsibilities of MARAM. This means MARAM risk factors and risk ratings will be explicit within the overall assessment and identification of factors that provide protection and safety.

The SAFER five practice activities support effective practice by combining:

- a trauma- and violence-informed response
- a model that tilts practice towards a focus on the perpetrator
- family violence informed risk assessment, risk management and safety planning
- an intersectional lens.

SAFER and Tilting our Practice

The Office of Professional Practice commissioned a review of the literature on the intersection between family violence and child protection practice. This review informed the development of Tilting our Practice.

The review found four main areas critical to enhance the effectiveness of child protection practice in addressing family violence issues. These are:

- focusing on the children's experience
- working collaboratively with the affected parent
- attending to practitioner safety
- focusing on perpetrator accountability (Department of Health and Human Services 2018).

Focusing on children's experience

The trauma and cumulative harm caused by family violence can disrupt children's development. Understanding each child's stage of development is critical to understanding the potential impact of family violence.

We must listen to children to understand their lived experience within their family. They often know best how they want to be supported and what will help with their physical and emotional safety. Most children can understand and talk about their experience of violence and coercive control. Their perspectives often differ greatly from adults.

Listening to children requires practitioners to spend time with them, see the family from their perspective, and understand their coping strategies and role within the family.

Working together with the affected parent

A healthy bond between a child and the parent affected by family violence (often the mother) can offer protection that may increase safety. This bond and relationship should be strengthened by child protection wherever possible. Evidence suggests that children are safer when the affected parent is supported and safe.

Affected parents may resist trusting and engaging with services and may continue to live with or maintain contact with the perpetrator (often in an attempt to manage safety). It is important to build rapport and trust with the affected parent. This will help to understand the compounding factors and ways they attend to their own and their children's safety and wellbeing.

The primary client for child protection is the child. The child's safety must always be the paramount consideration.

Attending to practitioner safety

Holding perpetrators to account for their behaviour involves engaging parents (often men) who are skilled at coercive control. When engaging with people who use violence, professionals must do so in a way that is safe and non-collusive. Safe, non-collusive practice will support the perpetrator to engage in the service. This enables services to have a more complete understanding of risk and offers opportunities to link the perpetrator to services that can provide stabilisation, reduce risk, and change their violent behaviour.

Practitioners' own experiences of, or fear of violence, when working with perpetrators may inhibit effective practice. It is important to seek support and discuss with your supervisor if you believe you are unable to work effectively with perpetrators because of your safety concerns. You can seek support internally from colleagues with specialist family violence expertise or externally from specialist perpetrator intervention services.

Developing safety strategies, such as working with a more experienced practitioner, is key to increasing practitioners' safety and enabling them to engage safely with the perpetrator. Each practitioner has different skills, knowledge and experience. Safety in practice must be looked at for each individual and for each case the practitioner is working with. Different types of family violence may trigger different levels of concern and confidence.

Tilting practice to focus on perpetrator accountability

Holding perpetrators to account involves engaging with them on taking responsibility for their behaviour, use of violence and parenting choices. It also involves working with other services to keep the perpetrator in view.

Understanding the perpetrator's pattern and history is a key part of risk assessment. It involves seeking information and evidence of coercive control, violent behaviours and parenting practices that impact negatively on the children, including control and sabotage of the child's relationship with the affected parent.

The Tilting our Practice model supports family violence–informed practice in child protection and is part of the SAFER children framework (Figure 5).

Figure 5: Tilting our Practice and the SAFER children framework

Source: Department of Health and Human Services 2018d

Professional judgement

Professional judgement is about how our people use knowledge, skills and experience, how they bring their values and wisdom, how they manage their emotions and use their reasoning skills. The guided component is the legislation, policy, procedures, practice guidance and tools that help us do our work. Together they make up our approach – a guided professional judgement approach to practice, risk assessment and risk management (Office of Professional Practice 2019).

Guided professional judgement in the Victorian child protection program is defined as:

Applying the five components of professional judgement, in a way that is guided by legislation, policies and procedures, to develop a professional opinion about harm, risk, safety and protection (Office of Professional Practice 2019).

Figure 6: The five components of professional judgement

The sum of the parts that make up the whole (Office of Professional Practice 2019).

Values

The ethical frameworks, individual characteristics, resources, vulnerabilities and experiences of practitioners, leaders and managers in child protection.

Our values are individual, societal, and professional characteristics that we gain through life experiences. They are the ideas and beliefs that are important and particular to who we are. Decision making is easier when organisational values, workplace values and our own values align.

Our personal values are reflected in our practice and the decisions we make. We make better decisions if we can identify our personal values, what they mean for our practice, and the consequences when we incorporate them into decision making.

The department is committed to the seven core public sector values of responsiveness, integrity, impartiality, accountability, respect, leadership and human rights.

Emotional awareness

Self-awareness of the emotionally charged nature of child protection work and its impact, how to understand the behaviour of others including children and families, and the reaction and action that follow.

Child protection work is highly emotive (Munro 2020). We may feel elated and strong as we see the work we do positively change a child's circumstances. However, we are also witness to the abuse and neglect of children.

Professional practice means you can identify and understand your emotions, control them and be aware of how they influence relationships, practice and decision making.

Increasing our emotional intelligence (Goleman 1996) or emotional competency (Gambrill 2012) is one way to influence the emotional awareness component of knowledge, skills and professional judgement. It can help us understand and use emotions.

[Emotional intelligence] is not an end in itself; it is [a] means to enrich thinking, action, service delivery and outcomes (Morrison 2008).

Effectively managing your emotions (being emotionally regulated) is a priority personal attribute of a child protection practitioner. The *Child protection capability framework* (March 2021) defines this as 'regulates emotions in the face of distressing and alarming circumstances to ensure the best outcomes are achieved for clients'.

Enhancing emotional awareness requires ongoing effort. The *Child protection capability framework* highlights the need to attend to psychological health and wellbeing. You cannot be professionally available to children and families when you are emotionally overloaded. The deeper you understand and manage your emotional reaction, the healthier and more effective you will be.

Formal knowledge

Qualifications and training, understanding of legislation, policy, procedures and what is gained from the theories and research. Formal knowledge is gained from qualifications as well as continuous learning and professional development.

Child protection work requires us to build formal skills and knowledge. This knowledge base includes formal qualifications and must always be grounded in what is required and relevant to the role and mandate of Victoria's child protection program.

Knowledge is helpful in making accurate inferences and includes content or topical knowledge (facts related to a domain and concepts that contribute to understanding clients and their characteristics and circumstances), procedural knowledge (how-to), and self-knowledge (such as awareness of personal assets and limited in decision making) (Gambrill 2012).

Our formal knowledge base evolves and expands through a continuous, curious and open approach to personal and professional development.

The *Child protection capability framework* lists ten areas of skills and knowledge required as a minimum in practice:

- understands child development
- identifies risks to children
- understands the legislative and statutory framework
- works confidently with families affected by drug or alcohol abuse
- works confidently with families affected by family violence
- works confidently with Aboriginal children and families
- operates effectively in a fast-paced and changing environment
- confidently prepares for court
- communicates risk and risk-related concepts verbally
- writes professionally and convincingly.

> *Effective interventions require much more than a good heart and a commitment to children's welfare. It is exceptionally complex work that requires talented practitioners who have high level interpersonal skills and requisite knowledge and support (Lonne et al. 2010).*

Reasoning skills

> **The ability to think and reflect critically on practice, reason from a basis of knowledge and balance intuition and analytical approaches to the way decisions are made.**

> *Good reasoning is the responsibility of the whole agency, not just the individual. This creates a culture where challenging assessments and decisions is not seen as a personal criticism but an intellectual task that is morally necessary (Munro 2008a).*

The literature about practice and decision making in child protection refers to two types of reasoning:

- analytical – a step-by-step, conscious, logically defensible process
- intuitive – a cognitive process that somehow produces an answer, solution or idea without the use of a conscious, logically defensible, step-by-step process (Hammond 1996).

The *Child protection manual* provides procedures and advice about what we need to do. Practitioners must refer to it often to guide their practice. However, the procedures in the manual don't replace the work we do to think critically, consider widely and gather evidence to support assessments.

In child protection practice, intuitive reasoning includes the open and curious development of hypotheses. It requires compassionate and broad weighing up of options and possible consequences. Intuitive thinking is a critical part of working in the complex and emotional world of child protection.

Critical thinking is key in both analytical and intuitive reasoning. To be clear in our thinking we need reflective space and support. We need to give ourselves permission to think analytically and intuitively, using frameworks like Kolb's experiential learning cycle in all areas of practice and decision making (Morrison 2005).

Child protection workers should be like detectives, not barristers. They [we] need to make a thorough search for the truth, with an open mind that considers different possibilities, and to test the conclusions they reach. Barristers, in contrast, are paid to defend one particular point of view, and use only the information that helps them do this (Munro 2020b).

Our work with children and families focuses on gathering and breaking down or testing information. When we engage families and assess risk, we bring our reasoning skills to the evidence we have gathered. We weigh up all the information and aim to present a clear picture of our thinking. It takes all our best thinking – objective, fact-finding and intuition – to create a clearly articulated risk assessment that is supported by the evidence to back up conclusions and assertions.

As practitioners working in a statutory framework, we seek facts and evidence, which can be considered deductive reasoning. We look for information, including what sits below the 'presenting problem', to make sense of that information and make an informed decision. Once 'the sense' is made, we need to be open to new information and evidence. We then use that information to inform our case planning and reduce risk to children and families. The 'making sense' is difficult and takes more than one individual. Supervision, consultation and collaboration are key.

Practice wisdom

The knowledge and skills gained through experience in working with children, families and professionals, and insight into how this combines with other knowledge and wisdom, such as that gained from study, training and critical reflection.

Practice wisdom comes from many and varied experiences across different roles and work environments as well as life experience. It comes from 'doing' something that provides a base to reflect and consider how that experience might inform current practice and decision making for a child and family.

Examples of practice wisdom relevant to practitioners, leaders and managers

- Bearing witness to the experiences of trauma, abuse and neglect
- Culturally safe practices that come from working directly with Aboriginal families and understanding the impact of colonisation
- Hearing the experiences of children by understanding their presentation and behaviours
- Receiving feedback from parents about how they experienced an intervention – what worked and what could have been done better
- Child protection experience in another state, territory or country
- Systems and data experience across the child protection program
- Experience in rural and metropolitan locations
- Experience giving evidence in the Children's Court and other jurisdictions
- Working with parents who experience factors such as substance use, family violence, mental health, sexual abuse, intergenerational trauma or disability
- Bringing our own life experiences to the work we do
- Incorporating theories into our work.

Practice wisdom and appreciative inquiry

Practice wisdom in child protection gives us the opportunity to learn from what went well (successes) and what didn't go so well. When we treat experiences, including errors, as opportunities to learn and improve, we are developing practice wisdom (Munro 2008a).

Identifying, sharing and showcasing good practice also helps build practice wisdom. We can learn more valuable lessons from decisions with a good outcome than ones that result in harm or an undesirable outcome like loss. The techniques of appreciative inquiry help us to reflect on and build practice wisdom (Munro 2008a).

Experience, reflection and feedback

Developing practice wisdom in child protection requires three elements (Munro 2012): the experience; the ability to reflect on the experience; and feedback about how a case has progressed in the future.

It is through experience (and feedback) that we develop reasoning skills and build our practice wisdom.

To enhance practice wisdom, tools such as professional supervision, personal critical thinking and reflection, case consultations and discussions with our experienced colleagues, are necessary to create safety and reduce risk in the families we work with.

Creating time to bring our practice experiences into these reflective spaces will help us gain the most from the 'doing'.

Five SAFER practice activities

The five practice activities are positioned within the broader context of statutory child protection practice and are central to the SAFER children framework (Figure 7).

Figure 7: The five practice activities of risk assessment in child protection

Building on the risk assessment approaches from past practice in Victoria, a revised and contemporary model to identify, assess, articulate and manage risk in child protection has been co-designed by the Office of Professional Practice with practitioners from across the state.

Developed by practitioners, for practitioners

This guide provides practitioners, leaders and managers with specific advice about how each practice activity can be considered at each point in an intervention with children and families. The *Child protection manual* is still the place to find specific policies, procedures and advice to support practice.

The practice activity objectives

The aim of the practice activities is to ensure:

- child protection practitioners are guided about risk assessment and supported to combine the guidance with their knowledge, skills and professional judgement
- practitioners have more clarity about safety and risk concerns and can talk about their assessment to children, families and professionals
- casework with children and families is targeted and purposeful, with strengths identified as building blocks for increased protection and safety
- quality and consistency of case recording and evidence that may be used in the Children's Court is strengthened.

The five practice activities rely on the guided professional judgement approach of the SAFER children framework for identifying, assessing, articulating and mitigating risk.

Practitioners, leaders and managers use the tools and procedures available to them, along with their professional judgement, to inform practice, risk assessment and risk management of vulnerable children reported to child protection.

Information and evidence, formed according to evidence-based factors, are brought together in a guided way to clearly articulate the protective concerns, determine the risk assessment, and make a judgement about the consequence of harm and probability of harm occurring now and in the future.

The risk assessment will inform decisions. Where statutory intervention is required, the formulation activity helps develop a targeted case plan that considers the individual child's needs. This aims to decrease risk and increase safety.

The concepts within formulation can also be extended to support other planning, such as safety planning and investigation planning.

As the case plan is enacted, children and families are provided with the widest possible assistance, building on strengths and, where possible, identifying protection within families and communities that can provide for safety.

Progress towards the permanency objective is assessed as goals and tasks are monitored for outcomes.

A review of the risk assessment looks at planning, progress, change and outcomes. This considers if the consequence and probability of harm have decreased, and safety increased to an extent that there is no longer the need for child protection involvement.

If the review indicates that consequence and probability of harm have increased, or goals and tasks have not progressed, further statutory intervention may be warranted.

> *Complex judgements like risk assessments become easier to handle if they can be analysed into smaller stages. This means that information can be organised in a more accessible manner and be examined at each step, in turn, so it is more public and open to debate and review (Munro 2008).*

Seek

share, sort and store information and evidence

Seek, share, sort and store information and evidence

Introduction to this practice activity

This practice activity is used across the following phases:

Seeking, sharing, sorting and storing information is key to building a picture of the child within the context of their family, culture and community. This assists in understanding the interplay of complex dynamics within a statutory child protection risk assessment.

This practice activity is dynamic across the continuum of child protection.

In seeking information, practitioners can be guided by the essential information categories described below.

This practice activity encourages practitioners to analyse and understand what the information held at a point in time **means** for the child or young person.

The components

The four seek, share, sort and store components are outlined below.

Seeking information and evidence:

- This starts in intake, when obtaining information from the reporter and other relevant professionals, and continues through the phases, when talking to children, families and their networks.
- We do this by listening, questioning, clarifying, gathering and reviewing available material.
- This is important because thorough, holistic risk assessments and the best decisions about child safety are not possible without knowing all the available and relevant information.
- Case conferencing is a good example of seeking information from families and sharing information with professionals.

Sharing information and evidence:

- We do this by clarifying with children, families and professionals to determine the validity of information and evidence, and to ensure everyone understands the risk and safety issues.
- This is important because services need to work together to: identify needs and risks; promote earlier, more effective intervention and integrated service delivery; and improve outcomes for children and families.
- The *Children, Youth and Families Act 2005* (CYFA), Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme (CISS) are good examples of mechanisms to seek and share information. The Multi-Agency Risk Assessment and Management Framework (MARAM) requires sharing of information to identify family violence-related risk and needs. It promotes earlier and more effective interventions and integrated service delivery linked to improved outcomes for children and families.

Sorting information and evidence:

- We do this by sorting information within the evidence-based essential information categories and factors. This enables a structured approach to analysis.
- This is important because the essential information categories build the picture of key information matched against evidence-based factors. This helps practitioners with the first step of analysis.

Storing information and evidence:

- We do this by being diligent, targeted and purposeful in the way we write and record case notes on the child's file.
- Case recording is important because it enables risk assessment and analysis. It provides the record of all the contacts and events relating to an intervention.
- Some case notes must be recorded contemporaneously (at the time of the event, otherwise as soon as possible and within 24 hours).
- Good case recording fulfils legislative responsibilities and legal accountabilities. Remember that case notes are documents that can be subpoenaed. They should be factual and not written subjectively.

Effective seeking, sharing, sorting and storing is important because the essential information categories are not the only source of information. Case notes provide the chronology of casework with a child and family and build part of the life story of children known to child protection.

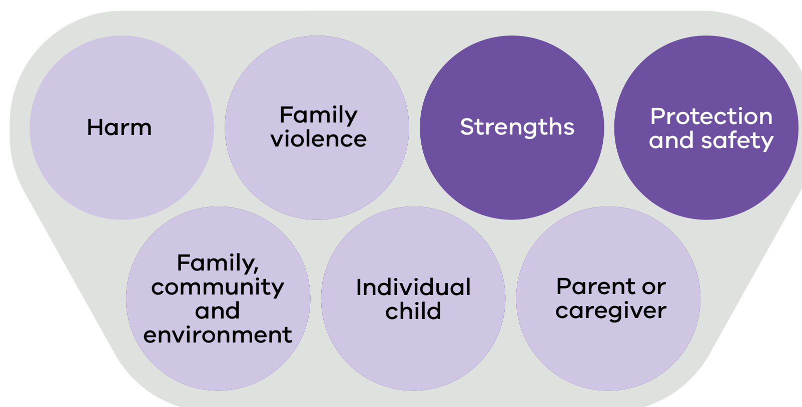
Essential information categories

Practitioners seek, share, sort and store information and evidence across seven essential information categories.

The essential information categories in the Client Relationship Information System (CRIS) replace the previous areas of concern, types of harm and actions leading to harm values. Also different is how facts and evidence to support why a factor is relevant are explained. The facts and evidence are provided succinctly.

Figure 8 shows the seven essential information categories. The categories in light purple contain evidence-based risk factors for adverse outcomes, as identified in a literature review by Gaskin Research (2017).

Figure 8: The seven essential information categories



The categories in dark purple are strengths, protection and safety. They allow practitioners, leaders and managers to take a strengths-based approach. They help identify strengths that may provide safety (strengths demonstrated as protection over time) or can be built on to create safety and protection. Using a strengths-based approach to find exceptions to harm provides insight into the harm and what was working in the family at the time of the exception. Identifying exceptions to harm can inform building blocks to safety.

Seeking and sharing information across these categories is not linear and doesn't happen in a specific order. Use professional curiosity to seek as much information about strengths and protection within a family as information about harm and risk.

The essential information categories are updated continuously and dynamically, as the child and family move through the phases of child protection intervention.

Provisions for information sharing allow professionals to seek and share information about child safety, wellbeing, and assessing and managing risk (CYFA, CISS, FVISS). The responsibility for child safety and wellbeing is, and should always be, a shared one with families, community service organisations and other agencies that provide services to vulnerable children and families.

An open and curious approach to seeking and sharing information supports:

- balanced assessments grounded in well-founded, reliable and relevant information
- assessments focused on risk factors, protective factors and evidence
- consideration of all essential information categories and factors.

Family violence risk factors

The evidence-based factors under the family violence essential information category align to MARAM. These risk factors have been shown to be associated with family violence. Some factors are associated with a victim being killed or seriously injured and are easily identified in CRIS. The essential information categories of 'strengths' and 'protection and safety' support safety planning for child and adult victim survivors of family violence.

The evidence-based factors

> *The severe immediate and lifetime health and social consequences for the youngest members of society means there is a strong imperative to protect children from maltreatment. One of the central components of child protection is the recognition and mitigation of risk (Gaskin 2017).*

The evidence-based factors within the essential information categories are **circumstances, indicators, characteristics and considerations.** These help practitioners to understand the probability of adverse outcomes for children reported to child protection. The strengths, protection and safety that may be present within children, parents and families help us understand if we can mitigate the risk of adverse outcomes.

How this information comes together to make a judgement around probability will become clearer under the 'Analyse the information and evidence to determine the risk assessment' practice activity.

It is critical to understand that factors (circumstances, indicators, characteristics and considerations) can be:

- **static** – do not change or respond to intervention; for example, a criminal conviction is a static factor because it will not change
- **dynamic** – intermittent, responsive to intervention and can change over time; for example, drug and alcohol misuse, mental illness and family violence risk factors are dynamic factors that can affect or compromise a parent's ability to provide safe care and meet their child's needs but can change in response to intervention
- **causal** – an action that directly leads to or causes harm; for example, not feeding a baby, resulting in failure to thrive, is an action by a parent that causes harm to the child.

Because information (factors) can change over the course of an intervention, it is critical to keep the essential information categories up to date.

The difference between information and evidence

In the context of work in child protection, 'information' and 'evidence' have different meanings. The practice example below clarifies the definitions and what they mean in practice.

All evidence is also information, but not all information is evidence.

A practice example:

- A report is received containing knowledge (a belief formed on reasonable grounds) from a person caring for a child that the child has been sexually abused **(information)**.
- At an interview with child protection, the child discloses being sexually abused by her father that morning and when she told her mother, she didn't believe her. The child's experience of harm was substantiated, and the child was found to be in need of protection, according to grounds under s.162(d) of the CYFA (the practitioner and team manager were satisfied on reasonable grounds that the child had been sexually abused and the parents did not protect) **(evidence in child protection practice).**
- A protection application was issued by emergency care. Child protection presented evidence to the court in the form of the child's disclosure, a disclosure by a sibling who witnessed the abuse and an interview with the parents. The case was proven in the Children's Court of Victoria (balance of probabilities the child was sexually abused, and the parents did not protect) according to s.162(d) **(evidence in the Children's Court of Victoria).**

- Victoria Police completed video and audio recorded evidence (VARE) of the child and charged the father with sexual penetration. A medical examination of the child was conducted, and the father's DNA was matched to a sample taken. Police proceeded and the father was found guilty in the Magistrates' Court (beyond reasonable doubt that he sexually abused the child). He was placed on the sexual offender's registry for life **(evidence in the Victorian criminal jurisdiction).**

Seeking information and evidence

Seeking information is a continual process as new information is incorporated with what is already known.

Key points

- **Seek** information in intake that is relevant to the reported concerns. But also take a holistic view to understand the child and family's situation.
- **Seek** to understand as much as possible about any child protection history (including interstate) for children and parents.
- **Seek** information informed by current research and the formal knowledge component of professional judgement.

Where relevant and appropriate, seek information directly from children and families:

- **Seek** direct information from the child, and all children in the home, by observing, listening and talking to them. Seek information from a holistic perspective, not just about reported protective concerns.
- **Seek** direct information from the parents by listening, talking to and observing them and their interaction with the child.
- **Seek** direct information from all adults in the home to understand the role they play in the child's life.
- **Seek** the victim survivor's self-assessment of their level of risk, fear and safety (where family violence is a concern).
- **Seek** to understand as much about what is working well in the family and what is not working well.
- **Seek** to understand exceptions to harm.
- **Seek** and record the family history and complete a genogram.

If information is believed on reasonable grounds to be accurate, valid and reliable, then it could be considered evidence.

Practice guidance

Professional curiosity

When practitioners use professional curiosity to seek information, they put on hold assumptions about what might be happening. They adopt a true stance of 'not knowing'. Curious practitioners in child protection never assume they know what is happening for a child and family. They seek to understand, always with an open mind. Professional curiosity is about being open to new information during any phase and at any point in a child protection intervention.

For intake practitioners who do not generally have direct involvement with children and families, professional curiosity and taking a stance of not knowing or making assumptions happens when interacting with reporters and professionals.

Professional curiosity helps practitioners to:

- be respectfully critical about information, have an open mind and be 'respectfully uncertain'
- complete holistic risk assessments by taking a wide and open view to seeking information
- focus on the lived experience of children
- work with families where 'disguised compliance' is a possibility (families who may appear to be cooperating or compliant)
- always remain open to new information and the unexpected (in terms of harm and risk and strengths, protection and safety).

One way to apply professional curiosity when seeking information is to be as open as possible in asking questions. Families and professionals often regard open questions as less judgemental.

A simple way to understand closed and open questions is:

- **closed questions prompt a short and often quick response**
- **open questions are gateways to conversation.**

Practice note: Examples of open and closed questions

- Closed questions can only prompt a yes/no response. For example:
  - 'Did your mum hit you with the broom?'
  - 'Did you see your sister get hit on the face by your dad?'
- Open questions often begin with phrases such as 'Tell me about ...' or words such as 'How' or 'What' and will require more than a one-word answer. They provide the opportunity to tell a story. For example:
  - 'What happens at home if you don't listen to your mum?'
  - 'I wasn't at your house last night. Can you tell me everything that happened with your sister and dad?'
  - 'Tell me about the last time you heard the child screaming next door.'

Solution-focused enquiry

Solution-focused enquiry is a questioning approach or practice for speaking with and interviewing children and families. This approach helps understand motivation and capacity to change.

Using solution-focused enquiry can help you build collaborative working relationships with children and families that focus on strengths, protection and safety as much as harm and risk issues. This approach aims to bring about change wherever possible.

Practice note: Solution-focused enquiry

Scaling, miracle and exceptions questions focus on solutions when working directly with children and families and are most relevant from investigation onwards.

Scaling questions

- Help practitioners understand the issues of risk and safety from the family's perspective and know more about what actions are necessary to achieve change. For example:
  - 'On a scale of one to ten, one being unsafe and ten being completely safe, where do you think things are at for your baby when you take drugs?'
  - (repeat the parent's response) 'What would need to happen to move your baby's safety up on the scale from five to, say, a seven or eight?'
  - 'On a scale of one to ten, one being really scared and ten being not scared at all, where are you when your dad is yelling at your mum and you can hear her crying?'
  - (repeat the child's response) 'What would your dad or your mum need to do to make you a nine on the scale?'

Miracle questions

- A great way to help find out goals and a child or family's vision for how things might look different in the future. For example:
  - 'Think a year ahead, and all the problems you and your partner have with drug use are gone. What would life be like for you and the children? What might have been the challenges along the way?'
  - 'If I had a magic wand and could take away all the things that are making your children unsafe, what would the future look like for you as a family? Where would you be? What would the children be doing and feeling?'

Exceptions questions

- Apply across all phases. In intake, they help to prompt information from reporters about a time when concerns may not have been present.
- Help practitioners understand a time in the child and family's life when things were different (harm not occurring), or when harm could have happened to a child but didn't. For example:
  - 'Can you tell me about a time when you were not taking drugs every day? When was it? What was different from then to now?'
  - 'I noticed when looking at the child protection history that we didn't receive any reports for almost five years. What was happening for your family over those years? What is different now? What is the same?'

Making direct observations

An important part of seeking information in the phases of investigation, protective intervention, protection order and closure, is to include information gathered through direct observations. This helps build the picture of a child and their experience outside of the risk and harm issues. It means including the 'voice' of children who may not be able to verbalise due to age or other factors, such as disability. Practitioners observe children using all the five components of professional judgement: values, formal knowledge, emotional awareness, reasoning skills and practice wisdom.

Seeing and speaking with all children and young people as part of a child protection intervention is non-negotiable.

Practice note: Making direct observations

- For Intake phase, asking professionals about their direct observations of the infant, the child, the parents and the environment in which they live, is useful. Asking them to describe the basis for their conclusions assists with forming a picture of the situation.
- Noting how children develop is a key part of any assessment. The way these observations are then articulated assists the process of synthesising information. Any statement should be backed up with evidence. For example:
  - 'The child is meeting their developmental milestones' is not adequate. A good example is: 'The child is meeting their developmental milestones. This was confirmed with the early childhood nurse who has been visiting him fortnightly since birth almost a year ago. The child was seen in the home walking between furniture, eating finger food and speaking sentences with four or five words'.
- Casework with infants (all phases from investigations onwards) must be through an infant-focused lens. Direct observations of infants should always include:
  - seeing where the infant sleeps, plays and eats
  - observing interaction between the infant and all adults and other children.
- For first home visits or where there are current concerns, practitioners shouldn't be satisfied to see an infant in a cot or wrapped up in blankets. Use your engagement skills to respectfully ask parents to unwrap the infant or to explain the visit will need to continue when the infant wakes, so observations can be made.
- Make direct observations of the home from the viewpoint of the children and young people who live there. Where an infant is involved in the intervention, practitioners might find it helpful to view the environment at the child's level. For example:
  - If the child is just learning to crawl, what is their experience navigating the floorings in the home?
  - It is not enough to say, 'The home is of minimal standard'. A good example is: 'All rooms in the home were seen on [date]. The floors were clean, and the parents had installed locks on the low cupboards to prepare for the child pulling himself up on furniture. There were no hazards observed that pose a safety concern for the 10-month-old infant'.
- Direct observations that relate to Aboriginal children and families should:
  - always be culturally sensitive and informed
  - respect Aboriginal people and the historical context of harm caused while making observations with child safety in mind as the priority
  - be informed by cultural advice from the Aboriginal Child Specialist Support Service, Aboriginal Community Controlled Organisations and Aboriginal people themselves.

Sharing information and evidence

To do their job well, child protection practitioners need to be able to exchange relevant information with professionals and other members of the child's extended family and community in a timely and effective manner. At the same time, it is important that the personal information of children, parents and other individuals is handled with respect and is not misused (Department of Health and Human Services 2018e).

Key points include:

- **Share** information in a way that is consistent with legislative and policy requirements, together with confidentiality considerations. Be clear about how the information will be used.
- **Share** information via the provisions in the CYFA, CISS and FVISS, and consistent with the responsibilities under MARAM. These allow information to be shared without consent where appropriate (such as related to the safety of a child, or risk posed by a perpetrator of family violence).
- **Share** information gathered with parents to gain their views and to keep them up to date with work you are doing. For example, 'I can see by looking at your criminal record that you have been convicted of drug offences. Can you tell me what was happening for you at that time?'.
- **Share** information with parents that is gathered from speaking with children (if safe to do so) to help them understand the impact and the child's experience. For example, 'Johnny told us that he hides under the covers when you are shouting. I wonder if you have thought about how he feels when that happens?'.
- **Share** information about children and families with consent wherever possible, and where it is safe to do so.
- **Share** information with children to gain their views and to keep them up to date with the work you are doing. For example, 'I've spoken to your teacher and they've told me that you love art but are not so keen on sport. What are the things you like best about school?'.

Child protection is a prescribed information-sharing entity under CISS and FVISS. This makes sharing information simpler, and easier to understand and explain. The expansion of information sharing under these schemes, and the CYFA allow for effective assessment, management of family violence risk, and work to promote the wellbeing and safety of children.

Sorting information and evidence

Sorting information and evidence is the first step in starting to understand and make sense of what is known about a child and family's situation.

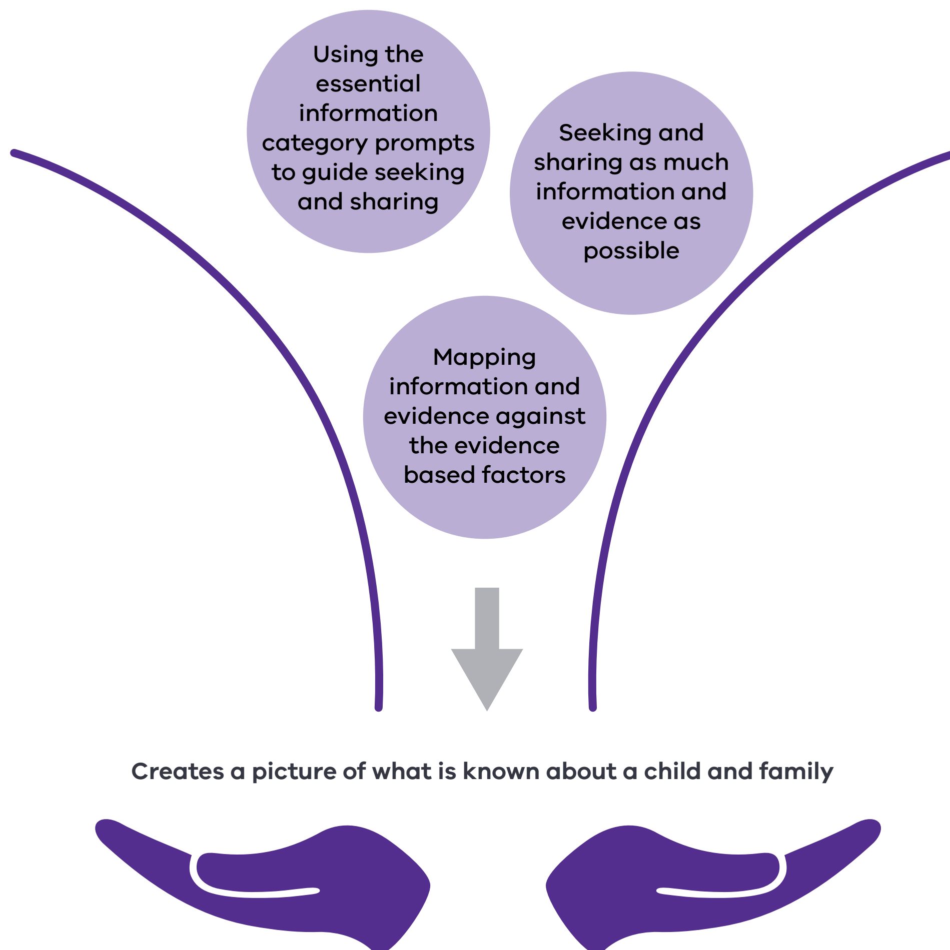
Key points

- **Sort** information and evidence according to the essential information categories and factors.
- **Sort** information and reflect on where there may be gaps in information.
- **Sort** new information, adding it to what is already known.
- **Sort** information and think, 'Does this change my assessment?', 'Do I need to talk with my manager or supervisor before a decision is made?'

The seven essential information categories are a repository for information and evidence. They provide a way of mapping key facts against evidence-based factors and bringing large amounts of information about children and families together to make sense of what it means in the context of statutory child protection practice.

Remember: The essential information categories contain the factors linked to adverse outcomes for children and young people (and the categories of strengths, protection and safety to avoid a problem-saturated approach). The factors help us understand the probability that harm has occurred, will occur or recur in the future.

Figure 9: Funnelling key information and evidence



Information, evidence and outcomes

Practitioners may use supporting information and evidence to articulate the known facts according to particular factors. When information is considered evidence, it can be used to confirm or disprove an allegation of harm.

Supporting information and evidence is used to map when what is known moves from being alleged (or reported) to:

- verified (such as from a mandatory reporter so considered verified on its own merit)
- confirmed (for example, after an interview)
- unable to resolve (no information to confirm or disprove)
- disproved (not confirmed)
- unable to investigate (for example, the child has moved interstate prior to investigation).

Note: The outcomes values above are relevant only for use by practitioners from investigation phase onwards as in intake, all information is considered alleged or verified.

Supporting information and evidence should be short, sharp and factual (Table 1).

Table 1: Example of supporting information and evidence

Physical abuse	Current	Historical	Outcome	Supporting information and evidence
Physical assault	x		Alleged	Child reported at school with a round blister to left arm
Physical assault	x		Verified	Child reported (by nurse) at school with a round blister to left arm that looks like a cigarette burn
Physical assault	x		Confirmed	Child seen by doctor [name] on [date] who confirmed the blister is consistent with a cigarette burn
Physical assault	x		Unable to resolve	Child seen by doctor [name] on [date] who was unable to confirm if the blister was from a cigarette burn or school sores
Physical assault	x		Disproved	Child seen by doctor [name] on [date] who diagnosed the blister as a school sore
Physical assault	x		Unable to investigate	Child is no longer in Victorian jurisdiction having moved to NSW on [date]. Report made to child protection in NSW

Table 2 explains the information and evidence gathered (known as outcomes).

Table 2: Outcomes explained

Outcome	Explanation
Alleged	Uncorroborated and unconfirmed information (such as protective concerns reported to intake)
Verified	Information corroborated or supported by another party or from a highly trusted source (such as mandatory reporter); suggests that the concern may be valid
Confirmed	Evidence, such as practitioner observations, known facts or a professional source, that on the balance of probabilities the risk or information is valid or true
Disproved	Evidence in the form of practitioner observations or known facts or a professional source that on the balance of probability the risk or information is not valid or untrue. The view an allegation is disproved should be formed with caution
Unable to resolve	No information to either confirm or disprove
Unable to investigate	Unable to investigate for reasons such as the child is no longer within Victorian jurisdiction (noting obligations to report to the relevant jurisdiction) or the child and family's location is unknown

Remember: Good evidence in child protection is:

- **authentic – trustworthy and genuine**
- **valid – well founded**
- **reliable – dependable and credible**
- **current – as recent as possible**
- **significant – relevant and important.**

You can only complete a good-quality, thorough and holistic assessment of safety and risk in child protection with sufficient information. We always need to think about the information we have (including pattern and history to identify cumulative harm) and whether it is sufficient to make decisions. If not, we need to use our lens of curiosity to seek more, to ask more questions.

Storing information and evidence

Case recording or storing information is an important aspect of statutory child protection practice.

Practitioners, leaders and managers have a responsibility to meet requirements of the:

- *Public Records Act 1973*, which sets out requirements for storing public records
- *Freedom of Information Act 1982*, which provides the public with a right to apply for access to information held by the department about them or members of their family, including child protection files.

Case notes in child protection hold part of the life story of everyone they are written about. When children become adults and seek to understand their experience (often in care), the diligence demonstrated by practitioners working with them around 'storing' important information in case notes may make all the difference to filling gaps and helping with understanding.

Key points

- Always record case notes in accordance with privacy and freedom of information guidelines.
- Only record relevant information. Before you case note, think 'Is it relevant?'. You can use the actions table to provide purpose for visits/contact with a child and family, and guide case note recording. This makes reviewing progress much simpler.
- Tell children, parents, families and professionals why you are collecting information and how it may be used, consistent with the role and mandate of child protection.
- Only share stored information in accordance with the CYFA, CISS, FVISS and privacy laws. Remember that the *Child protection manual* is the source of truth around what information can be shared and when.
- Always remember that information security is critical. Be diligent when storing information (for example, the way information may be stored in notebooks before case noting happens) to meet all requirements.
- Think about the language used. How an interaction with a child and family as part of a statutory intervention is recorded is important. At all times, language must be respectful, factual and non-judgemental. Think 'What I am writing is part of a child's life story and they will read it one day. How will they feel when they read it?'.
- Do not use acronyms in case notes. If you must use an acronym, be consistent with the department's writing style guide (writing in full the first time, followed by the acronym in brackets and then use of the acronym from then on).
- General case notes must always contain:
  - purpose and outcome
  - key issues discussed or arising from the casework
  - changes to risk assessment or decision making
  - action taken or required
  - where relevant, a reference to other information such as the paper file or electronic file
  - visibility of the child, their voice, views and wishes.

The *Child protection manual* contains current procedures and advice for practitioners, leaders and managers. Pay attention to what must be recorded or stored on the child's paper file.

Summing up

Keep in mind:

- Seeking, sharing, sorting and storing information and evidence is ongoing. It starts from the time child protection receives a report until the intervention concludes and the case closes.
- Dynamic factors and information can change quickly. Always follow up to check currency.
- Information sharing legislation (such as CISS and FVISS) supports seeking and sharing relevant information about child safety and wellbeing.
- Evidence is information that goes to confirm or disprove an allegation of harm against a child or young person. Definitions are important. Practitioners should not confuse what evidence means in usual child protection assessments versus what it means in the criminal jurisdiction. Simply, child protection works on the standard of proof being the balance of probabilities. The criminal jurisdiction works on beyond reasonable doubt.

Seeking, sharing, sorting and storing information and evidence provides a solid foundation for the complex task of analysis.

Analyse

information and evidence to determine the risk assessment

Analyse information and evidence to determine the risk assessment

Introduction to this practice activity

This practice activity is used across the following phases:

Post intake, this activity has **three elements: analysis, judgement and decisions:**

Analysis

Within analysis there are **four dimensions** of risk assessment practice that come together as logical steps. These help to make sense of information and evidence:

- vulnerability of the child
- severity of harm
- likelihood of harm
- safety.

Judgement

Within judgement there are **two components** that bring together the **four dimensions** of analysis to make a judgement (or determination):

- consequence of harm
- probability of harm.

Decisions

Judgement then informs decisions. Most often, the decisions made in child protection as a result of risk assessment are:

- intake
- substantiation
- case planning
- court applications and other court activity
- closure.

Intake – a different approach

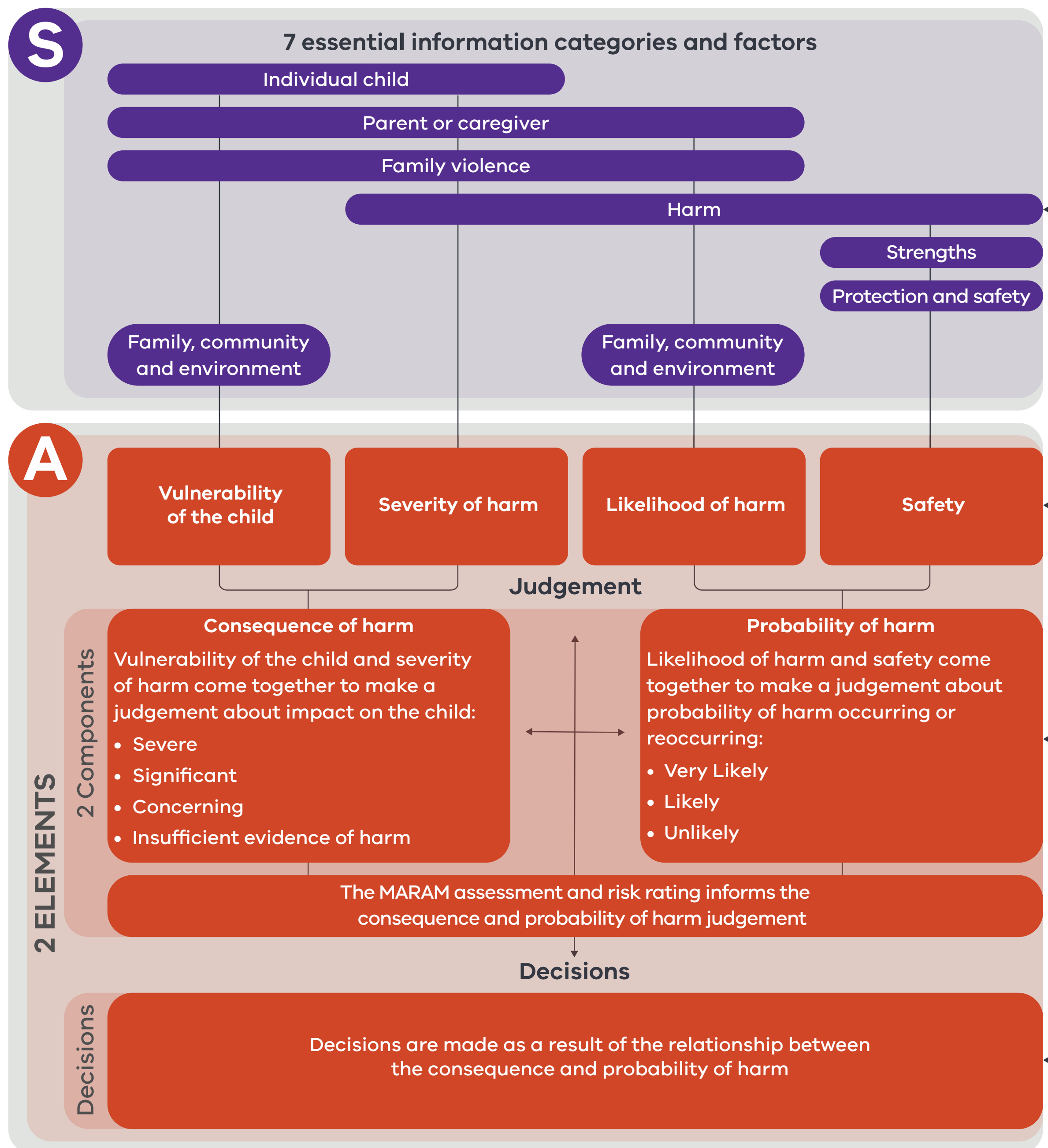
In the intake phase, a different approach is taken to the 'Analyse information and evidence to determine the risk assessment' activity. This is because of the specific role of intake in receiving, registering and classifying reports.

The approach in intake involves **two elements** of the activity: **judgement and decisions.**

Intake practitioners use the judgement and decisions elements to make risk assessment determinations (Figure 10a). But they must understand how the whole activity operates.

The four dimensions of analysis inform the narrative within judgements. This includes, for example, writing about the child's vulnerability and severity of harm within the 'consequence of harm' component of judgement.

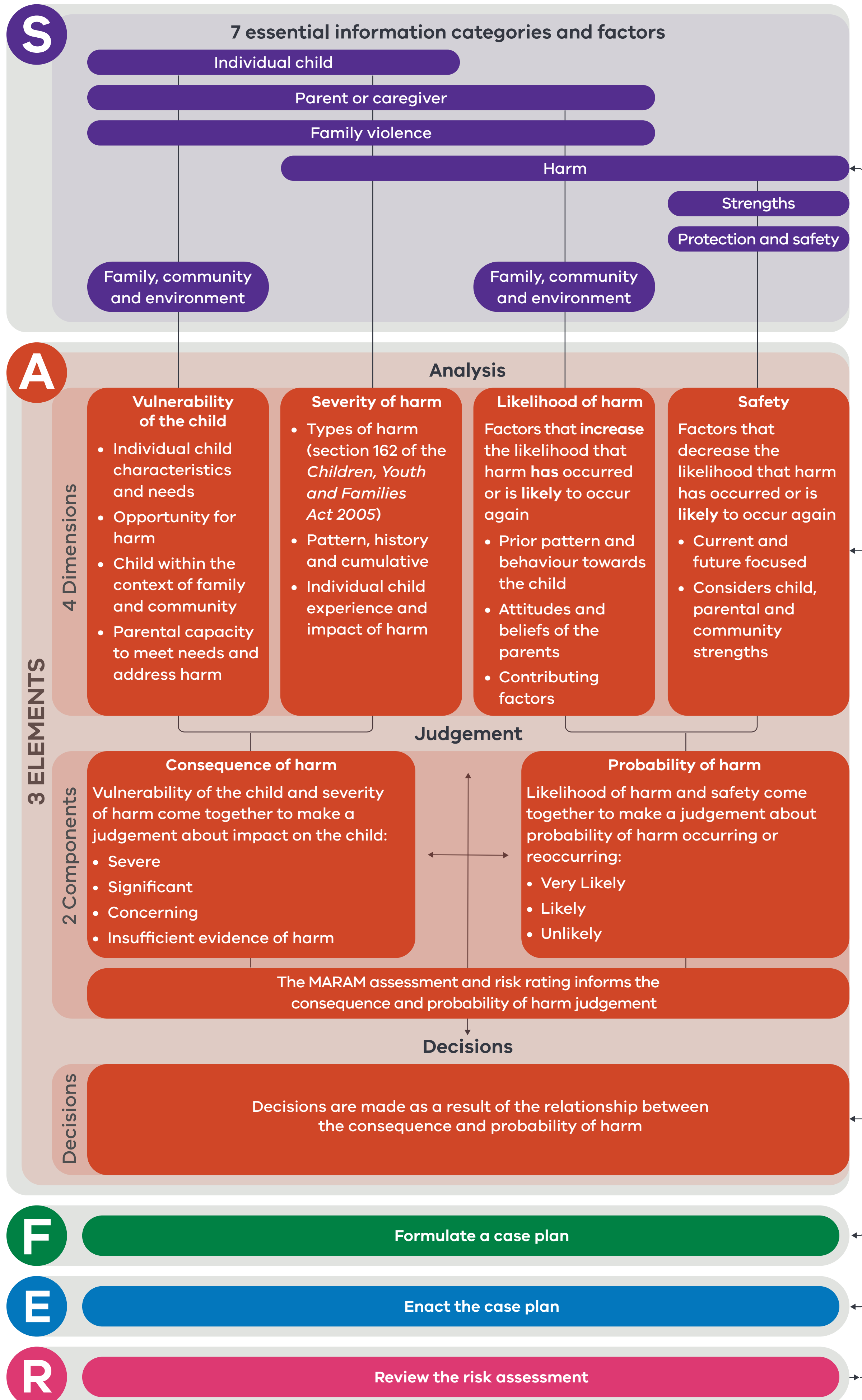
Figure 10a: Intake – judgement and decisions



Professional judgement, knowledge and skills are applied at each step to make a professional opinion about a child or young person's safety and wellbeing.

The professional opinion developed through the process of this practice activity is considered 'determining a risk assessment'.

Figure 10b: Post intake analysis, judgement and decisions – within the SAFER context



Information and evidence from the essential information categories and factors link to the four dimensions of analysis. These link to the two components of judgement. And those link to key decisions about children and young people.

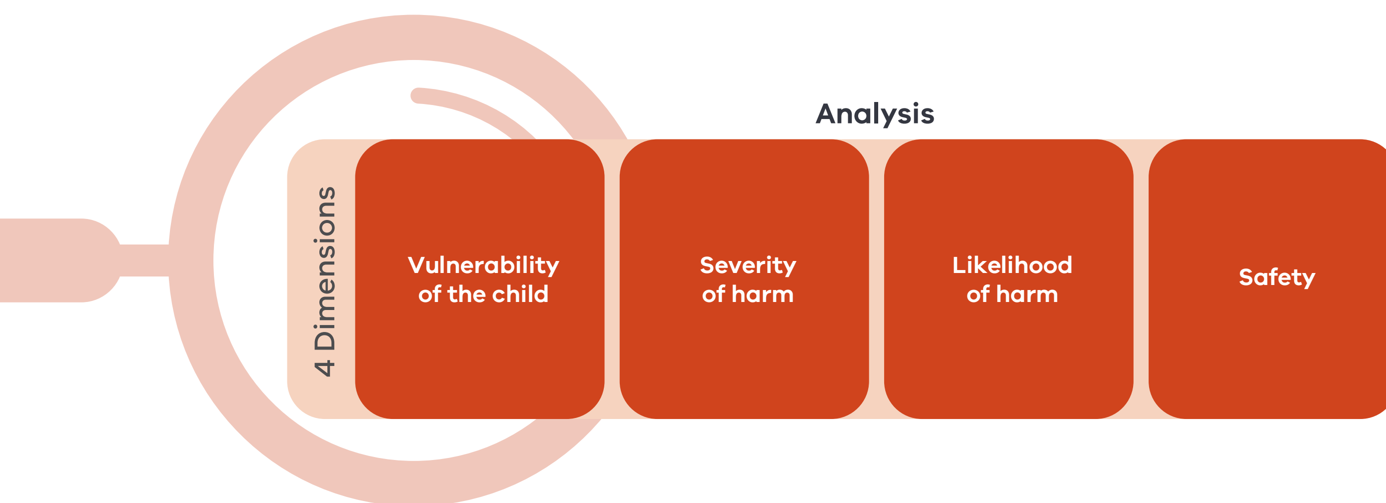
Key points

- The risk assessment completed under this activity is a point in time. Vulnerable families are complex and their situations may change.
- The structure of this activity post intake includes:
  - **three elements** of the activity (analysis, judgement and decisions)
  - **four dimensions** of analysis (vulnerability, severity, likelihood and safety)
  - **two components** of judgement (consequence and probability of harm)
  - decisions.
- Intake practitioners use only **two elements** – judgement and decisions – to determine the intake risk assessment.
- Practitioners from investigation phase onwards use the risk assessment activity to keep judgement and decisions open to review.

The dimensions of analysis

There are **four dimensions** within analysis that help predict future risk of harm (Sigurdson and Reid 1990) (Figure 11).

Figure 11: The four dimensions of analysis



Key points

- Analysis involves thinking about and bringing together what you know from seeking, sharing, sorting and storing information and evidence. It is a logical step that should deliver a clear and concise analysis.
- Be mindful of not repeating or restating the facts; articulate what the facts **mean** for the individual child or young person.
- A critical part of analysis is linking the information and evidence to your formal knowledge (for example, child development), reasoning skills and practice wisdom. This informs your professional opinion or judgement about risk to a child or young person.
- Hypotheses are generated in this activity to be tested and reviewed. As new information and evidence is sought, new hypotheses should be generated.
- Information and evidence are weighed up for significance in terms of each individual child's experience.
- Language is key. As you write, think 'What does this mean for the child or young person?'.

Practice note: The importance of hypotheses in child protection

'A hypothesis is a testable proposition'

- Practitioners, leaders and managers are encouraged to question their judgement and invite an alternative – this is good practice.
- Supervision, reflection and consultation allow for a 'fresh set of eyes' to test judgement.
- Playing 'devil's advocate' is good practice and if done safely is a good approach to testing a plan or judgement.
- The process of developing and testing hypotheses involves practitioners actively seeking information and evidence that might disprove the hypothesis, rather than seeking information and evidence to always confirm.

Analysis dimension 1: Vulnerability of the child

Who is the child in the context of their family, culture and community?

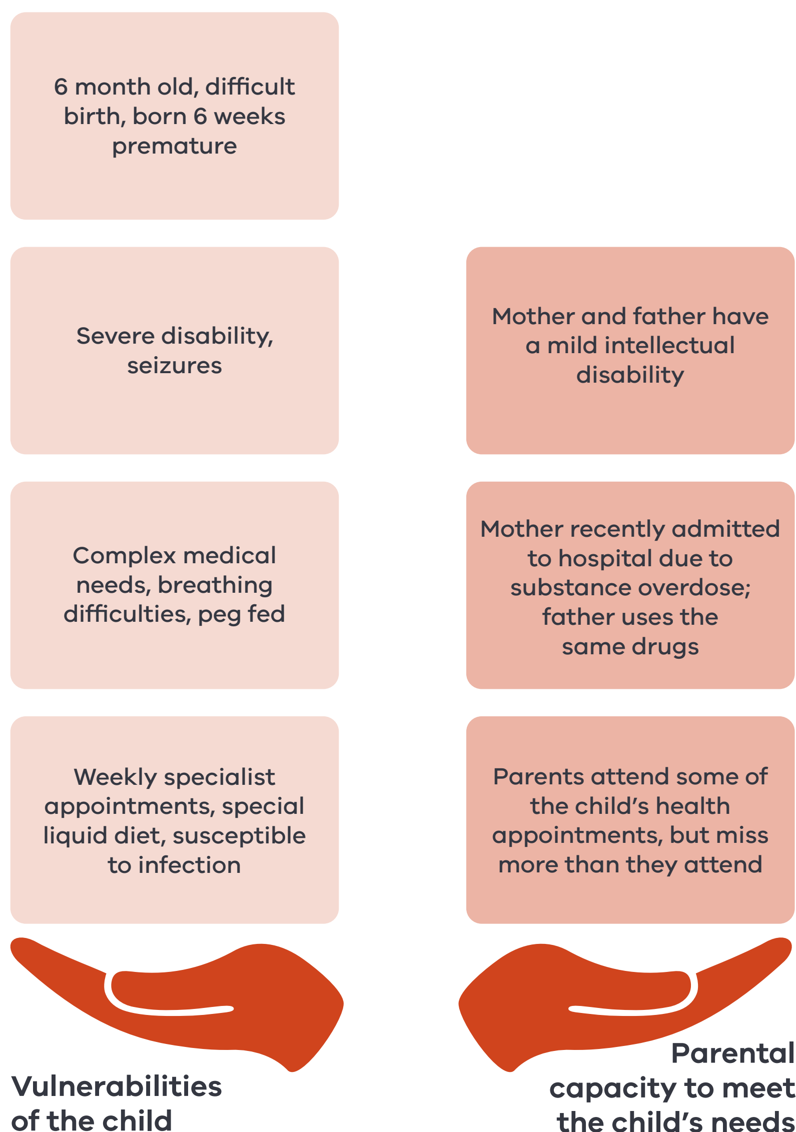
Links information and evidence from the essential information categories of:

- child
- parent and caregiver
- family violence
- family, community and environment.

This dimension looks at the characteristics of each individual child or young person in the context of their vulnerability to harm and the parental characteristics and capacity to meet the child's needs and address the issues of harm and safety.

Figure 12 illustrates the weighing up of vulnerability and parental capacity. Age, development and functioning are important factors that may point to increased vulnerability of the child.

Figure 12: Vulnerability of the child and parental capacity



When analysing a child or young person's vulnerability, it is important to think critically about ages and stages of development.

All infants, children and young people

- The child or young person's individual developmental stage is important. Consider developmental milestones and specific developmental needs which, if not met, may impact on other factors.
- Reliance on care from an adult and whether the child has specific care needs. For example, consider age (such as an infant who is fully reliant on a parent to meet their needs) or a complex medical issue or disability (requires a parent to administer medication or a certain level of medical care).
- Factors such as disability that increases their vulnerability and reliance on care and assistance.

Infants

- The younger the child, the more vulnerable they are to certain types of harm.
- Infants have a higher level of need for basic care and are fully dependent on adults.
- Critical periods of development happen in infancy.

Children

- A child or young person's place in the sibling group may impact their individual vulnerability.
- The child's functioning at day care, school and other environments.
- Children may be more vulnerable in different environments.
- The child or young person's relationship with siblings, peers, parents, family and others.
- Indications the child or young person might be developing or have developed behavioural issues.

Young people

- In older children, the accumulation of poor care or neglect can lead to an increase in risk-taking behaviour.
- Young people may be at increased vulnerability due to factors such as suicide or self-harm.
- The needs and increased vulnerability of young people at risk due to negative influences.
- Young people may be of an age where they are more likely to take on adult behaviours.

Analysis dimension 2: Severity of harm

What is the child's experience of harm, past or current?

Links information and evidence from the essential information categories of:

- child
- harm
- parent and caregiver
- family violence.

This dimension looks at the relationship between the specific vulnerabilities of the child and the type and degree, or severity, of harm.

Analysis of severity relates entirely to the child's individual experience of the abuse and/or neglect that has caused harm.

Harm types are defined by s.162(1) of the *Children, Youth and Families Act 2005* (CYFA) and set out under the essential information category of 'harm'.

Key points

- One or more types of harm may be present at any one time for individual children.
- Varying severity within the one type of harm may be present at any one time for individual children.
- The interplay between the child's vulnerability and the type and severity of harm is critical. Analysis may be easier if set out under headings, according to each child or young person.
- Cumulative harm, and the severity of the child's experience, may not always be visible. For example, a child who is often held by a parent experiencing family violence but has no signs of physical injury.
- Lower-level abuse and neglect may not be as visible but cumulatively can have a significant impact on a child's development.
- Potential long-term effects must be considered in the context of cumulative harm and neglect.
- The pattern or history of harm and any indicators it is escalating, chronic or episodic.
- Patterns of harm are indicators of future harm.
- Pay attention to the serious family violence risk factors consistent with the Multi-Agency Risk Assessment and Management Framework (MARAM) and included in the family violence essential information category, in the analysis of severity and enacting actions to respond to and manage risk. These serious risk factors indicate risk of the victim being killed or almost killed. Practitioners must consider these serious risk factors for the adult victim survivor and the child/ren victim survivors.
- The legal requirements in Victoria for defining a child in need of protection is a central consideration:
  - the child must have suffered or be likely to suffer harm
  - harm must be significant
  - the child's parents must not have protected the child, or be unlikely to protect the child, from harm of that type.

Analysis dimension 3: Likelihood of harm

What are the parental or carer characteristics that are associated with occurrences or recurrences of harm?

Links information and evidence from the essential information categories of:

- harm
- parent and caregiver
- family violence
- family, community and environment.

Likelihood of harm refers to the factors that increase the likelihood that harm has occurred or is likely to occur or recur in the future. This dimension is focused on the behaviours, abilities, action or inaction and attitudes of adults in the life of the child.

Any occurrence of maltreatment shows the adult is capable of this behaviour again (Sigurdson and Reid 1990, 1996).

- Considering the factors within the essential information categories of harm, the likelihood of harm should be analysed against three key areas: prior pattern of behaviour, attitudes and beliefs about harm, and contributing factors.

Prior pattern of behaviour towards a child or young person

- Past behaviour is one of the most accurate predictors of future behaviour.
- Where past behaviour has resulted in harm to a child or young person, if sustained change is not evident, then the probability that harm will occur again is increased.
- The number of times harm has occurred, and how recent, combined with consideration of the severity of harm, must be analysed.
- Whether past interventions by child protection (including interstate child protection information) and involvement of services has been effective in decreasing risk and increasing safety and protection.

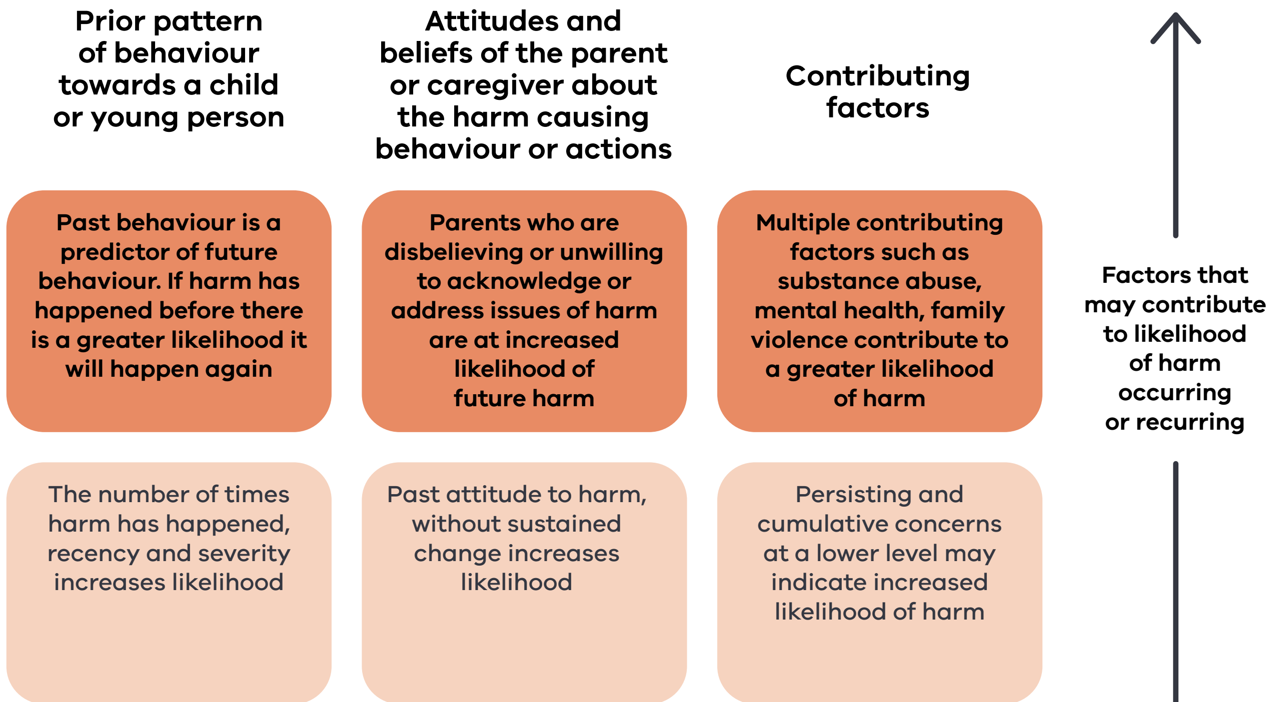
Attitudes and beliefs of the parent or caregiver about harm causing behaviour or actions

- Whether a parent or carer thinks the behaviour or harm is justified or warranted.
- Past attitude to behaviour and harm is an indicator of the probability that this attitude has not changed.
- Any indicator from information and evidence that suggests a parent or carer blames the child for their behaviour and for the harm, increases the likelihood that the behaviour and harm will continue, unless something changes (for example, 'He deserved to be hit with the belt. He had been pushing our buttons all day with his naughtiness'.).

Contributing factors

- Information and evidence about multiple factors being present for a child and family increase the chance that harm is likely to happen again.
- Analysis should consider multiple factors and their interaction. For example, family violence, parental substance use, parental mental illness, parental disability, intergenerational abuse, socioeconomic factors. Consider the need for a quicker response, consultation with a senior practice role or team manager or other actions in response to a potentially increased risk.
- Capability and capacity are a consideration where parents or caregivers may have a contributing factor, such as a disability or complex health need, that impacts their capability to provide care and safety. Even the most appropriate and targeted intervention or support may not bring about change.
- Cumulative harm is a key consideration. If contributing factors have been combined and present at some level over a period, it is likely that they will impact on the other areas of likelihood of harm. These include prior pattern and attitudes and beliefs.
- Where cumulative harm is present and sufficient change has not been demonstrated, the likelihood of harm recurring in the future is significantly increased.

Figure 13: Factors that contribute to increased likelihood of harm occurring or recurring



Analysis dimension 4: Safety

What are the factors present for the child and family that decrease the probability of harm and provide protection for the child or young person?

Links information and evidence from the essential information categories:

- harm
- strengths
- protection and safety.

This dimension looks at the way strengths and factors of protection and safety can contribute to a decrease in the probability of harm occurring or recurring.

Assessments completed in child protection must be balanced and avoid a 'problem-saturated' approach.

Some families have many strengths that are not enough to provide protection and mitigate the identified harm and risk issues. However, it is still important to identify these strengths as building blocks for potential protection and safety in the future. This can also help with building on and maintaining the relationship between children and parents.

The definitions of strengths, protection and safety are outlined below. It is important to understand the difference.

Strengths

Strengths are positive aspects or attributes of the child, family, culture and community that do not necessarily reduce the risk of harm.

A strength might be seen as an indicator, or motivator for change.

An example may be where parents who use methamphetamine start drug counselling. This is a positive indicator of motivation to change behaviour. However, it doesn't provide protection for a child in the absence of confirmed protective factors (such as a non-using parent or another protective adult who agrees to be with the child at all times).

A simple way of thinking about strengths is that they are the positive characteristics of children and families that in some way positively impact on the child's experience within their family, culture and community. Do not assume that a strength will automatically provide protection.

Protection

> **Factors that provide protection are the aspects or attributes of the child, family, culture and community that have a moderating or mitigating effect on the risk of harm.**

Protection is an action-focused activity that is 'demonstrated'.

There must be evidence of demonstrated actions by a parent or carer that either reduce or stop harm or exposure to harm, to be considered a protective factor. Perpetrator accountability is a key consideration where family violence is a concern.

Compliance is **not** a factor of protection. Think about this in the context of court order conditions. When assessing whether there has been sufficient change against the order conditions, there must be demonstrated action to reduce or stop harm occurring in the future.

Other examples of behaviour that **do not automatically provide** protection include:

- a parent attending urine screening
- a parent obtaining an IVO
- a perpetrator of family violence attending a behaviour change program
- a parent agreeing not to allow a child to be in the company of a registered sex offender
- a child attending school or day care
- a parent giving an 'undertaking'.

It is also important to understand that factors of protection may be demonstrated but could be time-limited (for example, a victim survivor of family violence where the perpetrator is remanded but likely to be released on bail). Remand could be a time-limited protective factor, so child protection would need to see ongoing demonstrated action over time for the factor of protection to remain current.

Safety

> *Safety is 'strengths demonstrated as protection over time' (Department of Human Services 1999).*

Child protection has a responsibility to work with the affected parent and with other services to provide support and promote safety. This is in light of knowing that family violence is a behaviour (choice of the perpetrator) to dominate, cause fear, use coercive tactics and controlling behaviour to gain power and control over victims (adult and children victim survivors).

Another responsibility would be to hold the perpetrator to account for the behaviour causing risk and harm to the adult and children victim survivors. Keeping the perpetrator in view is one of the elements of risk management.

This includes:

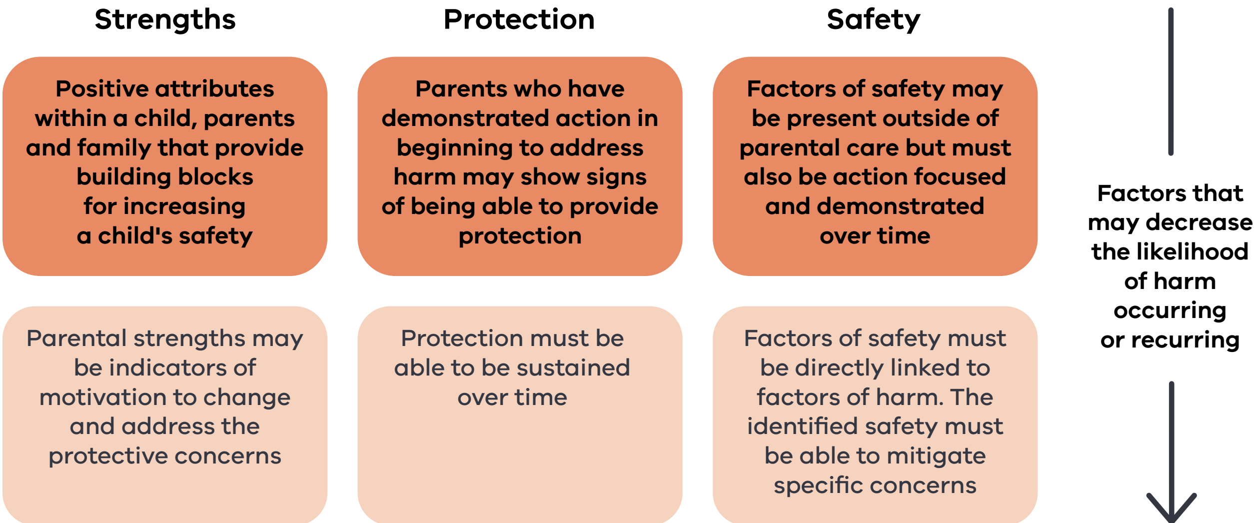
- proactively sharing risk-relevant information and providing referrals to other services to support the safety of the adult and child victim survivors
- sharing information about perpetrator risk
- providing referrals if appropriate to support the person using violence to address co-occurring needs and support stabilisation to reduce risk
- ongoing review of risk assessment and management strategies.

If part of a safety plan is for a child to stay with a grandparent or family member, this could be considered time-limited protection. However, it would require verifying with the adults being relied on to provide protection. For example:

- Are they fully aware of the issues of harm?
- Do they understand the dynamics of family violence and not minimising or blaming the victim survivor for the behaviour of the perpetrator?
- Can they provide safety for the child if under pressure and placed in a situation where their own son, daughter or family member wants to see the child?
- Can they demonstrate they have provided safety for the child in the past?

Any identified factor of protection and safety must be checked and verified. Accepting without checking and verifying as far as possible may be placing the child or young person at further risk.

Figure 14: Factors that may contribute to safety and a decrease in the likelihood of harm occurring or recurring in the future



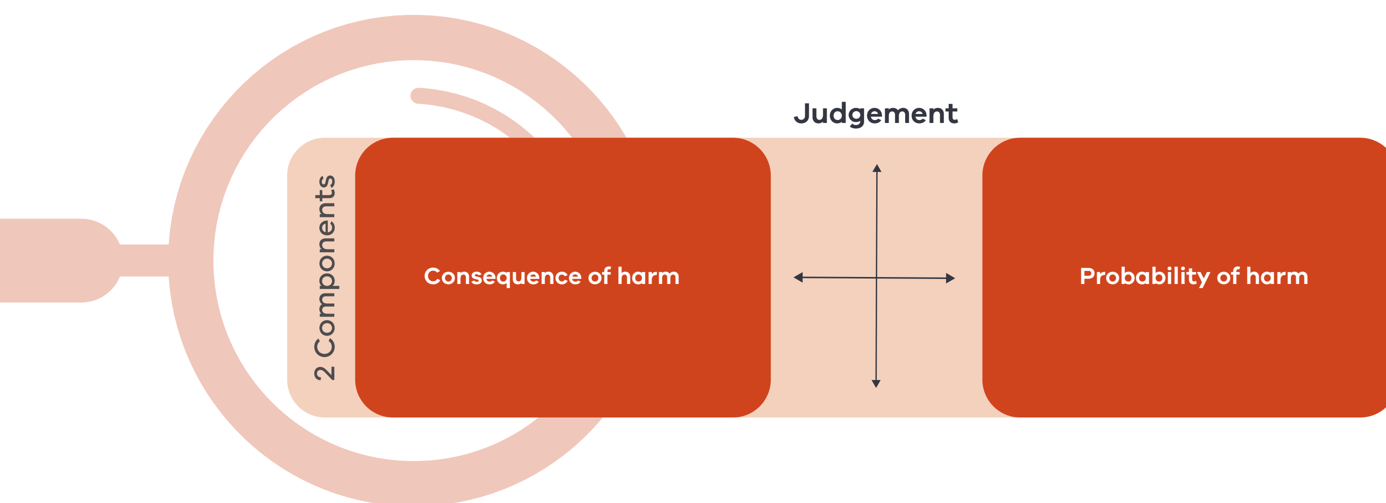
The components of judgement

What is the interaction between the consequence of harm and the probability of it occurring or recurring in the future?

Judgement (or determination) is made in relation to individual children. This must give primary consideration to their specific needs and experience of family, culture and community.

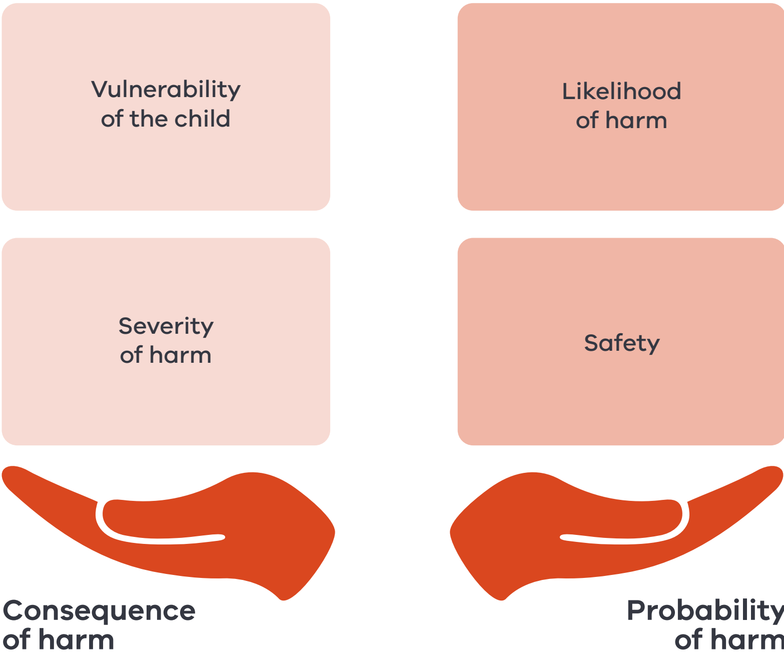
The **two components** of judgement are **consequence of harm** and **probability of harm** (Figure 15). The relationship between these components is key to making an overall judgement and determining the level of risk according to the descriptors under each area.

Figure 15: The components of judgement



Judgement (or determination) informs decisions, such as the decision to substantiate harm according to s.162 of the CYFA.

Figure 16: Weighing up consequence of harm and probability of harm



Judgement component 1: Consequence of harm

What is the impact on the child or young person?

Links the analysis dimensions of:

- vulnerability of the child
- severity of harm.

This area pulls together the vulnerability and severity dimensions of analysis. It provides a rationale that supports the overall judgement made about the **impact on the child.**

The more permanent the impact of harm is, the greater the severity and consequence of harm judgement.

Guiding descriptors for the consequence of harm are:

- severe harm
- significant harm
- concerning harm
- insufficient evidence of harm.

The guidance below assists practitioners to make a consequence of harm judgement. This involves bringing together what is known about the impact of harm on the child, and the practitioner's knowledge, skills and professional judgement.

Severe harm

The consequence of harm on a child or young person may be considered **severe** when:

- the impact of harm has been determined as permanent by a professional, including child protection (for example, a child who has brain damage after being shaken)
- the impact of harm is likely to have a permanent effect on the child's development (for example, injuries to a baby where actual impact may not be determined for several years until the child reaches an age or stage of development)
- harm has been endured over a long period of time, and the child or young person will experience a lasting impact (for example, a child who has been diagnosed as failure to thrive due to neglect and will recover after a long period of medical intervention)
- the impact of harm may not result in permanent impact on the child but involves a near-death experience (for example, a child who has been severely assaulted and almost died as a result and may make a full recovery).

The judgement of severe harm is likely to apply to only the most extreme cases of abuse, neglect and/or cumulative harm.

Significant harm

Significance must be defined in a way that is specific to the individual child or young person's experience. However, the following definition is relied on by child protection in Victoria.

Justice O'Brien in the Supreme Court (Buckley vs CSV 1992) identified 'significant' as:

- *'more than trivial or insignificant, but need not be as high as serious … and*
- *(is) 'important' or 'of consequence' to the child's development*
- *it need not have lasting or permanent effect, nor necessarily be treatable'.*

The last two points of this definition offer key guidance for practitioners as they think about the consequence of harm on the child's development, and the effects of harm both now and into the future.

The consequence of harm may be considered **significant** when:

- the impact of harm has been determined by a professional, including child protection, to be detrimental to a child or young person's functioning and development (for example, a child who has suffered chronic neglect and a paediatrician determines the child will need significant therapy to reach developmental milestones)
- the impact of harm will be important to a child's development in the short to medium term (for example, children who miss large amounts of school due to parental drug use)
- the impact of harm is likely to have a detrimental effect on the child's development (for example, a newborn who has been exposed to drug and alcohol use in utero, where actual impact may not be known for several years until the child reaches an age or stage of development).

Concerning harm

The consequence of harm may be considered **concerning** when:

- the impact of harm is isolated (for example, a child left unsupervised due to a communication breakdown between parents)
- the impact of harm was immediate and since this time, the parents have acted to address the issues causing harm (for example, a child being exposed to a parent's declining mental health and who since has taken steps to seek further support and treatment, and this has been confirmed by the treating doctor to have addressed the factors that caused the decline and impact on the child)
- the impact of harm is unlikely to have a detrimental impact on the child's development (for example, a child who disclosed to a teacher they had been hit by a parent. Follow up confirmed this was a smack on the bottom with an open hand because the child had run on the road, had occurred once and that smacking the child is not the usual parenting practice).

Insufficient evidence of harm

This applies where, after follow up in intake or after a first home visit, there is insufficient evidence of concerns (at the severe, significant or concerning levels) for the safety and wellbeing of the child or young person subject to the report.

Judgement component 2: Probability of harm

Is the child more or less likely to be harmed now or in the future?

Links the analysis dimensions of:

- likelihood of harm
- safety.

This area is about pulling together the analysis dimensions of likelihood and safety, and providing a rationale that supports an overall judgement of the probability of harm.

The probability of harm judgement is a measure of the factors that increase (likelihood) and decrease (safety) the chance that harm will occur or recur.

People do things for a multiplicity of reasons. Understanding these reasons will improve our ability to predict future behaviour. In essence, if behaviour and/or attitudes remain constant over a range of possible contexts, it is highly probable that they will persist. Behaviour which has been consistent in the past through a series of scenarios will probably re-occur in the future. In addition, the greater the number of observed replications of the behaviour in different contexts, the greater the probability that the behaviour will be displayed in a context which has not been examined (Reid et al. 1995).

Weigh up the factors that increase and decrease harm occurring or recurring to make an overall judgement of probability.

Guiding descriptors for the probability of harm are:

- very likely
- likely
- unlikely.

The guidance below helps practitioners make a probability of harm judgement. This includes bringing together factors that increase and decrease the chance of harm, and the practitioner's knowledge, skills and professional judgement.

Very likely

Very likely may be considered as a judgement when:

- factors of likelihood significantly outweigh factors of safety
- no factors of protection can be identified (remembering strengths do not on their own provide protection and safety)
- harm has been confirmed previously with no identified or sustained parental change
- the threshold for unacceptable risk has been reached (indicating immediate safety concerns).

Likely

Likely may be considered as a judgement when:

- factors of protection have been identified but not yet tested or demonstrated over a period that indicates they can mitigate the risks
- a pattern of cumulative harm is identified
- a pattern of increasing harm is identified (for example, low-level neglect that is now chronic)
- on the balance of probabilities, harm is more likely to occur or recur than not.

Unlikely

Unlikely may be considered as a judgement when:

- there are risk issues identified but at a level that does not warrant statutory protective intervention. In these circumstances, consider if the family would benefit from service support via a referral
- there are multiple factors of protection in place that have been demonstrated over a period to mitigate against any risk factors
- risk issues have been identified at a low level and the parents have taken action to prevent harm and promote the child's development
- it is not impossible but unlikely that harm will occur or recur.

Family violence and MARAM-aligned risk rating

Seeking and sharing information and evidence about family violence is guided by risk assessment questions and evidence-based risk factors from MARAM. Sorting and storing the information then happens against evidence-informed factors within essential information categories. All the information and evidence held about a child and family, including family violence, is then considered within the context of the **four dimensions** of analysis.

Serious risk factors must be identified for adult and child victim survivors within consequence of harm wherever they are present.

The overall MARAM risk rating (for the adult and child victim survivors) is then identified and considered within probability of harm. This supports consistency of language when sharing information with partner agencies.

The overall MARAM risk rating then informs the overall SAFER probability of harm judgement, which then informs decisions, including the need to develop a safety plan. Where harm is substantiated and a case plan developed, the actions table must be clear about the goals and tasks required, and by when, to address the identified concerns.

Decisions

The *Child protection manual* provides guidance on all the potential decisions that may be made during an intervention with a child and family.

Additional information is provided here about how this activity is used to inform the most common decisions made as part of risk assessment from investigation onwards:

- intake decision making
- substantiation decision making
- protection application.

Intake decision making

To guide decisions about report classification and, for cases proceeding to investigation, the urgency of those cases, intake practitioners use the practice activities of:

- seek, share, sort and store information and evidence
- analyse information and evidence to determine the risk assessment.

Where children and young people have been known to child protection in Victoria prior to the current report, as part of reviewing the history, the intake practitioner reviews the previous activities of formulating and enacting a plan and reviewing the risk assessment, as part of reviewing the history. Interstate history from another child protection jurisdiction must also be considered, as well as historical reports in the L17 portal.

In addition to the *Child protection manual* guidance about intake decision making, the following practice guidance connects the judgements made about consequence and probability of harm to outcomes.

> **Remember: SAFER is a guided professional judgement approach. The intake matrix and the consequence, probability and decisions matrix below are a guide only.**

Intake matrix

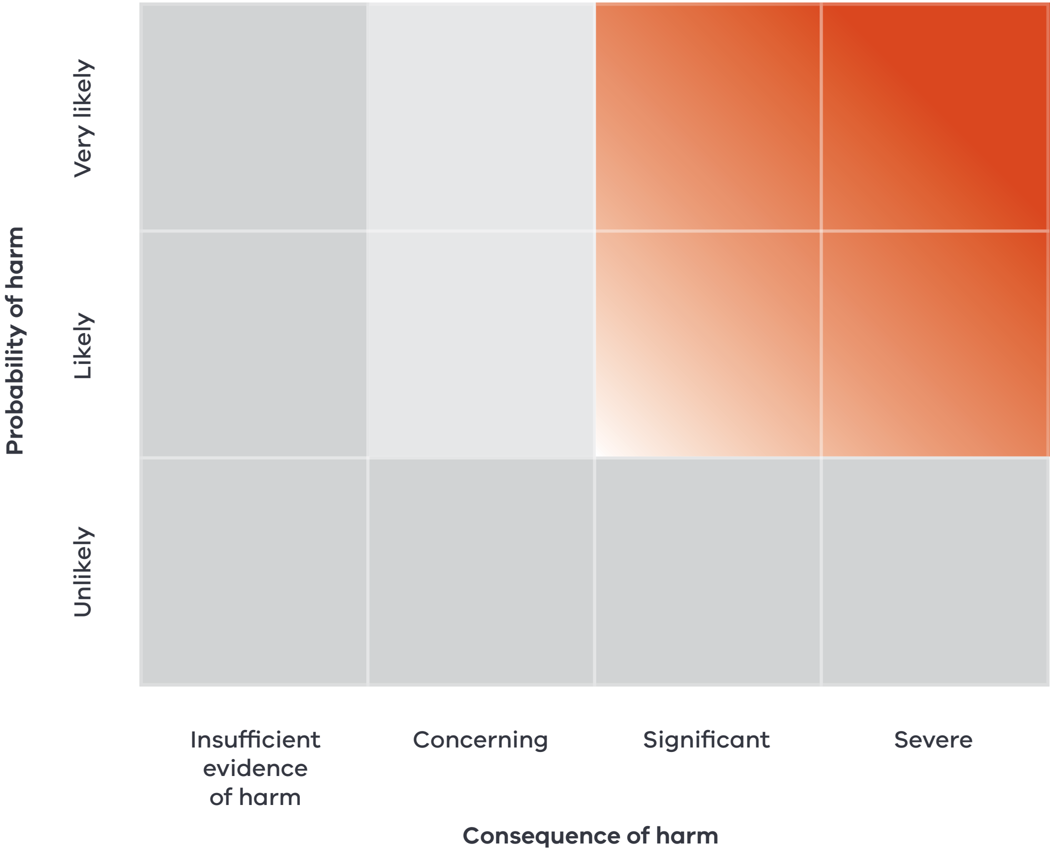
- When the consequence of harm is either severe or significant, and the probability of harm is either likely or very likely, then a decision to classify as a protective intervention report should be considered.
- When the consequence of harm is severe, the decision to classify as a protective intervention report and progress the investigation as urgent (two day) should be considered, regardless of the probability of harm level.

For all other combinations that may involve either severe or significant and/or likely or very likely, the delegated decision-maker must record a clear rationale before closure in intake or where it is determined that a protective intervention report is not necessary. Recording a rationale for decision making, including how professional judgement is applied, is good practice.

Figure 17 is a consequence and probability of harm matrix, provided as a visual tool to support decision making in intake.

In child protection, good practice is making decisions based on a variety of considerations including the professional judgement of practitioners, leaders and managers.

Figure 17: Intake consequence and probability of harm matrix



Substantiation decision making

If the consequence of harm judgement is rated as either severe or significant, and the probability likely or very likely, the child or young person is considered in need of protection, and the case is substantiated against the relevant grounds of s.162 of the CYFA.

When is a child in need of protection?

1. For the purposes of this Act a child is in need of protection if any of the following grounds exist –
   a. the child has been **abandoned** by their parents and after reasonable inquiries –
      the parents cannot be found; and
      no other suitable person can be found who is willing and able to care for the child;
   b. the child's **parents are dead or incapacitated** and there is **no other suitable person** willing and able to care for the child;
   c. the child has suffered, or is likely to suffer, **significant harm** as a result of **physical injury** and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
   d. the child has suffered, or is likely to suffer, **significant harm** as a result of **sexual abuse** and the child's parents have **not protected**, or are unlikely to protect, the child from harm of that type;
   e. the child has suffered, or is likely to suffer, **emotional or psychological harm** of such a kind that the child's **emotional or intellectual development** is, or is likely to be, **significantly damaged** and the child's parents have **not protected**, or are unlikely to protect, the child from harm of that type;
   f. the child's **physical development or health** has been, or is likely to be, **significantly harmed** and the child's parents have not provided, arranged or allowed the provision of, or are unlikely to provide, **arrange or allow the provision of**, basic **care** or effective medical, surgical or other remedial care.
2. For the purposes of subsections (1)(c) to (1)(f), harm may be constituted by a single act, omission or circumstance, or accumulate through a series of acts, omissions or circumstances.
3. For the purposes of subsection (1)(c), (d), (e) and (f) –
   a. the Court may find that a future state of affairs is likely even if the Court is not satisfied that the future state of affairs is more likely than not to happen;
   b. the Court may find that a future state of affairs is unlikely even if the Court is not satisfied that the future state of affairs is more unlikely than not to happen.

Legal intervention

If the consequence of harm judgement is either severe or significant, and the probability very likely, the child or young person is considered in need of care and protection and legal intervention may be appropriate.

Decisions about the most appropriate application (for example, temporary assessment order, immediate removal by emergency care or a protection application by notice) should be made based on all the facts and circumstances. Refer also to the *Child protection manual* for advice.

Remember that the early legal advice approach best supports decision making.

There could be exceptional circumstances where the consequence of harm and the probability of harm judgements indicate legal intervention is necessary but other factors present provide an alternative. In these circumstances, the judgement must include a clear rationale.

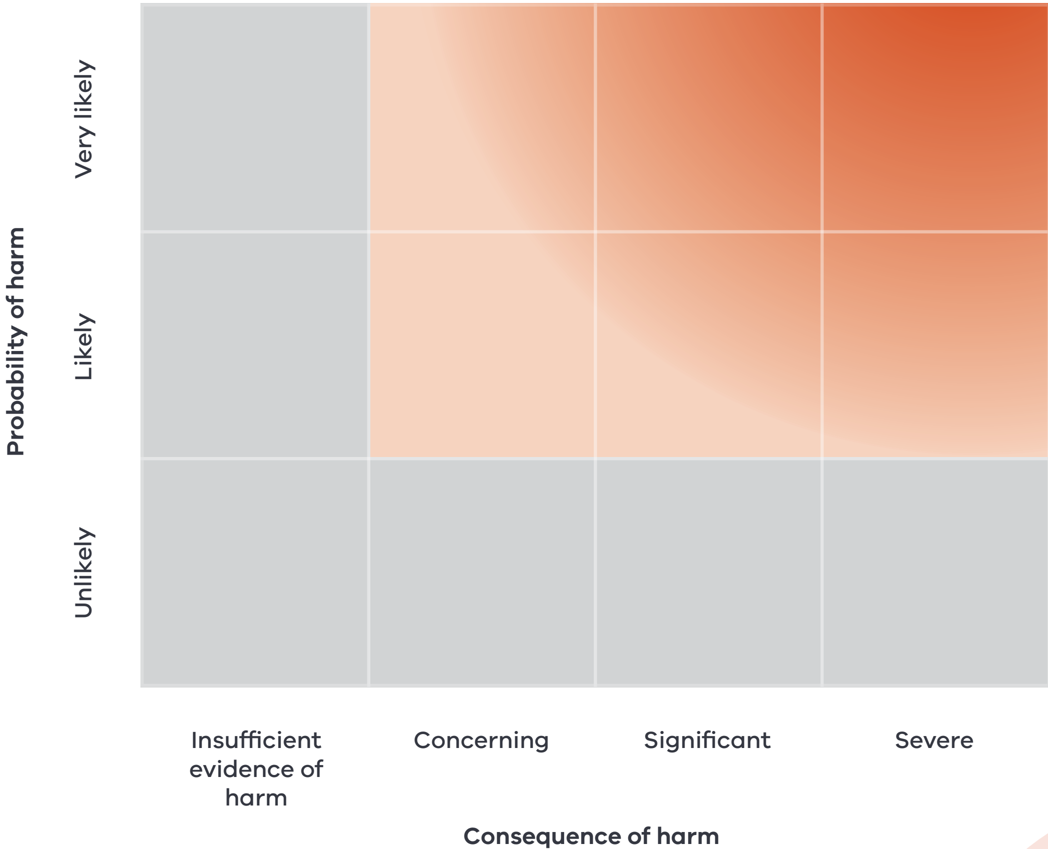
There are many other decision possibilities open to child protection outside of those listed. One example is the decision to apply for a temporary assessment order.

The *Child protection manual* remains the primary source of advice and procedures.

Consequence, probability and decisions matrix

The possible combinations of the two components of judgement, combined with the decisions of substantiation, closure and protection application, are guided by the matrix in Figure 18.

Figure 18: Consequence, probability and decisions matrix for investigation, protective intervention, protection order and closure phases



Remember: The SAFER children framework is a guided professional model of risk assessment. Practitioners, leaders and managers must use their professional judgement when considering how the matrix is used in practice to inform decision making.

Practice note: The five components of professional judgement and their impact on decision making

Good practice in child protection involves being able to make decisions based on guidance (legislation, policies, procedures, practice guidance and tools that help you do the work) and professional judgement (formal knowledge, values, practice wisdom, emotional awareness and reasoning skills).

Together these make up the guided professional judgement approach to practice, risk assessment and risk management to which Victoria is committed.

Practitioners, leaders and managers should reflect on:

- **values** – the personal and professional experiences that people carry with them
- **emotional awareness** – the positive and negative emotions that are part of working in child protection
- **formal knowledge** – including gaps and strengths
- **reasoning skills** – the ability to think critically, be reflective and analytical and intuitive
- **practice wisdom** – including everything learnt in practice, from self, professionals and families.

Practice and decision making under uncertainty

Child protection is an environment of uncertainty. Munro (2018) reminds us of the reality of making decisions in conditions of uncertainty.

Making decisions is an essential responsibility in children's services. Reluctance to do so can be harmful to children as this may result in case drift. A judgement has to be made about whether to seek further information to help you decide, but this has to be weighed against the needs of the child and family. Drift can leave a child in danger or in an insecure placement. It can have adverse effects on families who are anxiously waiting to hear what is going to happen. Faced with a difficult decision, it is tempting to wait for more information to help you, but in child protection work, timeliness relative to the child's needs matters so delaying in order to undertake more investigation may be detrimental.

The key message is that professional judgement guides judgements and decisions made in child protection. Being aware of the five components is a responsibility of all practitioners, leaders and managers.

Family violence – determining the risk assessment

The *Child protection manual* provides comprehensive and contemporary advice, informed by MARAM and Tilting our Practice, for working with children and families impacted by family violence.

This advice is the point of reference for practitioners who are encouraged to refresh knowledge wherever family violence is a suspected or identified concern.

Some principles for determining the risk assessment are:

- Many family violence factors are dynamic and can change quickly. Remember that risk assessment is a point in time.
- Family violence needs to remain visible as one of the risk (harm) factors that children are exposed to. To do this, practitioners must remain active and proactive in monitoring change or escalation to family violence risk factors. They must play a coordinated and collaborative role in the service system to keep risk 'in view' and implement risk management strategies to increase safety for victim survivors. This ongoing review of risk must occur at every stage, including throughout the process of analysis and judgement.
- Seek information from a variety of sources to inform your understanding of risk factors or other relevant information about a victim's or perpetrator's circumstances. This includes assessing the victim survivor, and requesting and sharing information as authorised under the CYFA and applicable information-sharing schemes.
- Interpret information through an intersectional lens in assessing risk, and planning and implementing risk management strategies.
- Child protection is a prescribed service and has responsibility to engage with perpetrators in safe, non-collusive ways. This must align with MARAM.
- Understand family violence as a pattern of coercive control.
- Victim survivors (adult and child) are good predictors of their own level of risk. Their experiences and self-assessed level of risk, fear and safety should always be included in the three elements of analysis, judgement and decisions.
- Be aware of the five components of professional judgement and their impact on assessing risk to individual children affected by family violence. For example, ask yourself:
  - What is the formal knowledge needed to conclude the process of analysis and make a judgement (for example, Tilting our Practice and MARAM)?
  - Is previous involvement with a family impacted by family violence influencing decisions in this case?
  - Are personal values evident in the way the assessment of risk is articulated?
  - Has each child's experience been considered individually?
- Always be alert to the presence of complicating and compounding factors, such as mental health, drug and alcohol issues, and disability, in addition to family violence. Where this is the case, analyse the interactions and consult with specialist roles if needed.
- Referrals to support services are critical for all members of the family. Supporting people using violence with referrals to services to address co-occurring needs can support stabilisation, reduce risk and enable behaviour change.
- Serious risk factors may increase the risk that a victim is killed or almost killed (indicators of lethality). Serious risk factors require an immediate response.

Summing up

This practice activity guides practitioners, leaders and managers to determine a risk assessment for a child or young person using the guided framework and professional judgement. The result is a professional opinion about whether a child has been harmed or is likely to be harmed in the future, and to what degree.

Our work with children and families focuses on the gathering and synthesis of information. When we work to engage families and assess risk, we bring our reasoning skills to the evidence we have gathered. We weigh up all the information and aim to present a clear picture of our thinking.

> *It takes all our best thinking – objective, fact finding and intuition to create a clearly articulated risk assessment that is supported by the evidence to back up conclusions and assertions (Office of Professional Practice 2019).*

Formulate

a case plan

Formulate a case plan

Introduction to this practice activity

This practice activity is used across the following phases:

Case planning is a key child protection responsibility and a legislated obligation or responsibility of the Secretary.

Formulating a case plan must be derived from, and clearly address and connect to, the **three elements** of 'Analyse the information and evidence'. We use these elements to determine the risk assessment activity (analysis, judgement and decisions). This connection is essential to fulfilling legislative obligations.

Case planning is not a meeting or an event; it is a collaborative and inclusive process.

Formulating case plans – legislative and policy requirements

Section 166(1) of the *Children, Youth and Families Act 2005* (CYFA) defines a case plan as a plan prepared by the Secretary for a child.

Section 168(1) further states that a case plan must be prepared in respect of a child if a protective intervener is satisfied on reasonable grounds that the child is in need of protection.

This means that a case plan must be prepared for all children where protective concerns have been substantiated (using the analysis, judgement and decisions elements of the 'Analyse the information and evidence to determine the risk assessment' activity).

The case plan is a high-level plan. It sets out:

- the permanency objective
- significant decisions made about:
  - placement and contact
  - education, employment or childcare
  - health care
  - cultural support
  - developmental support
- care and wellbeing arrangements for the child.

Case plans do not contain the detailed tasks required for the child or parent. Tasks and actions are created within the actions table.. The actions table is not formally part of the case plan. However, its connection is critical to achieving the desired outcome or permanency objective.

Formulating a case plan in child protection must always be consistent with the Best Interests Principles and associated provisions of the CYFA.

- CYFA:
  - s.166 What is a case plan?
  - s.167 Permanency objective
  - s.168 Preparation of a case plan
  - s.169 Review of a case plan
- Best interests principles:
  - protect the child from harm
  - promote the child's rights
  - promote the child's development (considering age, stage of development, culture and gender)
- Children's rights:
  - Section 17(1)(2) of the *Charter of Human Rights and Responsibilities Act 2006* specifies that 'Every child has the right, without discrimination, to such protection as in his or her best interests and is needed by him or her by reason of being a child'
  - The *Charter for children in out-of-home care 2007*
  - The *United Nations Convention on the Rights of the Child 1989* which specifies that fundamentally every child has a right to safety and wellbeing
- Decision-making principles:
  - consult and collaborate, be fair and transparent, and assist children, families and significant others to meaningfully take part in plans and decisions
  - language is appropriate and cultural needs are supported
  - views must be taken directly into account
- Additional decision-making principles for Aboriginal children:
  - Aboriginal self-management and self-determination are paramount considerations in any involvement with an Aboriginal child or family
  - involvement of the child, family, extended family and community in all decisions
  - consult with an Aboriginal agency, have family meetings convened by an Aboriginal Convenor and the Aboriginal Child Placement Principle.

'the need to give the widest possible protection and assistance to the parent and child as the fundamental group unit of society and to ensure that intervention into that relationship is limited to that necessary to secure the safety and wellbeing of the child' (s.10(3)(a) CYFA.

Case planning by agreement

Working with families by agreement to address protective concerns, where there is sufficient safety in place to mitigate harm and risk factors, is always preferred to seeking an order of the Children's Court.

In these situations, formulating a case plan (accompanied by an actions table) is essential to supporting families to care for children safely at home. Engaging services, agencies and sector partners to provide the widest possible assistance to families must always be considered a principle of practice.

Case planning and court orders

The alignment of the identified permanency objective and an order of the Children's Court is required by legislation. Aligning the two provides children and families with a clear understanding of the purpose and direction of child protection's involvement.

The actions table is an essential companion to the case plan. It must always align with the conditions of a Children's Court order. For example, if the court requires a parent to take part in a drug and alcohol program, this must be included in the actions table. Further detail might also be included to ensure the parent is clear about what is required of them, by when, who is responsible and who might provide them with support (such as transport or looking after a child).

The actions table is a live companion to the case plan and should be updated with any change. If a new action is added, a start date must also be recorded. As actions are completed, end dates must be recorded.

The actions table should always reflect the way risks are managed or mitigated. As with any risk management plan, the actions table should be shared with services engaged with the family. This supports a consistent understanding of risk and safety and a coordinated and consistent response to managing risk. For example, if the actions table records that a perpetrator of family violence is attending an alcohol and other drug program, sharing this information helps services keep the perpetrator in view and manage the risk they pose.

If the Children's Court makes an order that is inconsistent with the permanency objective in a case plan, and there is no cause to appeal the decision, a new case plan with an aligned permanency objective must be formulated within timeframes.

Section 558(a) of the CYFA specifies that a disposition report must include the case plan, if any, prepared for the child. The case plan must have a permanency objective that aligns with the recommended order. Although the actions table is not required to be included with the court report, the court report must clearly outline the steps the department has taken to support children and families with the conditions of the order, and to achieve the identified permanency objective.

Case plan meetings

Case plans, actions tables and all associated plans may be developed through:

- informal meetings and discussions
- family-led decision making or Aboriginal family-led decision making
- formal case plan meetings.

Regardless of the process, the child and family, significant kin, professionals, or carer if a child is living out of parental care, must be involved. Everyone must have an opportunity to provide input about the way forward.

Where family violence is a concern, the safety of adult and child victim survivors must be paramount. If safety is a concern, it is not appropriate to bring a perpetrator and adult or child victim survivor together for a formal case plan meeting.

Formal case plan meetings may be most appropriate when:

- the parties cannot reach genuine agreement about how the family and the department will work together to protect and care for the child
- there is a need to review the current case plan because genuine agreement cannot be reached
- the child, family or a professional makes a request for a case plan meeting.

Remember:

- **Children must have a voice (age appropriate) in all decisions made about them or that affect them.**
- **Case planning is not a meeting or an event; it is a process.**
- **The Client Relationship Information System (CRIS) is not only a repository of information; it is part of a child's life story. All conversations and decisions made as part of formulating a case plan should be recorded in CRIS.**

Key points

- Plans, including case plans, must always be formulated in collaboration with children, families and professionals.
- The child's voice should be present in all plans. If the child is an infant or has a disability or complex medical need that limits how their voice can be captured, observations should be used to bring the child's experience to life in the plan.
- If family violence is present, ensure consistency and linking with the safety plans in place for adult and child victim survivors, and the risk management plan for the person using violence. Examples of linking include sharing information with prescribed services that are involved with the family to ensure all plans reinforce each other. This supports protecting the safety of adult and child victim survivors, and collectively keeps perpetrator risk 'in view' of the service system.
- Identify all the plans that exist for a child and family. This enables all plans to be linked to the high-level case plan. It will provide consistency, avoid duplication, and simplify what can be a complex system of services for vulnerable children and families.
- Once a plan, including case plans, are formulated, they must be shared with parents, caregivers, professionals and children and young people as appropriate.
- Case plans must have a direct link to the risk assessment (thinking back to 'Analyse information and evidence to determine the risk assessment activity').
- Seeking, sharing, sorting and storing information and evidence continues as plans are formulated. Remember this activity is continuous across the life of a case in child protection. Consider new information and evidence, regardless of what stage formulating a case plan is at. Significant new information and evidence may trigger a review of the risk assessment (refer to review the risk assessment activity).
- Case plans for children who are on an order higher than a family reunification order should also include a review of risk. This review will determine whether changes have occurred that may change the approach to the permanency objective for the child.

Formulating other plans in child protection

Some of the guidance under this practice activity is relevant to all roles across all phases in child protection, including when intake receives a report about a child who has previously been reported to child protection.

Much of the advice about best practice in formulating case plans can be extended to all the other important planning that occurs in child protection, as described below.

Intake

- Planning for how contact will occur between a family and agencies, services and professionals to verify or seek information about the concerns identified in a report
- Planning for how an intake case conference will be convened, who will attend, what will be discussed and the intended outcome
- Planning to complete the intake phase by making referrals prior to closure

Investigation

- Formulating an investigation plan that outlines the areas of focus, goals, tasks, responsibilities and timelines
- Planning for worker safety on every visit
- Formulating a safety plan that identifies protection for a child where immediate safety concerns exist during a visit
- Formulating a case plan to address substantiated protective concerns

Protective intervention

- Revising a case plan where changes have occurred, such as a change in disposition
- Planning for case closure, including preparing for the final visit, communicating with services and the family and making referrals
- Planning for children's safety where there is family violence
- Formulating a reunification plan for a child on a child care agreement or voluntary placement

Protection order

- Working with an Aboriginal agency to develop a cultural plan for an Aboriginal child
- Formulating a plan to work with a family where goals and tasks are identified for further action
- Planning for case management activities, including contact with the child's family, joint planning with services and arranging specialist assessments
- Formulating a reunification plan
- Formulating a leaving care plan
- Planning for case closure, including preparing for the final visit, communicating with services and the family and making referrals

Closure

- Develop and implement exit plans that include the roles and responsibilities of services after child protection involvement for the continued protection and care of the child
- Planning for increased intervention when a family is refusing engagement and there is evidence that suggests the consequence and probability of harm is increasing.

Formulating a plan for consulting with a practice colleague (practice leader, principal practitioner and others) is good practice across all phases. This includes, for example, children in contact with a sexual offender or cases involving a certain number of re-reports. Thinking about and planning for the discussion will offer the best opportunity for targeted advice and support.

Practice note: Linking risk assessment, case plans and all other plans necessary for a child and family

Always remember to:

- clearly articulate the protective concerns
- clearly articulate what needs to change
- directly reference the risk assessment. For example: 'Sienna was hit on the face by her mother, causing a fractured cheek bone. The impact of this harm on Sienna is significant because she will need reconstructive surgery and is having nightmares of the abuse. For Sienna to be able to go home and be safe, her mother needs to demonstrate she has [outline the actions required]'
- identify the realistic permanency objective as specified in Section 167 of the CYFA
- include the voice of the child and consider their rights as paramount
- identify realistic supports and services creating the widest possible assistance
- ensure the permanency objective of the case plan aligns with the court order, if a protection application is necessary
- develop plans with children and families (effective planning is not a desktop exercise)
- understand the individual needs of children and parents at a deeper level, where harm has been substantiated and there will be ongoing child protection involvement
- update the essential information categories with any new information and evidence that is gathered while plans are formulated
- target investigation plans to the reported concerns and allow for professional curiosity, avoiding the risk of a narrowed risk assessment, for example, where reported concerns are about parental drug use, practitioners should always be open to, or more actively seek, information about the possibility of family violence risk factors
- review plans being formulated for change – formulating a plan (including case plans) is a point in time, so as new information or evidence comes to hand that changes the risk assessment (for example, a parent relapsing and using alcohol and drugs), the plan should be reviewed
- share relevant updated information with other services involved (for example, if new family violence risk factors are identified, like access to a weapon, share that information with other services involved with the family).

Just because it isn't reported doesn't mean it isn't present.

The *Child protection manual* provides advice and procedures about specific activities and phases.

Formulating case plans – where there is family violence

The *Child protection manual* provides advice about working with children and families impacted by family violence. This advice should always be the point of reference for practitioners. Practitioners should refresh their knowledge wherever family violence is a suspected or identified concern.

Some principles related to planning are:

- To inform planning, the violence from each child's perspective must be understood separately from the affected parent and perpetrator.
- Safety planning must be undertaken:
  - where there is any level of risk identified, noting the plan will differ depending on the risk
  - in collaboration with the adult victim survivor and the child victim survivor if of an appropriate developmental age and stage.
- Case plans should have clear and measurable outcomes (think SMART planning as explained in Figure 19) that focus on perpetrator behaviour and what needs to change to support safety.
- Share information with other services to keep understanding of risk current and in view.
- Gathering information from services about risk management interventions can support interventions that prioritise the safety of the victim survivors and work to hold the perpetrator to account.
- Provide referrals to address co-occurring needs that support stabilisation and enable behaviour change.
- Understand the role child protection plays in responding to risk in a coordinated and collaborative way in the service system.
- Work collaboratively with the affected parent and children in developing strategies and plans to promote safety.
- Safety plans should always be tailored to the circumstances and needs of the child and adult victim survivors in the family. Every family is different, so plans should not be 'cut and paste'.
- Safety plans may be individual and each child and adult victim survivor in the home may need a different tailored plan.
- Safety plans are 'live' documents and should be regularly reviewed and updated as circumstances change.
- Safety planning where there is family violence is a critical aspect of risk management.
- Document and update safety plans whenever there is a change to circumstances, information and evidence and risk ratings.
- Adult and child victim safety is paramount. Always think about the appropriateness of sharing information (for example, ensuring a perpetrator does not have access to a victim survivor's safety plan).

Remember:
Family violence factors are often dynamic and can change quickly, resulting in increased risk to the child, young person and adult victim's safety. With new information, practitioners should update the essential information categories and review the risk assessment to determine if the judgement of the consequence and probability of harm have changed.

Practice tools for formulating plans

Solution-focused enquiry: involving parents as part of the solution

Child protection practitioners should always support families to explore solutions and be involved in making decisions about their lives and the lives of their children. This is part of the legislative obligation as protective intervenors under the CYFA.

Practice note: Involving parents in a solution-focused approach

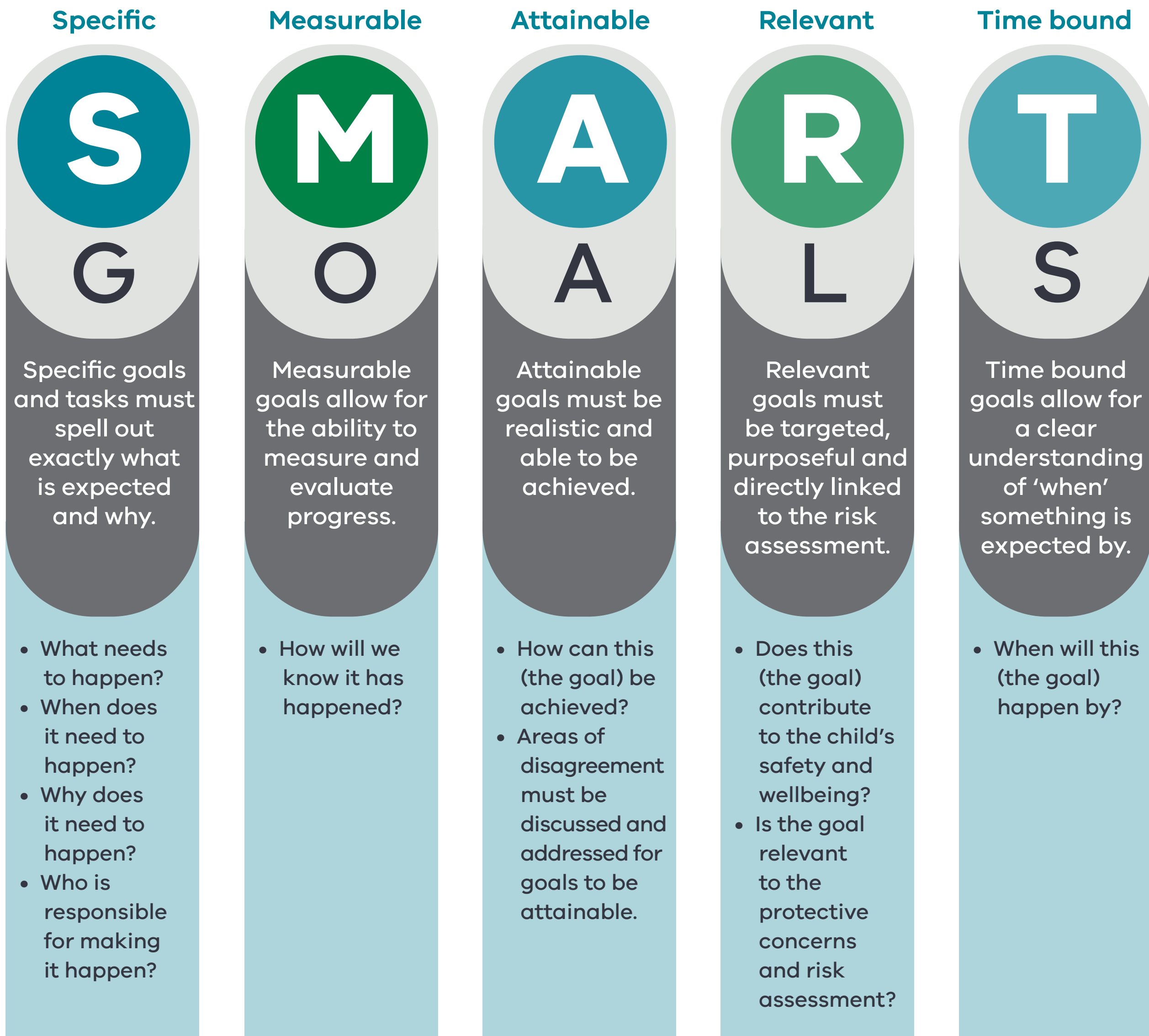
- Return the focus to the parent or caregiver. Parents and caregivers may focus too much on the problem or what others should be doing. Questions like 'What could you do differently?' or 'How will others know you have made changes?' bring the emphasis back to the parent or caregivers' responsibilities. Family violence-informed practice means we must consider the safety of adult and child victim survivors as a priority, to inform the level of involvement and ways to engage.
- Always assume the possibility of change. Questions and statements to parents and caregivers should always reflect belief in their ability to find solutions and make changes.
- Develop a picture of the future early in the involvement. What will life look like without harm/abuse or involvement of child protection? The future picture is powerful in shifting from the problem to the solution. Scaling, miracle and exceptions questions help develop the future picture.
- Create or find overlap between what the parent or caregiver wants and what child protection wants and needs to happen. This approach is often powerful with parents who may be resistant. A common goal, such as wanting the children to stay at home, can help move from the problem to the solution. For example, 'So we both want the children to stay at home and be safe. What will you do now to …?' Remember a person using violence may want to have an ongoing relationship with the child, but due to their use of violence, the adult and/or child victim survivor may not feel safe to have an ongoing relationship. Safety of adult and child victim survivors is a priority.

Because our primary tool for change is language, through which we enhance clients' motivation to look at their own behaviour and decide to change, paying attention to becoming artful at using language of change are important skills in child welfare (Berg and Kelly 2000).

SMART planning

Use the SMART mnemonic in Figure 19 to form targeted, purposeful and effective interventions, case plans, goals, tasks and all other plans in child protection.

Figure 19: Formulating SMART plans



Using SMART goals and task setting in child protection clarifies the expectations for everyone involved. This is important as it ensures that parents know the specifics and gives them the opportunity to address the protective concerns and sustain change. Parents using violence have a responsibility to engage with support to end their use of violence. There should be no doubt about what is being asked of parents.

Equally, agency partners who share responsibility for child safety and wellbeing should be clear about what is expected of them in supporting families. They should be aware of responsibilities through good information sharing about the risk assessment and risk management (as outlined in the actions table).

Practice note: SMART planning examples

The issue: Johnny has missed more than 50 school days this year.

An example of a general goal:

'The parents will meet the child's educational needs.'

An example of a SMART goal:

'Jim and Jo (the parents) will have Johnny at school by 9am each morning during school terms for the rest of the year, in clean school clothes and with a packed morning tea and lunch. If Johnny can't come to school, Jim or Jo will call the school and Johnny's child protection practitioner by 9:30am to let them know why. School is important for Johnny's educational and social development. Johnny loves learning and spending time with his school friends'

The issue: Johnny's parents need support with his daily care needs, like routines, cooking, washing and bathing.

An example of a general goal:

'Jim and Jo (the parents) to attend parenting classes.'

An example of a SMART goal:

'Jim and Jo to attend the eight-week Caring for Kids parenting class at the community centre. Jim and Jo will start classes on 8 March. The classes will help Jim and Jo build good routines and learn new ways to play with Johnny and manage his behaviour when it gets challenging.'

The issue: Jim uses marijuana every day, which affects his care of Johnny.

An example of a general goal:

'Jim to attend drug and alcohol counselling.'

An example of a SMART goal:

'Jim to attend weekly appointments with a counsellor at the community health centre, focusing on reducing his marijuana use. Jim will start his appointments from 8 March and will continue until the counsellor reports that Jim has reduced his use and has strategies to maintain the change. Reducing marijuana use is important so Jim can care for Johnny, help Jo take him to school each day, and do some of the washing and cooking.'

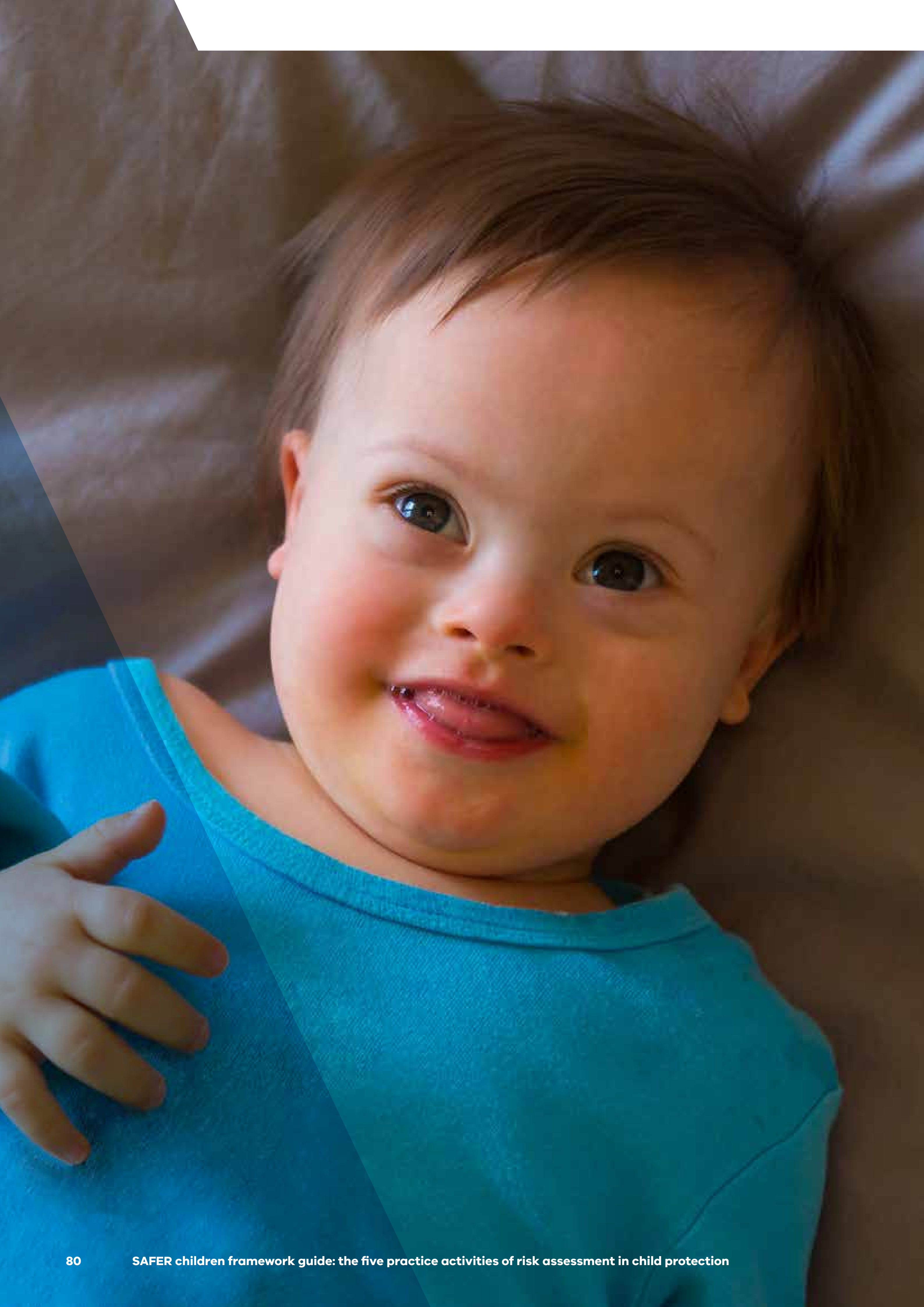
Summing up

- The information and evidence that has been synthesised within the **four elements** of analysis and the **two components** of judgement made about the consequence and probability of harm inform a targeted intervention strategy and purposeful case planning. Case planning connects to all other planning, including safety planning, and aims to reduce risk and increase safety for children.
- There is a link between this activity and others. For example, when new evidence is sought that changes the risk assessment, it may be necessary to formulate a new case plan so it remains targeted and purposeful for the child and family.
- The case plan is for the child and should be individualised for each child in the family. Using simple and clear language in the plan and actions table will help keep plans child-centric and family-friendly.
- Some plans, such as safety plans, must be live and updated as soon as new information emerges or the situation changes.
- The *Looking After Children Framework 2003* (LAC) domains help keep children and young people at the centre of formulating case plans and the related tasks and actions within the actions table. The domains are health, emotional behaviour, development, education, family, social and self-care skills.

Always remember: The plan is about the child or young person's safety and wellbeing; they must be at the centre of any plan created about them.

Enact

the case plan



Enact the case plan

Introduction to this practice activity

This practice activity is used across the following phases:

Working with the family, community and other professionals to enact the child's case plan is essential to achieve the identified permanency objective for the child in a sustainable way. Maintaining the momentum of protective intervention and achieving the required change requires active monitoring of the case plan, actions table and all other plans that support a child and family.

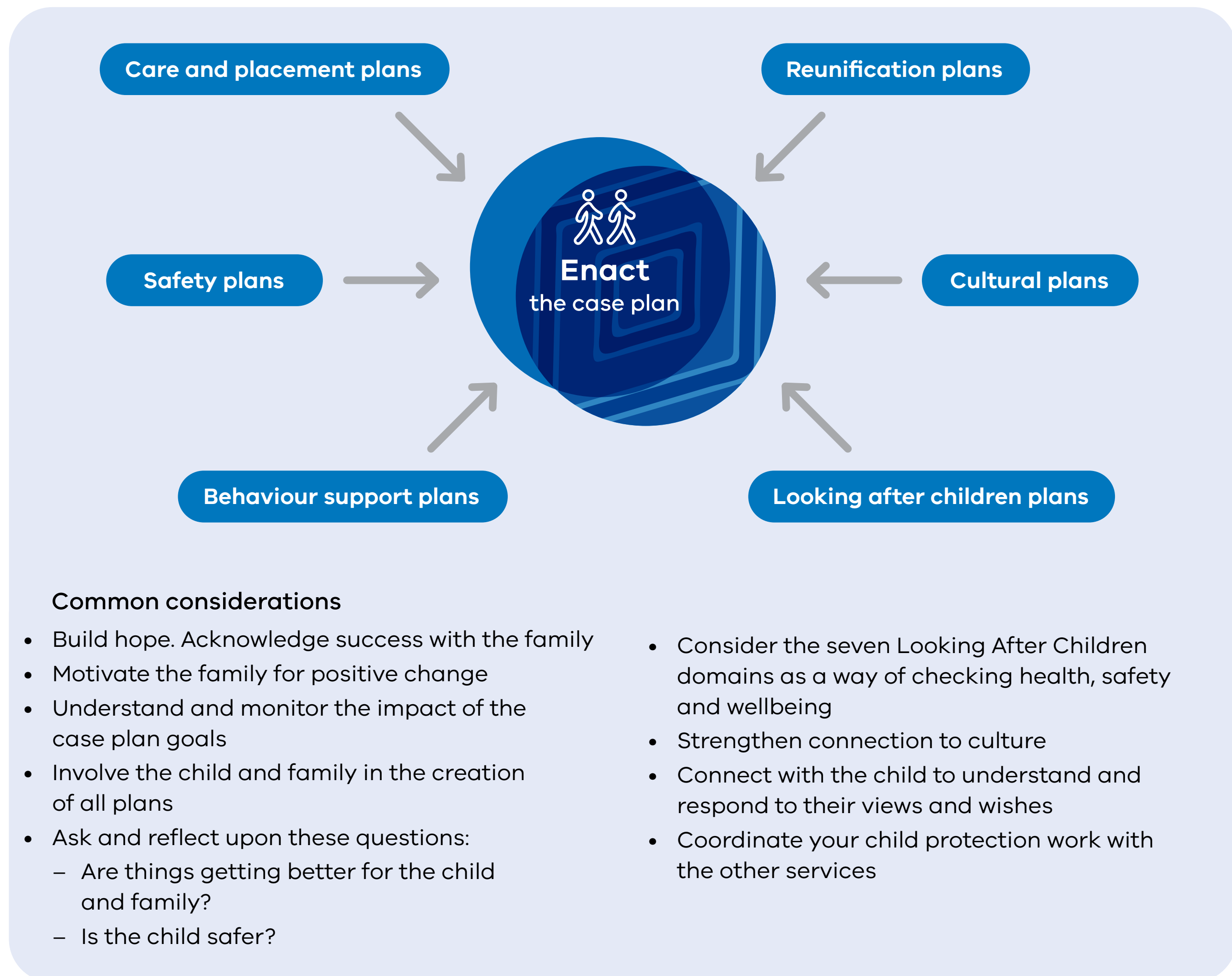
The plans enacted in child protection include:

- home visit plan
- investigation plan
- worker safety plan
- case plan
- reunification plan
- care and placement plan
- safety plan
- cultural plan
- behaviour management or support plan.

Some plans, such as an investigation plan, are not optional. These are required by the procedures outlined in the *Child protection manual*. A case plan is required by legislation.

Every plan developed in child protection practice is different, so the process of enacting (putting in place, implementing or actioning) a plan will also be different. How a practitioner goes about doing the casework will depend on what is trying to be achieved (Figure 20).

Figure 20: Enact a case plan – example of actions required from practitioners



Common considerations

- Build hope. Acknowledge success with the family
- Motivate the family for positive change
- Understand and monitor the impact of the case plan goals
- Involve the child and family in the creation of all plans
- Ask and reflect upon these questions:
  - Are things getting better for the child and family?
  - Is the child safer?
- Consider the seven Looking After Children domains as a way of checking health, safety and wellbeing
- Strengthen connection to culture
- Connect with the child to understand and respond to their views and wishes
- Coordinate your child protection work with the other services

Face-to-face contact

Enacting a case plan is not a desktop activity. Supporting, coordinating, partnering, advocating and monitoring the actions associated (as outlined in the actions table) with a case plan requires face-to-face contact (direct casework) with children and families.

Face-to-face contact with children and families provides the best opportunity for practitioners to engage in a way that supports good communication, effective seeking of information, and well-informed analysis, judgement and decisions.

Seeing children and families, as well as the networks supporting them, allows practitioners to use all their senses (sight, smell and sound) during the interactions.

Access to body language, eye contact, observing the way children respond to parents, facial expressions and the physical environment (such as the home where a child lives) cannot be replaced by other methods of communication and engagement.

Recording contact

The frequency of face-to-face contact that child protection practitioners will have with the child and family should be recorded and confirmed in the actions table, in the area, 'Contact between CP and client'.

Factors that may assist with determining frequency (along with professional judgement) are:

- overall consequence of harm and probability of harm
- overall Multi-Agency Risk Assessment and Management Framework (MARAM) risk rating
- identified permanency objective
- safety and stability of the placement (living with parents, kinship or authorised foster care)
- the number and effectiveness of services in place to support a child and family
- additional support needs.

The *Child protection manual* provides advice about visiting requirements. Children in some circumstances, such as infants, may require a minimum visiting regime.

Face-to-face client visits (including the child/ren) should be recorded using the client visit case note in the Client Relationship Information System (CRIS). Remember that for child protection, the child/ren are the client.

Face-to-face contact is more than just 'seeing' or 'sighting' a child. This type of direct casework involves engaging, talking with and making observations of a child as part of enacting a case plan.

Care teams – a critical element of enacting a case plan

For children and young people subject to a Children's Court order and living away from parents, care teams share responsibility for doing things that parents would do if a child was living at home.

However, the concept of a care team is not only relevant once a child has been removed. In fact, taking a care team approach earlier in an intervention (for example, when working voluntarily with a family) could work to prevent a child or young person entering care. Ideally, a care team around a child and family should be set up as soon as possible after substantiation.

Care teams don't have to be a big group of people, and meetings are not always necessary. It is essential that everyone involved in the care team is clear about their responsibilities to support the child and family, and communication channels are clear and open. Always communicate with members of a care team before closing a case. This communication should include clarity about roles and responsibilities after closure.

Practice note: Tips for setting up a care team when working voluntarily with a family

- Parents or caregivers must always be central to a care team when working voluntarily.
- Care teams can include:
  - children and young people (depending on age)
  - other significant caregivers
  - family, kin and community members
  - professionals involved with the children and/or parents
  - anyone involved in safety planning.
- For some members, involvement may be time-limited. Others, such as significant family or informal supports who have a lifelong connection to the child, may have a lasting role, even after child protection is no longer involved.
- Consider these points as principles for the team:
  - put the best interests of the child first and at the centre of all actions and decisions
  - listen to and consider the voice of children and young people, regardless of age
  - understand each other's role and responsibilities in promoting the child's safety and wellbeing.
- Be guided by the *Looking After Children Framework 2003* (LAC) seven domains:
  - health
  - emotional and behavioural development
  - education
  - family and social relationships
  - identity (including cultural identity)
  - social presentation
  - self-care skills.

Practice principles

Enacting a plan can be:

- a formal process (for example, where a case plan has been developed and must be implemented)
- an informal process (for example, where a practitioner has developed a home visit plan with dot points to prompt discussion during the visit).

Regardless of the type of plan, some key practice principles apply. These are discussed below.

Be child-centred

- The child or young person is the client of child protection and must be kept at the centre of all casework, actions and decisions.
- Client-centred work is grounded in the importance of rights, dignity, individual choice, empowerment and self-determination.

Be relationship-focused

- The key to effective work is the quality of the connection between the worker and client in a relationship that is 'the principle vehicle for change' (Turnell and Edwards 1999).
- In child protection, relationships must be built and maintained with a wide range of people including children, young people, parents, caregivers, community and agency partners.

Be strengths-based

- A strengths-based approach maximises collaboration to enact a plan.
- Finding, calling out and building on strengths within a family offers the greatest chance of achieving safety (remember, safety is strengths demonstrated as protection over time).

Key points

- Implementing a case plan should always involve working with the family towards the permanency objective for the child or young person and addressing the protective concerns.
- Working to a case plan by agreement with a family in a voluntary capacity is always preferable. Court action should be a last resort.
- Any plan developed is put in place with parents, children, family and professionals to bring about and sustain change.
- Use a care team approach to collaborate with all family members and professionals to keep the child's best interests at the centre of support and decision making.
- Regardless of whether the child or young person is in care, the LAC domains (health, emotional behaviour, development, education, family, social and self-care skills) provide guidance for a care team to review and monitor the child's individual needs.
- As plans are enacted, child protection must always continue to offer the widest possible assistance to the child and family.
- Momentum, motivation and engagement are key ingredients for successfully enacting a plan and achieving the desired goals.
- Under this practice activity, when completing assessments of the child or young person within their family, consider:
  - relationships with adults and other children
  - development, functioning and behaviour
  - family strengths and resources
  - needs
  - culture
  - willingness of adults to change and place the child's needs first.

Enacting plans – at each phase

While this activity is specific to case planning, some of the principles and good practice indicators apply to other phases.

Enacting a plan should always be done in a way that is consistent with the purpose of the phase in which the case is being managed.

Intake

Enact the plan consistent with the purpose of intake and the responsibilities of the practitioner to:

- engage the reporter
- provide clear and accurate information about the child protection role and processes
- gather and clarify information from the reporter about the nature and significance of their concerns
- gather information from the reporter about the child and family, including whether the child is Aboriginal and/or Torres Strait Islander
- complete a search on CRIS for previous reports about the child or siblings
- undertake an L17 portal search
- conduct an initial assessment of risk and needs based on report details
- open an electronic (and, if necessary, paper) file to record in detail the report, consultations and assessment
- contact agencies, services and professionals that may be involved with the family where necessary to verify, corroborate or gather further information about the concerns in the report
- consult with the Aboriginal Child Specialist Advice and Support Service where the child is Aboriginal
- attend or convene an intake case conference, where required or appropriate
- classify the report, in consultation with the team manager
- advise professional reporters of the outcome of the report and actions to take if they have further or escalating concerns
- complete the intake phase
- provide advice to the reporter as appropriate
- make referrals to Child FIRST/Orange Door or other relevant services as appropriate, where the case is to be closed
- close the case or transfer to the investigation phase where required.

Investigation

Enact the investigation plan consistent with the purpose of the investigation and the responsibilities of practitioners in assessing the child and their circumstance to determine:

- the extent and nature of the reported concerns or other concerns that are identified during the investigation, and whether the child needs protection
- past and immediate risks to the child and the likelihood of future harm
- the most appropriate response to meet the needs of the child
- the most appropriate service response to assist the parents and family
- if ongoing statutory intervention is required to meet the child's safety and developmental needs and provide them with permanency.

Protective intervention

Enact the plan consistent with the purpose of protective intervention and the responsibilities of practitioners in working with children, young people and families to:

- commence and continue case planning while the case remains in this phase
- implement the case plan by working with the family towards the permanency objective for the child and to address the protective concerns
- work with the family by agreement, where the family is willing to cooperate, and it is assessed that there is a reasonable prospect of resolving protective concerns in a reasonable period of time (a court order is not required to support this intervention)
- monitor the safety and development of the child and whether any court action is required
- where court action is initiated, manage the process and administer the order as required
- plan for safe contact between a child and parents where it is part of court conditions.

Protection order

Enact the plan consistent with the purpose of the protection order and responsibilities of practitioners in continuing to assess the child and their situation to:

- reduce the level of risk to the child
- promote the safety, wellbeing and positive development of the child
- empower the family to function independently of statutory child protection intervention
- achieve permanency for the child
- prepare to end child protection's involvement when the order expires
- where the permanency objective is reunification, provide stable care for the child until the objective is achieved or changes
- where the permanency objective is adoption, refer to the adoption program and provide stable care and case management as required until the objective is achieved
- where the permanency objective is permanent or long-term out-of-home care, arrange enduring home-based care
- support a child in residential care while continuing to work towards arranging home-based care wherever possible
- prepare the young person for independent living where the case plan is not for reunification with family
- plan for safe contact between a child and parents.

Closure

Enact the plan consistent with the purpose of closure to:

- ensure links and collaborative community plans have been developed and are working to protect the child, promote their development and strengthen families
- complete the child protection involvement with a child and family in a timely and appropriate way
- ensure all final casework actions and tasks are completed.

Summing up

- Working with the child, family, community and other professionals to enact the case plan is essential to achieving a sustainable permanency objective for the child.
- The actions table is critical to enacting the case plan. It is a family-friendly document that can be used to discuss progress, or identify where further supports are needed to achieve goals.
- Reviewing and updating the actions table does not require a review of the case plan. The actions table can and should be a live working document.
- Case plans for children who are on an order higher than a family reunification order, should also include a review of risk to determine whether changes have occurred that may change the approach to the permanency objective for the child.
- It is good practice to enact case plans in a collaborative and transparent way. This should involve all the relevant members of the network around the child and family. Children's safety is a shared responsibility and through the process of enacting a case plan, the involvement of a network can provide solutions for safety and care that might not have been possible without involvement.
- Effective care teams are an essential element of enacting a case plan. Care teams are required for children in care and should also be considered for families who are working with child protection by agreement.

Review

the risk
assessment

Review the risk assessment

Introduction to this practice activity

This practice activity is used across the following phases:

Review points provide opportunities to share progress with families and professionals, to outline the ongoing role of each professional, and to convey this in clear and simple language that can be understood by children and their parents or caregivers.

Reviewing the risk assessment considers information and evidence, analysis and planning undertaken in the other practice activities.

It also considers if providing the widest possible assistance to a family has created sufficient change to indicate the child is no longer at risk of significant harm.

Reviewing the risk assessment may happen at any point in an intervention and across all phases from investigation onwards. It **should** occur when there is:

- a new report or allegation
- new information or evidence that is considered significant
- a new type of order made in the Children's Court
- a change in the child's case plan and permanency objective
- at phase transition.

Reviewing the risk assessment is **encouraged** at other points, such as when:

- a new child joins the family, a parent starts a new relationship, parents are separating or recently separated (this is a time of increased risk of family violence) or other adults start living in the home where the child lives
- goals and tasks are complete or not complete within the set timeframe
- there is a change in practitioner or team.

Key points

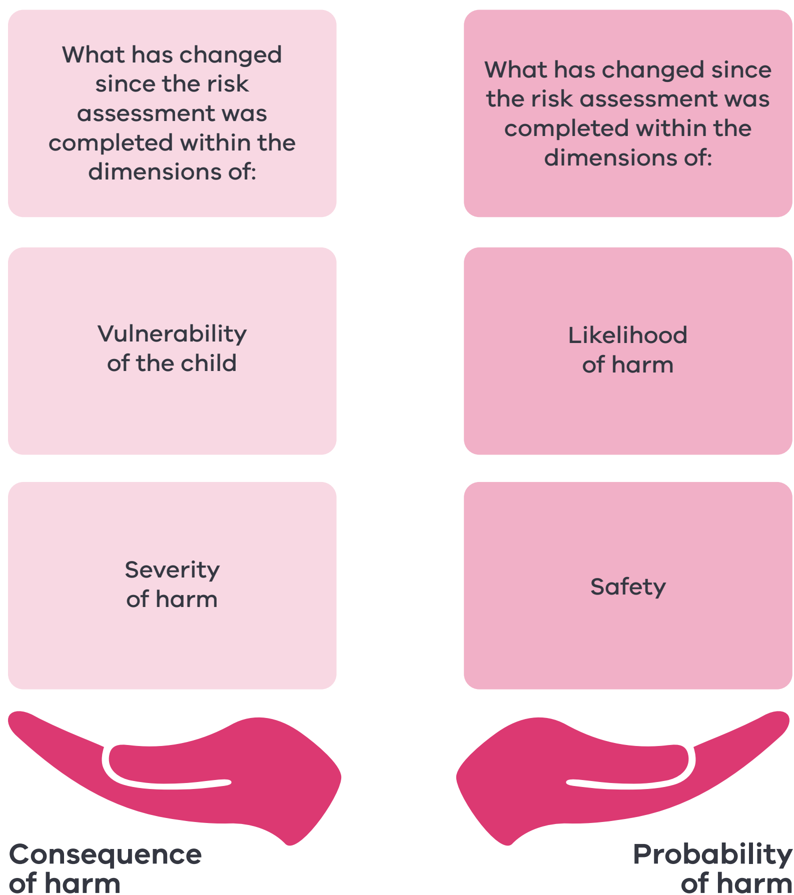
- Step back and consider the information and evidence in case notes, assessments and other written material.
- Update the essential information categories with new information or evidence from case notes and assessments. The essential information categories and the evidence-based factors are tools that help us understand information and the link to harm and risk.
- Consider if parental change has occurred to a level that decreases consequence and probability of harm.
- Consider if new information or evidence increases the consequence and probability of harm.
- Reviewing the risk assessment is likely to happen many times throughout an intervention with a child and family.

Reviewing the components of judgement

The **two components** of judgement (consequence of harm and probability of harm) are used as the formal way of reviewing a risk assessment within the SAFER practice activities.

The two components of judgement incorporate the **four dimensions** of analysis: vulnerability of the child, likelihood of harm, severity of harm and safety (Figure 21).

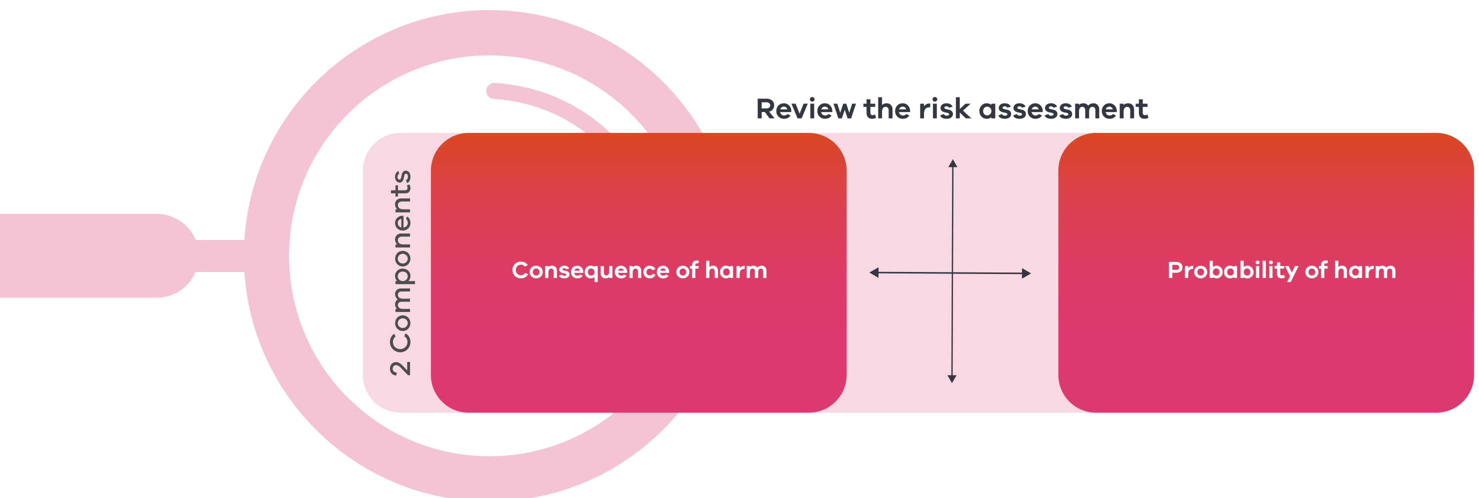
Figure 21: Reviewing the components of judgement – consequence of harm and probability of harm



Note: When reviewing the components of judgement, think about the impact on the child and factors that increase risk (likelihood) and decrease (safety) risk and harm occurring or recurring.

Figure 22 provides an example of incorporating new information to consider whether the overall judgements of consequence and probability of harm change.

Figure 22: The components of judgement used to review the risk assessment



Consequence of harm

When reviewing consequence of harm, consider the following prompts:

- What has changed within vulnerability of the child and severity of harm? Remember this is how we make a determination about the consequence of harm.
- Use the headings of 'vulnerability of the child' and 'severity of harm' as you write to help clarify what has changed since completing the risk assessment.
- As under the initial judgement of the current risk assessment, this review is about the impact of harm on individual children.
- As you think about severity of harm, consider whether there is new information or evidence that points to cumulative harm and neglect or helps understand more about the pattern and history of harm:
  - Is it escalating?
  - Is it chronic?
  - Is it episodic?
- Reconsider the indicative descriptor from the previous judgement to incorporate what has changed within the dimensions of vulnerability of the child and severity of harm. The written rationale supports the overall consequence changing or remaining the same:
  - Severe
  - Significant
  - Concerning
  - Insufficient evidence of harm.

- Is there new information or evidence about family violence? If serious risk factors have been identified, are they still present? If not previously identified, is there evidence they are now? Evidence-based family violence risk factors help determine new information and evidence, and information-sharing legislation (the Child Information Sharing System (CISS) and Family Violence Information Sharing Scheme (FVISS), and the *Children, Youth and Families Act 2005* (CYFA) is used to seek and share information that relates to risk assessment and risk management.
- The more permanent the impact of harm on the child, the greater the consequence of harm. New information, such as from a Victorian Forensic Paediatric Medical Service report, may take harm consequence from significant to severe, which should be considered with decision making about the permanency objective.

Probability of harm

When reviewing probability of harm, consider the following prompts:

- What has changed within likelihood of harm and safety? Remember this is how we determine the probability of harm (likelihood is about increase and safety is about decrease, whilst probability is weighing up increase and decrease to make an overall judgement).
- This section of judgement aims to review whether a child is more or less likely to have been harmed or to be harmed in the future.
- Use the headings of 'likelihood of harm' and 'safety' as you write to help clarify what has changed.
- As you think about likelihood of harm, consider new information, evidence or outcomes against:
  - prior pattern of behaviour towards the child or young person
  - attitudes and beliefs of the parent or caregiver about harm causing behaviour or actions
  - contributing factors.
- Reconsider the indicative descriptor from the previous judgement to incorporate what has changed within the dimensions of likelihood of harm and safety. The written rationale supports the overall consequence changing or staying the same:
  - Very likely
  - Likely
  - Unlikely.
- Probability is primarily about parental or caregiver action or inaction to address protective concerns. If in working with parents, further characteristics are identified (such as a substance use issue that was undisclosed) and the plan has not been effective in achieving the required change (not making progress in working with professionals for example), then the likelihood consideration within probability will increase. If plans in place to assist parents to work on protective concerns have been effective and there have been no further parental characteristics identified that increase risk, then the likelihood consideration within probability will decrease.
- The definition of safety is 'strengths demonstrated as protection over time'. We must be able to demonstrate any protection identified and how it is increasing safety for the child. It is acceptable to outline the attempts to increase protection that are not yet sufficient as this helps us understand what we can continue to build on. Usually, after we have worked with a family for a period of time, we can articulate more about strengths.

- Where pattern and history of harm have been identified, this is a static factor (the history will always be the history) that will always influence increased probability (remember past is the best predictor of future). For these families, when reviewing the judgement of probability, we need to be able to clearly articulate: What has changed? How has it been demonstrated and over what period? And how this has provided for increased safety for a child if indicating that the overall probability has decreased. Be cautious about disguised compliance. Also be cautious about being overly optimistic about what a small amount of parental change means for child safety.

A note about the family violence and MARAM

Serious risk factors (linked to increased lethality) for adult and child victim survivors are identified within consequence of harm. Always go back to the essential information category of family violence to see whether new information and evidence should be recorded against an evidence-based factor. This is critical to a well-informed assessment.

The overall Multi-Agency Risk Assessment and Management Framework (MARAM) risk rating (for the adult and child victim survivors) must be reviewed or identified (if family violence wasn't identified in the previous risk assessment) within probability of harm. This supports consistency of language when sharing information with partner agencies.

The overall MARAM risk rating (reviewed or new) then informs the overall SAFER probability of harm judgement, which then informs decisions.

Relationship to other practice activities

Reviewing the risk assessment may trigger action in another practice activity. At times a review might mean additional activity in all five practice activities of the SAFER children framework.

Practice note: Review at phase transition points

Seek, share, sort and store information and evidence

- Is there evidence in case notes that needs to be added to the essential information categories?
- Has any information changed? Is more information needed? Are there outstanding questions?
- Can another perspective be examined (who else might provide information about the child, such as services engaged with parents)?

Analyse information and evidence to determine the risk assessment

- Is the risk assessment current? Is it clear and logical?
- Has the risk assessment been explained to the child, young person, family, colleagues, supervisors and other professionals? Have their views been sought?
- Is it clear why we are doing what we are doing?
- Is there a clear narrative about the child, their context and harm they have experienced?
- Are the parents clear about their responsibility to maintain and promote their child's safety and wellbeing?

Formulating the case plan

- Has the case plan been formulated with the child and family?
- Does everyone named as essential to implementing the plan understand their responsibilities?
- Has a strengths and solution focused approach been used to formulate the plan? Or is it deficit focused?
- Is there evidence that the child, family and professionals have contributed to, and are accepting of, the plan?
- Does the actions table set out clear tasks and goals? Are the goals and tasks SMART?
- Are there plans for a child or family that have not been linked to a case plan? (Examples include a behaviour support plan, mental health plan, risk management plan for a person using violence, safety plan for an adult victim survivor or crisis response plan.)

Enacting the case plan

- Is there an active and functioning care team?
- Are the *Looking After Children Framework 2003* (LAC) domains (health, emotional behaviour, development, education, family, social and self-care skills) being used to guide the care team, regardless of whether the child or young person is in care or with parents?
- Is there evidence of reviewing the case plan according to the *Children, Youth and Families Act 2005* (CYFA)?

Review the risk assessment

- Has the plan addressed harm, risks and needs determined in the risk assessment?
- Does the information and evidence held now change the consequence and probability of harm judgements?
- Has there been consultation with specialist roles, as required according to the *Child protection manual* (for example, children in contact with sexual offenders, infant intensive response, a household member with a category A offence)?
- Are there any concerns that in exercising professional judgement, the current risk assessment does not reflect the circumstances (for example, evidence of values statements that have influenced judgement)?

Reviewing the risk assessment at phase transition

A review of the risk assessment should be undertaken and endorsed on transition from one phase to the next. The transition from one child protection practitioner or team to another can cause a loss of information, momentum and minimise identified risks. Transition from one phase to another, or from one practitioner to another, creates an opportunity to review whether the casework completed under the practice activities has contributed to effective interventions for children.

When transitioning from one phase to another, practitioners should always look to use the practice note above as a prompt for aspects of practice to be reviewed and then complete a review risk assessment.

Reviewing plans for effectiveness

Continuous improvement is an ongoing effort to refine practice. It is a way to check if the plan being enacted is addressing harm, risks and needs as determined in the risk assessment. Does it promote the safety and wellbeing needs of the child in a way that supports the autonomy of the family unit?

The process of reviewing the risk assessment should always encompass the following.

Reviewing the case plan:

- Is targeted service activity being enacted?
- Are the services effective?
- Are they fully engaged with the goal to improve safety, promote development and wellbeing for the child?
- Is the case progressing towards the permanency objective?

Determining if SMART goals are being met and risk has decreased for the child:

- Are the goals still clear, targeted and measurable?
- Did the family understand them?
- Have different gains been made that can change the original goals?

Determining if specific goals and tasks are managing the risks and promoting safety, development and wellbeing as identified in the plans:

- Even the most considered plans need review, and this is a legislative and policy requirement in Victoria.
- Are specific intervention approaches to achieve safety outdated or not well adjusted for the family as time goes on?

Re-asserting the roles of those responsible for implementing the plan through tracking progress:

- Are the people responsible for actions clear about their role?
- Is making a real difference an important role for child protection practitioners?

Determining appropriate dates for reviewing the plan and evaluating its effectiveness:

- You may choose to review some actions within a very short timeframe.
- You may choose to monitor and review others over a longer period.
- A flexible and responsive approach to reviewing plans will help reduce 'drift', and help practitioners and families stay focused on what needs to happen.

Determining methods for evaluating progress against planned goals and tasks:

- Discussing and determining how you will know if a goal is met is crucial.
- Creating SMART goals supports effective review, as it should be clear what needs to happen, by when and by whom.

Summing up

- Review aims to determine whether providing the widest possible assistance to a child and family has created sufficient change to decrease the consequence and probability of harm.
- The guidance in 'Analyse information and evidence to determine the risk assessment activity' is also relevant to this practice activity.
- Review is a continual process.
- Updates to assessed levels of risk and the resulting plans to manage risk (such as actions tables and safety plans), need to be proactively shared with other services supporting all members of the family, in line with information-sharing legislation.
- It is good practice to include children and families in the review process, being transparent about the consequence and probability of harm judgement, and using language that children and families can understand (be prepared for this, and avoid using jargon or abbreviations).
- Reviewing the risk assessment leads practitioners and managers back to considering whether the decision (or decisions) made are the most appropriate and in the child's best interests.

Appendix

Appendix: Background to the development

The SAFER children framework journey

Since implementing the Best Interests Case Practice Model (BICPM) in 2010, the need for a strengthened approach to risk assessment has grown. We have seen this through good practice stories, feedback from practitioners, leaders and managers in child protection, case reviews and themes from the Commission for Children and Young People.

It is important that we support practitioners in every way possible as they undertake the complex work that is child protection practice. The *Child protection workforce strategy 2021–2024* and the Victorian Auditor-General's Office report into the mental health and wellbeing of child protection practitioners in Victoria confirmed this.

Providing an approach to risk assessment that includes more guidance to support analysis, critical thinking and decision making is an important support to the everyday work.

The Commission for Children and Young People highlights child death inquiry themes in each year's annual report. These have influenced the development of the SAFER children framework and five practice activities.

In 2019–20, the child death inquiry themes were:

- premature case closures
- poor family violence risk assessments
- adolescent mental health and cumulative harm
- safe sleeping and discussion of sudden infant death syndrome (SIDS) risk factors
- information sharing and interagency collaboration.

The five SAFER practice activities aim to address the themes in child protection practice that have been observed where children known to the program have died.

In September 2017, the Office of Professional Practice commissioned a literature review to inform development of a revised risk assessment framework for child protection in Victoria. The review concluded that combining empirical evidence, structured assessment and professional judgement is the best approach to risk assessment practice (Gaskin 2017). This conclusion aligns with that highlighted in the development of the Victorian Risk Framework (VRF) that 'no single model was found able to encompass the requirements of the field' (Department of Human Services 1999).

From 2017, the Office of Professional Practice has collaborated with practitioners from across the state in a co-design approach. Designs have been tested and adapted along the way, with the intention of producing an approach to risk assessment that is best suited to the specific needs of the Victorian child protection context.

The SAFER children framework has evolved as a locally developed solution that draws from jurisdictions across Australia and internationally, rather than relying on one model or solution.

While the framework is specific to child protection practice, extensive consultation has occurred with sector partners, including community services organisations and Aboriginal Community Controlled Organisations, recognising the importance of partnerships in supporting vulnerable children and families. The concept that the safety and wellbeing of children is a shared responsibility has been central to the design.

The history of child protection risk assessment practice in Victoria

The SAFER children framework and the five practice activities build on the thinking and concepts in the VRF.

The VRF allowed for a large degree of professional discretion and included the ability to look not only at-risk factors but also at the strengths, goals and needs of children and families.

While described as guided professional judgement, it was also a comprehensive consensus-based assessment. The VRF was similar to risk assessment models in several Australian jurisdictions including:

- Tasmania *(Tasmanian risk framework)*
- New South Wales *(Secondary risk of harm assessment)*
- the Australian Capital Territory *(Ongoing care and protection risk assessment)*
- Western Australia *(Risk analysis and risk management framework).*

BICPM 2010 and 2012 incorporated some aspects of VRF, providing practitioners with the practice stages of information gathering, analysis and planning, actions and reviewing outcomes as a way of focusing work with families on safety, stability and development. Since 2010, the BICPM has provided child protection with the framework for assessing risk and safety.

Research and literature supporting the SAFER children framework

The SAFER children framework is based on evidence gathered from research, individual and systemic reviews of practice and literature, and contemporary practice wisdom.

As the framework captures the broader context in which child protection operates, the research and literature behind the approach is vast.

The literature review

The review commissioned in 2017 made several recommendations for developing a revised approach in Victoria:

> *Given the current shortcomings of risk assessment instruments in child welfare, consideration should be given to using more than one approach to risk assessment. A practical solution would seem to be one that supports professional judgement supplemented by guidance on assessing risk (for example highlighting factors may be particularly pertinent to elevating or identifying risk) (Gaskin 2017).*

The SAFER five practice activities of risk assessment in child protection have been developed consistent with the recommendations. Evidence-informed essential information categories and factors inform guided analysis, with the flexibility to use professional judgement, drawing on the knowledge, skills and expertise of practitioners who work with children and families every day.

Commentary on child protection practice: Professor Eileen Munro

Professor Eileen Munro (2002, 2005, 2019, 2020) has informed the thinking behind the refocus on the professional judgement of the child protection workforce. The concept of the five components of knowledge and skills that contribute to professional judgement has also played a part. Although several publications are referenced, Munro's work has influenced child protection in Victoria for many years.

Munro's visit to Victoria in late 2019 contributed significantly to the latter parts of development of SAFER.

Leading practice (Department of Human Services 2012c) is a resource guide for leaders and managers in child protection. Munro's work heavily influenced the guide, having been drawn on as a key reference about the importance of professional judgement.

Victorian Risk Framework

The research thread has been pulled from the VRF, which combined major theories and research about risk assessment in child protection, particularly Brearly (1982), Dalgeish (1997), Hemsworth et al. (1997), Meddin (1985), Sigurdson et al. (1995), Sigurdson and Reid (1990), and Turnell and Edwards (1997, 1999).

The framework was informed by the core dimensions of risk assessment, vulnerability, severity, likelihood and safety, recognising that these dimensions were essential to achieve the goal of the risk assessment process. The Manitoba Risk Estimation System was used as the primary rationale for analysis within the VRF.

Best Interests Case Practice Model

The BICPM incorporated the VRF, drawing heavily on the prediction theory described by Reid et al. (1995). The model is underpinned by a strengths-based approach that assesses the risks, while building on protective factors to increase a child's safety. The work of Turnell and Edwards in *Signs of safety* (1999) was influential in avoiding a problem-saturated approach to risk assessment and risk management.

In 2021, the BICPM was under review. However, until such time as a revised version is produced, the theory-based practice approaches within the model continue to influence child protection practice. They are:

- relationship based – child-focused and family-centred
- culturally competent
- developmentally and trauma-informed
- gender-aware and analytical
- dynamic and responsive
- professional judgement
- strengths-based
- outcome-focused
- engage families
- build partnerships
- ecological approach.

The BICPM will always play a critical role in the SAFER children framework, now and in the future.

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