human.
services

Reviewing outcomes · Information gathering · Build relationships · Empower · Partner · Actions · Engage · Analysis and planning

Best interests case practice model

Summary guide

State Government
Victoria

Best interests case practice model

Summary guide

2012

Authors

Robyn Miller is the Principal Practitioner for the Children Youth and Families Division of the Victorian Government, Department of Human Services.

Acknowledgments

This document was developed after extensive consultation with Family Services organisations, Child Protection and Placement and Support Services in Victoria. The author acknowledges the input and guidance of:

Michael Naughton, Assistant Director, Child Protection Operations, Children Youth and Families Division, Department of Human Services.

Rhona Noakes, Senior Policy and Program Advisor in the Office of the Principal Practitioner, Children Youth and Families Division, Department of Human Services.

Julie Boffa, Project Manager, North East Metro Child and Family Service Alliance.

Sue Hildebrand, Manager, Children Youth and Families Division, Hume Region, Department of Human Services.

Gwendolyn Ellemor, Acting Manager, Child Protection, Policy and Practice, Children Youth and Families Division, Department of Human Services.

If you would like to receive this publication in another format, please phone the Office of the Principal Practitioner 9096 9999 or email principal.practitioner@dhs.vic.gov.au or contact the National Relay Service 13 36 77 if required.

This document is also available on the Internet at: www.dhs.vic.gov. au/for-service-providers/children,-youth-and-families/child-protection/ specialistpractice-resources-for-child-protection-workers

Contents

A range of specialist practice resources are available as follows:

Child development and trauma
Cumulative Harm
Infants and their families
Children and their families
Children with problem sexual behaviours and their families
Adolescents and their families
Adolescents with sexually abusive behaviours and their families
Families with multiple and complex needs
Working with children and their families where an adult is violent
Working with children and their families where an adult is sexually abusive
Child and Family Snapshot
Bringing out the best in your baby

Further publications in the Best interests series include:

The Best interests principles: a conceptual overview
Cumulative harm: a conceptual overview

These resources can be accessed online at:

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers>

Introduction

The Best interests case practice model provides a foundation for working with children, including the unborn child, young people and families. It aims to reflect the new case practice directions arising from the *Children, Youth and Families Act 2005* (CYFA) and the *Child Wellbeing and Safety Act 2005*.

Designed to inform and support professional practice in family services, child protection and placement and support services, the model aims to achieve successful outcomes for children and their families.

In Victoria, the *every child every chance* reforms have refocussed the child and family services system to enable early intervention and prevention responses to vulnerable children and families. The CYFA also enables a more proactive and supportive response to the unborn child and their family, where significant concerns exist about their safety and wellbeing, following birth.

Effective practice requires good working relationships between services, working in partnership with the family wherever possible - where the child's best interests are at the centre. The Best interests case practice model is based on sound professional judgement, a culture that is committed to reflective practice and respectful partnership with the family and other service providers.

The case practice model is described in:

1. *The Best interests case practice model summary guide*
2. *The Best interests case practice model specialist practice resources*

About this document

Who should read this document?

The Best interests case practice model summary guide should be read by practitioners involved in the delivery of Victorian child and family services, including:

- family services practitioners and managers
- child protection practitioners and managers
- placement services practitioners and managers, including participants in the child or young person's care team.

While some aspects of the model will be of more relevance to specific phases of work or specific practitioner roles, the intention is to bring these aspects into a single unifying case practice model focussed on the best interests of the child or young person.

What does this guide do?

This guide provides an easy to use summary of the core aspects of the best interests case practice model. It is designed to help practitioners find ready access to relevant information, which is concise and useful.

The summary guide is supported by specialist practice resources which provide a more comprehensive approach to understanding the best interests case practice model.

How should the summary guide be used?

This summary guide can be consulted at any stage of intervention, from first involvement to closing contact. Practitioners are encouraged to consult the guide to inform them about planning, action and reviewing outcomes and not to limit their usage to information gathering and assessment phases.

The summary guide should be viewed as a set of prompts for good practice, guiding professional judgement at any point in the life of a case. It is not a prescriptive checklist.

The guide suggests resources and publications that should be referred to when working with a vulnerable child or young person and their family.

Practitioners are encouraged to obtain more detailed information by consulting the specialist practice resources and other guidance documents when requiring advice on a particular area of practice or complexity.

A set of new and updated specialist practice resources have been developed. These will integrate and update the set of specialist assessment guides that formed part of the Victorian Risk Framework.

The CYFA requires that family services, child protection and placement services work in ways that reflect the Best Interests principles and associated provisions of the CYFA. The Best Interests framework set out in the diagram below provides a common basis for professionals to work together and with local communities and other services to meet the needs of vulnerable children and their families, by encouraging a consistent focus on the following:

- safety
- stability
- development
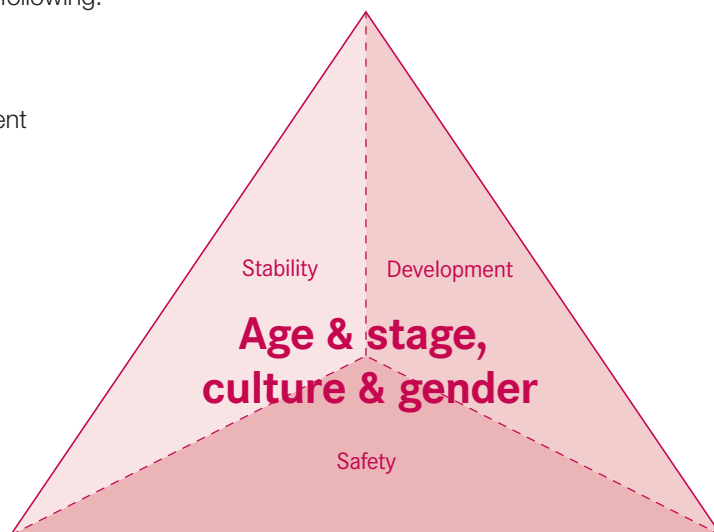
Each of these dimensions of the child's experience needs to be viewed through the lens of the age and stage of the child, their culture and their gender. The child's best interests need to be considered holistically and in a culturally competent way at every point of contact with the service system.

Legislative context

Best interests principles

The CYFA (s. 10) www.legislation.vic.gov.au/ (see Appendix 1 on page xx of this document) states that the best interests of a child must always be paramount when making a decision, or taking action. When determining whether a decision or action is in the child's best interests, there are a number of needs that must always be considered:

- The need to protect the child from harm.
- The need to protect the child's rights.
- The need to promote the child's development (taking into account his or her age, stage of development, culture and gender.)

The best interests principles described in Section 10 of the CYFA 2005 provide a unifying framework for practice. The Children's Court, child protection and family services sector must comply with them in taking any action ormaking a decision about a child.

Children's rights

The concepts of protection from harm and promoting development are likely to be quite familiar to practitioners. However, the CYFA also requires decision makers to consider the child's rights when making decisions.

The CYFA does not define which rights must be taken into account, however the rights contained in the Victorian Charter of Human Rights and Responsibilities applies to all Victorians and state in Section 17 'Every child has the right, without discrimination, to such protection as is in his or her best interests and is needed by him or her by reason of being a child'. The UN Convention on Rights of the Child also provides a useful reference. Fundamentally, every child has a right to safety and wellbeing.

We have responsibilities to observe the human rights of all parties involved and must observe the *Victorian Charter of Human Rights and Responsibilities*. These rights, freedoms and responsibilities are set out in the *Charter of Human Rights and Responsibilities Act 2006*.

The *Charter for Children in Out-of-Home Care* is also relevant to informing work with children and young people in a placement.

When working with vulnerable children, young people and their families, practitioners may encounter situations when a range of rights and wishes appear to be in conflict. For example, a child's right to safety could appear to be in conflict with their expressed wish to remain in an unsafe environment. The case practice model aims to inform and support practice in these difficult and complex situations.

Decision-making principles

Section 11 of the CYFA (see page 37 for a complete list) details a new set of decisionmaking principles which emphasise the desirability of consultation, collaboration, fairness and transparency. Critically, decision-making processes need to assist the child or young person, the parents and other family members to participate in a meaningful way.

Section 11 has very specific direction in regard to the provision of information in the appropriate language, the provision of interpreters and the attendance of cultural supports during the intervention process. It also stipulates that the views of all persons directly involved must be taken into account.

There is also very specific direction about the need for sufficient notice to be given of any meeting proposed and for everyone involved to be given a copy of the proposed case plan.

Additional decision-making principles for Aboriginal children

Section 12 of the CYFA (see page 38 for a complete list) recognises the principle of Aboriginal self-management and self-determination, in making a decision or taking an action in relation to an Aboriginal child.

Section 12.1.(a)&(b) provide guidance on additional decision-making principles for Aboriginal children who are referred to community services or reported to child protection. These require:

- That an opportunity should be given, where relevant, to members of the Aboriginal community to which the child belongs and other respected Aboriginal persons, to contribute their views.
- Involvement of an Aboriginal Convenor in decision-making meetings.
- Involvement of the Aboriginal child, their family, extended family and community in the decision making process.
- Consideration of Section 10.3.(a) of the Act which states:

    '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'.

Where child protection is to be involved with an Aboriginal child, the Aboriginal Child Specialist Advice and Support Service (ACSASS) is required to be involved, to provide advice, support and advocacy.

If considering placing an Aboriginal child in out-of-home-care, child protection practitioners must:

- consult an Aboriginal agency
- comply with the Child Placement Principle Section 13.(1)&(2) and Section 14.(1)-(5) which are aimed at keeping the child within family and community
- develop and implement a cultural plan as part of the case plan to provide opportunity for continuing support from and contact with his or herAboriginal family, community and culture Section 176.(1)-(4).

An understanding of the impact of past trauma and colonisation is important for practitioners working with Aboriginal families as well as for refugee and some migrant communities.

Cultural competence and respect is essential in any intervention with families. This means any intervention should be promoting the child's and family's connection with their community and aware of the healing and resilience that may be strengthened by connection to culture.

Practitioners need to explore the particularmeaning events hold within the familiy's cultural traditions and seek advice and ongoing professional education from Aboriginal organisations.

Preparing matters for the Court

Practitioners need to be able to present evidence to the Children's Court that shows the effects of harm on children and young people and future risks to children's safety, stability and development. The court will also want to know the rationale for professional judgements and decision-making, what assistance has been provided to the family and the outcomes of previous interventions, all supported by evidence.

The guide to court practice for child protection practitioners and the court kit provide useful information for practitioners preparing for court.

About the Best interests case practice model

The model is represented visually above as an easy reminder of the work of practitioners. It shows the interconnected stages of professional practice which is child focussed and family sensitive.

The model shows the stages of practice that occur: put simply, what we do:

- information gathering
- analysis and planning
- action
- reviewing outcomes.

At the same time the case practice model shows the processes that underpin and enable good practice - or how we do it:

- relationship building
- engagement
- partnership
- empowerment.

Relationship based - child focussed and family centred

This diagram has the child in the centre to prompt reflection on the best interests principles and to visually represent relationship based practice that is child focussed and family centred.

Building good relationships with children, young people, their families, community members and other services, enables a more informed assessment to occur and provides the cornerstone for effective case work. Information from multiple sources and perspectives will always provide a stronger basis for effective practice. This practice model is based on the relationships that practitioners develop with children and families that engage them in a process of change. Purposeful engagement takes skill, empathy and emotional intelligence to manage often conflicting agendas. Thoburn, Lewis and Shemmings (1995), show that there is a clear link between better outcomes for children and greater involvement of parents.

> *'No single strategy is of itself effective in protecting children. However, the most important factor contributing to success was the quality of the relationship between the child's family and the responsible professional.'* **Dartington (1995)**

Other key elements of the case practice model are described below. In summary, the model is also:

- ecological and systemic
- culturally competent
- developmentally and trauma informed
- gender aware and analytical
- dynamic and responsive
- based on professional judgement
- strength based
- outcome focussed

Ecological and systemic

The theoretical foundation of the model can be conceptualised as being informed by systems theory and Bronfenbrenner's ecological theory of human development. Bronfenbrenner (1975) articulated the importance of the child's relationship with the family and community, and creating change through environmental interventions whilst concurrently supporting the individual. The focus of practice is the 'person-in-environment', which acknowledges that social support is an essential component of practice and that social interventions can take many forms.

Parton, Thorpe and Wattam (1997) have suggested that it is appropriate to see child abuse as a result of 'multiple interacting factors', including the parents' and children's psychological traits, the family's place in the larger social and economic structure, and the balance of external supports and stresses, both interpersonal and material' (p.54). An ecological perspective also directs attention to the living conditions of children's lives and to the organisational impacts and policy consequences that impinge on them.

Culturally competent

Culture can be viewed as playing a protective role, particularly forminority or marginalised communities.

For Aboriginal communities, the possible loss of culture needs to be seen as a risk factor in any assessment process.

> "Cultural identity is not just an add-on to the best interests of the child. We would all agree that the safety of the child is paramount. No child should live in fear. No child should starve. No child should live in situations of neglect. No child should be abused. But if a child's identity is denied or denigrated, they are not being looked after. Denying cultural identity is detrimental to their attachment needs, their emotional development, their education and their health. Every area which defines a child's best interests has a cultural component. Your culture helps define HOW you attach, HOW you express emotion, HOW you learn and HOW you stay healthy."[1]

1. Bamblett, M., and Lewis, P. (2006). 'A vision for Koorie Children and Families: Embedding Rights, Embedding Culture', *Just policy: A journal of Australian social policy*, edition 41, September 2006. VCOSS. p 45.

Introduction

For Aboriginal families, culture and the maintenance of culture is central to the healthy development of their children. Traditional Aboriginal culture is inherently inter-relational and inter-dependent and views the person as living and being in relationship with the family, the community, the tribe, the land and spiritual beings, of the laws and dreaming. The person is perceived not as an independent self, but as a self-in relationship.

It is therefore important that interventions respect this broad understanding and that practitioners see child and family needs holistically and as interrelated, not in isolation. It is also important that you seek from the family, *their* definition of who should be involved in particular assessments, interventions, and planning activities, rather than practitioners making assumptions about, who is "family" or who forms "community" for this child and family.

When attempting to meet child and family needs and wellbeing, practitioners therefore need to:

• consider the historical context of colonisation and the impact of the Stolen Generations for this child and family;

• consider the child's educational, physical, emotional or spiritual needs as a whole, from the perspective of culture, not in isolation from each other;

• consider the child's significant relationships as encompassing wider community, not just immediate family, and including Elders, and Aunties and Uncles;

• seek the views of Elders and other significant community members particularly in education and the maintenance of culture.

Practitioners are advised to refer to the *Aboriginal Cultural Competence Framework*, which has been developed by the Victorian Government.

Developmentally and trauma informed

The CYFA 2005 requires practitioners to promote the child's development taking into account his or her age and stage of development. Therefore, practitioners need to be informed about typical developmental trends and the developmental impact of attachment and trauma on the child and young person.

There has been an explosion of knowledge in regard to the detrimental impact of neglect and child abuse trauma on the developing child, and particularly on the neurological development of infants. It is critical to have a good working knowledge of this growing evidence base so that we can be more helpful to families and child focussed. This model is underpinned by a multi-theoretical perspective and has also drawn on research and clinical literature from the child abuse, sexual abuse, family violence and offender literature as well as the trauma, attachment and child development evidence base. For a more thorough exploration of the relevant theoretical, research and evidence base, it is recommended that you read the *Child development and trauma guide* and papers on the Best Interests principles, cumulative harm and stability, which are available at: www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialistpractice-resources-for-child-protection-workers

Except where there are obvious signs, you would need to see a child a number of times to establish that there is something wrong. Keep in mind that if children are in a new or 'artificial' situation, unwell, stressed, interacting with someone they do not know, or if they need to be fed or changed, then their behaviour will be affected and is not likely to be typical for that child. Premature babies, or those with low birth weights, or a chemical dependency, will generally take longer to reach developmental milestones.

Gender aware and analytical

A gender analysis is a critical component of good practice when working with families and identifying issues of abuse. The dynamics of power, hierarchy and gender need to be assessed by practitioners who are mindful of the disproportionate nature of gender-based violence such as family violence on females, sexual assault on children, the differential responses to family violence by boys and girls, and the need for a gender specific response to the needs of boys and girls by practitioners as appropriate.

A gender analysis alerts us to the prevalence of mother blaming within our culture. 'Moreover, as mothers are more likely to be the major rehabilitative support figure, they are more likely to be blamed for anything the professionals view as inappropriate.' (Furlong, Young, Perlesz, McLachlan & Riess 1991, p.61)

Family violence affects one in fourVictorian women and is perpetrated largely by men. In a recent survey, 25 per cent of young people witnessed physical and domestic violence against a female parent.[2] Fifty two per cent of substantiated reports have included family violence. A gendered response means being aware of the likelihood of specific issues impacting differently on men, women, boys and girls. Children have a gender differential response to family violence: as a generalisation, girls tend to internalise and boys act out. In terms of risk, gender impacts place girls at higher risk of victimisation as adults and boys at greater risk of perpetration as adults. Having witnessed parental violence, emerged as the strongest predictor of perpetration of violence in young people's own intimate relationships.

In responding to family violence, practitioners must:

- 'acknowledge family violence as a fundamental violation of human rights and unacceptable in any form
- provide a strong justice response in dealing with family, physical or sexual violence
- act to increase the safety of women and children experiencing family violence
- recognise and address the power imbalance and gender inequality between those using violence (predominantly men) and those experiencing violence (predominantly women and children)
- hold men accountable for their violence and challenge them to take responsibility for their actions
- hear and represent the voices of women and children who have experienced violence at all levels of decision-making.'[3]

Refer to *Practice Guidelines: Women's and children's family violence counselling and support programs*, Victorian Government (2008).

---

2. Young People and Domestic Violence, National research on young people's attitudes and experiences of domestic violence, Commonwealth of Australia, Partnerships Against Domestic Violence, 2001, xv. http://www.aifs.gov.au/nch/issues2.html, *Issues in Child Abuse Prevention* Number 2 July 1994, *Domestic Violence as a Form of Child Abuse: Identification and Prevention*, Marianne James, Senior Research Officer, Australian Institute of Criminology Young People and Domestic Violence, National research on young people's attitudes and experiences of domestic violence, Commonwealth of Australia, Partnerships Against Domestic Violence, 2001, xvi.

3. Victorian Government Department of Human Services (2008) *Practice Guidelines: Women and children's family violence counselling and support programs*, Children Youth and Families Division - Victorian Government, Australia. p.15.

Dynamic and responsive

The model is based on the notion that assessment and intervention with families are dynamic processes. Each stage informs the next, and reviewing the outcomes of our practice often leads back to needing to know more and to alter the case plan in response to the feedback from the family and service system.

The processes of information gathering and analysis form the basis of good assessment, which in turn informs any planning and action. The vital process of reviewing our practice in the light of the difference it has made for children and young people,may highlight the need to gather fresh information and engage in different interventions, or to celebrate the good outcomes with the family and practitioners.

The visual representation of the model captures the circular nature of family work, the importance of reviewing the effectiveness of our work, and remaining attuned to the changing needs of the family. Good supervision and a commitment to collaboration are essential.

Professional judgement

While each of these stages are inextricably linked, the processes of analysis and planning are deliberately coupled in the diagram. The purpose of this is to highlight that good analysis is critical in forming an assessment of the family strengths and difficulties, and the level of risk to any child. Research and experience has shown that there is usually lots of information available about the child and family, however reviews of practice often find that there was insufficient shared analysis to form a good plan.

'More common than a failure to share information is the failure to assess the shared information accurately' **(Munro, 1998)**

Risk assessment within the best interests model relies on a professional judgement, rather than an actuarial approach, and it is critical that any decisions are based on significant historical and current information and shared analysis. The Victorian Risk Framework (VRF) is integrated into the model which focuses on weighting the key areas of the:

- severity of the harm to the child
- vulnerability of the child
- strengths and protective factors within the family
- likelihood of further harm.

This assessment then forms the basis of any decision-making and planning about any further intervention.

'It is important that practitioners are aware of the problems associated with professional judgement. These problems include a lack of recognition of known risk factors, the predominance of verbal evidence over written, a focus on the immediate present or latest episode rather than considering significant historical information, and a failure to revise initial assessments in the light of new information.' **(Munro, 1999)**

Key message: Recent research evidence on cumulative harm has shown that a child can be as severely harmed by the cumulative impact of less severe risk factors and incidents e.g. prolonged exposure to neglect and family violence, as by a single severe episode of harm.

Refer to *Cumulative harm: a conceptual overview* (Miller, 2007) and *Cumulative Harm Specialist Practice Resource* (Bromfield and Miller, 2010). Consultation and supervision are essential underpinnings of this model that relies on good professional judgement.

Strength based

A strength based approach acknowledges the positive aspects of the family and looks for exceptions to the problem-saturated descriptions. A strength based approach looks for what parents and children do despite problems, how they have tried to overcome their problems, what they do well and explores their aspirations and hopes. This approach is transparent and does not avoid difficult conversations about discrepancies in family members' accounts of events. It is informed about child abuse and offending behaviour and is not naive about the dangerous circumstances some children experience.

Practice needs to be both strength based and forensically astute, and be respectful and courteous at all times. The goals of the intervention need to be developed with the immediate and extended family and it is critical that they are concrete, behavioural and measurable. Parents need to know when they have been successful and the practitioners need to engage them in meaningful ways which build confidence.

Professionals are in a powerful position in relation to children and families and the wise use of our authority requires expert listening skills to what is being said and keen observation of what is not being said. Aboriginal people refer to this as deep listening.

A strength based approach is solution focussed and engages the family in providing a safe environment for the children.

> *'Most families care deeply about their children's development. Most parents make mistakes, often because they buckle under the stress of family life. Most parents believe it is a bad thing to hit children but nine in ten will do so at some point. Most parents resent being told how to bring up their children, but will welcome practical support when it is offered as a response to identified social needs.'* **(Little, 2002)**

It is possible to help people to face up to behaviour they are ashamed of and defensive about, if you have established a rapport that is respectful. This is possible if you:

- acknowledge their difficult context
- listen and explore the pressures they have been under
- validate their good intentions.

A relationship that seeks to understand, and invites responsibility rather than blame, will always yield a better assessment and case plan, and therefore better outcomes for children, young people and their families.

Families can become stuck in negative patterns at different points of the life cycle. Good analysis focuses on the patterns surrounding the problem behaviour and balances these against the strengths. Where there is family violence, the perpetrator needs to be held accountable and engaged in taking responsibility for change. It is critical that men's behaviour change programs are part of the service response and that children and women are supported and linked with the services that will facilitate their recovery.

Good practitioners engage the family in planning ways to interrupt stuck patterns, and don't keep repeating the same plan which previously failed to help the child and family. Effective practitioners are curious about the family's past experience of the system and work at forming a relationship that will make a difference.

Outcome focussed

The case practice model encourages a culture of reflective practice where the outcomes and process of our practice are regularly reviewed. Essentially - have we been helpful? Is the child safe? Are they developmentally on track? What could or should we do differently in the light of what we know, or don't know now, and what does this child need right now?

Assessment and planning are dynamic processes and need to be modified in the light of feedback about the effectiveness of our interventions.

Harm can overwhelm the most resilient child and family and particular attention needs to be given to understanding the complexity of the child's experience. The recovery process for children and young people is enhanced by the belief and support of protective family members, significant others and connection to their culture. Children and young people need to be made safe and given opportunities to grieve, and to make sense of the trauma they have experienced to maintain connection with their parents, siblings, extended family and or carer, school, community and culture.

These children need calm, patient, safe and nurturing parenting in order to recover. Children who have experienced significant harm often need a range of professionals working together to deliver supports to assist their recovery.

> *'It is important to understand that the brain altered in destructive ways by trauma and neglect can also be altered in reparative, healing ways. Exposing the child, over and over again, to developmentally appropriate experiences is the key. With adequate repetition, this therapeutic healing process will influence those parts of the brain altered by developmental trauma.'* **(Perry, 2005)**

Children and young people need a positive web of people surrounding them and providing regular reinforcements of their worth and humanity, and of a hopeful future.

Engage families

Engagement is a consequence of relationship building with the family, that eventually develops shared goals, leading to purposeful change. This relies on there being some agreement and enough trust to begin to work together. Families have often experienced such pain, loss and violence that extraordinary courage and resilience is required to even begin to engage with a new service or practitioner. They may also be carrying the hurt and anger from previous experiences of the system. They often have very high needs and expectations but feel hopeless that this practitioner will be able to help. Asking families what they see as solutions and then responding in practical ways to their needs, usually expedites the engagement process.

Key message: Wherever possible, seeing the child and family in their home, assists the family to engage, and the practitioner to gain a realistic view of family situation and needs.

Engagement: Earning your stripes

Engagement is dependent upon ongoing and skilled communication and requires commitment from all parties. Initial engagement is often fragile and practitioners need to 'earn their stripes' before families will believe that they can be trusted. Some families will readily engage during the first visit or interview. Other families can take months of dedicated and empathic, creative practice for good engagement to occur. Responding promptly to the child's and family's practical needs, for example, assisting with baby equipment, engaging a financial counsellor, advocating on the family's behalf with schools, or with government departments for financial or housing entitlements, or providing respite, builds the practitioner's credibility in the eyes of the family. A helpful working relationship with the family, enables the practitioner to be upfront about the more contentious and painful issues, without cut-offs occurring. Some of the most important and therapeutic conversations and disclosures take place in the car, as practitioners are providing practical assistance to families.

You can take the changing behaviour of children, young people and families as your guide to establish if engagement has occurred. For example, have you jointly developed an agenda for change that is actively working? Has the family trusted you to speak out about their difficulties and shameful events? Have they planned ways to improve their children's lives, for example, a new parenting strategy, attending a sexual assault service, school counsellor, or detox program? Is the child more able to play, concentrate, learn and belong? Signs such as these show that genuine engagement in a change process has occurred.

Practitioners need to be aware as they engage with children and young people, parents, carers and other family members, of keeping the child in mind at all times. The details of the child's experience should be actively sought by practitioners and then used to inform all aspects of practice with the family. It is important to integrate the evidence from the research on infant development, for example, when making decisions about responding to families where there is violence. Refer to the specialist practice resource on '*Infants and their families*'.

The family, significant others, and professionals in the life of the family all need to be part of the process of making sense of the current concerns and the relevant history. Their involvement will mean they are engaged in planning the way forward.

No bull therapy

'No bull therapy' can be a useful approach when working with families and individuals who are not comfortable with child protection, family services or therapeutic services. The five basic clinical guidelines are:

- striving for mutual honesty and directness in working relationships;
- overtly negotiating levels of honesty and directness;
- marrying honesty and directness with warmth and care;
- being upfront about difficulties and constraints
- avoiding jargon. (Miller 2009)

Engagement: The wise use of authority

The relationships between engagement and authority, or change and coercion, are not simple. Rather than seeing anger and hostility as resistance, the wise use of authority entails acknowledging these emotions and working with the client through the different perspectives that are at the heart of the matter. Establish a process with the client that allows you to:

- Acknowledge the position of the client. This does not necessarily mean agreeing with the client, it means making sure the client feels heard and understood. 'Collaborate with the person, not the abuse'.
- Be clear about your professional assessment; communicate the reasons for your concerns to the family and what needs to happen to resolve these worries. Feedback from child protection service users indicates that clients did not understand what child protection saw as the problem, or what they were meant to do to change it.
- Clearly explaining your assessment and gaining agreement on what needs to change to provide for their child's safety can be very empowering. A focus on safety moves us away from a focus on blame.
- Establish and maintain clear bottom lines based on what is required to best support the child's safety, development and wellbeing. Allow options and choice about different courses of action and about how to negotiate different positions.
- Assist the client to be aware of the different review processes to pursue justice if he or she feels unheard.

Barber (1991) cited by Fook in Radical social work (1993) refers to this process of establishing bottom lines and choice as negotiated casework which:

'Encourages the worker to be as clear as possible about what is and what is not negotiable, and then to negotiate as far as possible within these boundaries.' **(Barber, 1991)**

Build partnerships

Frequently families present to services with complex and entrenched problems. Partnership with the child, family, community and other services produces the best outcomes for children, as opposed to a fragmented response where services act as independent silos. We need to think and act systemically.

'The whole is greater than the sum of its parts'. **(Bateson, G., 1972)**

It is critical for professionals to be mindful of the naturally occurring ecology of the family; neighbourhood, school, faith based, sporting and other social networks, and build partnerships with them, where appropriate. The connection to the child and family's ongoing informal networks is fundamental to strengthening their resilience.

Working in partnership with families, the community and other services in the best interests of the child or young person requires a multi-systemic approach, a high degree of coordination between services and ongoing clarification of roles and communication processes.

Holding the family whilst assisting them to make transitions to, and become engaged with, appropriate services, is fundamental to good practice and positive early engagement.

Introduction

It is critical that the professional best placed to engage strongly with the family is identified. This may ormay not be the same person who has responsibility for coordinating cross-service responses. Cultural sensitivity and respect is essential in all intervention with families.

The strongest determinant of good outcomes in practice with families is the quality of the relationship between the practitioner and the family members.

Encouraging families to view seeking help before a crisis occurs, as a strength, celebrating positive changes however small, setting contingency plans in place, and letting them know they would be warmly received should they need to return at a later time, builds the family's confidence in the ongoing partnership.

Empower children, young people and families

The aim of any intervention is, wherever possible, to empower the family to protect their child from harm, protect their rights and to promote their development. Practice with children and young people should aim to empower them to find their voice and speak out about their experiences in a safe environment. Children, young people and their families need to be empowered to connect with their communities and cultures in ways that are meaningful to them and that will strengthen their resilience.

A practice culture that is empowering of families, children and young people will respect their rights, notice their strengths and work toward these becoming sustained over time. Strengths that are shown consistently provide protection for children and empower the family to get on with their lives.

> Key message: It is important to acknowledge that parents may be feeling overwhelmed, experiencing trauma symptoms and need ongoing support. Practitioners need to engage parents in managing their responses to their own and their children's trauma. This means being able to maintain a strong working relationship with parents while effectively mediating negotiations and resolving disputes. Remaining connected to the family, working through conflict calmly and not taking it personally are key to effective practice.

A learning culture

Regular supervision of practitioners and managers, and opportunities for professional development, are fundamental to the provision of quality services for vulnerable children and families. The practitioner's use of self, as they work with families, is key to the development of effective relationships that enable good outcomes.

Research has shown that practitioners attending to their self care needs will prevent burnout and enhance practice outcomes. Regular exercise, good nutrition and a healthy work/life balance are noted in the research as critical components of worker self care.

Organisations need to foster a learning culture where opportunities are embedded for reflective practice. A learning culture encourages workers to think critically about what they do and to support one another in the provision of best practice to vulnerable children and families.

Documentation

Where our analysis of the needs of the child differs from that of the parents, it is critical that the rationale underpinning the case plan is well formulated and documented.

Our legislation very clearly states that services must give the widest possible assistance to the family. Where statutory intervention is required, evidence of this assistance must be presented in a logical and concise manner to the court. Practitioners need to be able to articulate the rationale that underpins any case plan, and to link the goals of future interventions to the analysis of all the available information. Put simply the goals or recommendations need to be relevant to the issues of concern.

Key considerations

In using this summary guide practitioners should:

- act ethically and with integrity within the principles and requirements of the *Children, Youth and Families Act 2005*
- always act in the child's best interests
- always act to protect the child from harm
- always consider the child's rights, expressed wishes and lived experience
- always act to promote the child's development
- be culturally competent. Refer to the *Aboriginal Cultural Competence Framework* (Department of Human Services, 2008)
- be both analytic and intuitive in exercising expert professional judgement
- keep up to date with research and new knowledge about best practice
- always be prepared to discuss and have your assessments and practice challenged
- review your information, assessments, decisions, actions, goals and outcomes, being prepared to change direction as new information comes to light.

Information gathering

Key considerations

When working with a family, best practice is to gain the consent of the parents and of the child, when seeking information from third parties. However, Child FIRST and child protection practitioners are authorised by the *Children, Youth and Families Act 2005* to collect information without consent from other professionals when undertaking an intake assessment. Child protection practitioners can also collect information during investigation and subsequent intervention, where consent cannot be obtained for practical or safety reasons.

- Information gathering is a dynamic, incremental, ongoing process. Throughout the life of a case, you will be testing and validating existing information and gathering and recording new information.
- The information you gather will centre on the past history, the present circumstances and future protective and risk factors.
- Regularly update your records. All children, young people and their families' situations change over time. The information recorded on file, and your assessment of information, should reflect these changes.
- Consider the history, both verbal and recorded. Arrange for an interpreter, cultural consultant, and community support person if required. Provide information in the appropriate language.
- Always start where your client is 'at'. Remember parents and carers may also be traumatised or fearful. This will often be expressed in anger. Start slowly, actively listen and build rapport.
- **Calmly and carefully explain your role and responsibilities. This will need to be re-stated and clarified throughout the life of your involvement, as the family is initially often in crisis and can experience a state of shock. Changes in practitioners can also be confusing for families and the role of new practitioners needs to be explained.**
- **Always try to engage with, and speak to, the child or young person. If the child is pre-verbal, or has a disability, you will still be able to 'engage with and' observe the child and their behavioural patterns, and to carefully observe and record parent/carer-to-child interactions.**
- **Always seek information from family members, and from other professionals involved with the child. It is critical to gather information from multiple sources and to develop a rich description of the life of the child and family from multiple perspectives.**
- **Any risk or safety assessment or future casework is only as good as the quality of the information on which it is based.**
- Where you think there is sexual assault or family violence seek a secondary consultation from specialist family violence, and sexual assault services.
- Always consider seeking a second opinion. Be creative in gathering information, using case conferences and family conferences. For example, if the GP's input is critical and they are unable to come to the meeting, book an extended consultation time and go and see them in their rooms.
- Review information frequently. Identify gaps. Be open to changing your initial views rather than interpreting new information in a way that supports a pre-existing opinion of a child or family.

> Key message: Genograms, eco maps and timelines are very useful to develop early in the response process. They are visual reminders to think and act systemically.

'Each stage in the decision-making process triggers a search for new information. The most important point for data collection is at the earliest assessment stage.'
(Munro, 1998)

The following table provides a series of prompts that may be useful in gathering information at different stages of your work.

Information Gathering should always occur through the lens of the child or young person's age and stage, culture and gender.

> Key message: These questions are only suggestions and not a script to be followed. The primary goal of our intervention is to engage families in a process of change, therefore, practitioners are encouraged to use their emotional intelligence and professional judgement as to the sequence and timing of any interview. Remain compassionate to the distress that children and families experience and mindful that anger and resistance usually reflect the hurt and overwhelm that lies beneath.

> Key message: Accurate and current knowledge of the parent/carer conviction history is vital. Conduct a criminal records check and consult with your supervisor where concerning disclosable outcomes are known, such as a history of violent offences and/or child sexual offences. In the case of Registered Sex Offenders, seek to obtain summary of charges material from Victoria Police, Corrections Victoria Sex Offender Program assessment and treatment history and County Court or Supreme Court Sentencing remarks. The Office of the Principal Practitioner can assist with this.

Refer to the Protocol between child protection and Victoria Police and 'Criminal records check' practice advice for further detailed information.

Key message: In the case of a prospective kinship placement where a criminal records check reveals a category one offence, consultation must occur with the Statewide Principal Practitioner prior to the recommendation of the Regional Director being sought for the placement. A category one offence is a serious offence of a sexual nature or extremely violent offences committed by an adult against a child or children.

The requirements for endorsement are outlined in practice advice #1405 -'Placement decisions where a criminal records check reveals a disclosable record'. Refer to this advice for further detailed information.

Key message: Where a family has had past or current proceedings in the Family Court or the Federal Magistrates Court, you should try to ascertain all possible information from the family. Should the family fail to cooperate, or should you wish to confirm any of the information provided, the child protection practitioner may contact the registry manager or nominee of the Family Court or the Federal Magistrates Court to seek information relating to the proceedings.

The starting point for obtaining information from the Family Court or the Federal Magistrate's Court is via an email request to: enquiries@familycourt.gov.au. Start by introducing yourself and explain your connection to the family.

Provide the following details:

- Full names and dates of birth of the parents and children
- Address/es of parents and children
- Court file number (if available)

Outline your request for information which might include:

- Are there any existing orders? If so, can a copy be provided?
- What is the state of current proceedings?
- Access to a Family Report, if completed.
- The name and contact details of the Family Consultant who completed the Family Report.
- Access to the file (child protection is able to inspect the entire file).

Refer to section 10.2 of the 2011 Protocol between the Department of Human Services, and the Family Court of Australia and the Federal Magistrates Court for further detailed information.

Key domains	Key considerations	Key questions, and prompts
Child or young person's safety	• Basic care provided. • Parents' ability to understand and prioritise child needs before their own. • Protection from harm. • Avoidable, actual or alleged harm. • Sources of harm (what and who). • Pattern & history for this child and other children. • Impact of harm on the child; fear of harm, frequency and duration of harm. • Consistency of protection. • Level of primary carer's/ mother's safety. • Opportunities for harm (does an alleged or actual perpetrator have current or prior access to the child?) • Cultural competence. • Be alert to gender bias. • Previous or current contact with other agencies or services.	• How does the child present? Does the child appear well or unwell? • How is child safety demonstrated and sustained? Consider the past and future. • Does the child seem unreasonably or unexpectedly fearful? • Does the child have any bruising? • Does the child have any other injuries? Are there old injuries? • Does the child have sexualised behaviours? • Is the child rejected or scapegoated? • Is the young person self harming? • Is the young person exposed to sexual exploitation? • Is the child or young person running away or exhibiting other high risk behaviours? • Is the child fire lighting or hurting animals? • Is the young person violent to others? • Describe the child's relationships and interactions with his/her parents/ primary carers? • Can you establish that the primary carer/ mother is safe? • Do the parents/carers like, or delight in, the child? • Do the child's parents/carers demonstrate an understanding of the child's basic needs? Are these being met? For example does the child have sufficient food, fluids, emotional warmth, shelter, rest, and clothing? Is the child's personal hygiene adequate? • Does the child have access to timely medical and dental treatment? • Are routines and boundaries within the home consistent and reasonable? • Has the child experienced bullying or racism?

Key domains	Key considerations	Key questions, and prompts
Child or young person's safety (continued)		• What concerns do you have about how the parent or carer is caring for the child? • Is the child adequately supervised and who provides this supervision? • Is the child's environment safe, e.g. Is the child exposed to family violence or unsafe driving? Are pools fenced? • When have the problems not been there? What was different then? • How have these difficulties been overcome in the past? • How do the gender and power dynamics within the family impact on this child? • Consider the child's daily experience. Ask the child '*Do you feel safe?*' '*How safe do you feel, rated out of 10?*' • Is there a cumulative history of exposure to harm for the child or siblings in the family? • Have you seen the child's sleeping environment? Does the child have appropriate secure sleeping arrangements? Do parents or carers understand and practice safe sleeping arrangements? (Check the Child Protection On-line Practice Manual for advice on SIDS, or the *Infants and their families specialist practice resource*.) • What are other agencies or services saying about child safety needs and family strengths or difficulties in meeting these? Have you spoken with the Maternal and Child Health nurse, child care, kindergarten and school?

Key domains	Key considerations	Key questions, and prompts
Child's stability	• Connection to primary caregiver. • Connection to family/ siblings/extended family. • Connection to school, childcare, friends. • Connection to community. • Connection to culture. • Transgenerational patterns - impact on the child and family, of individual, family, community and historical trauma. • Child's ability to make key connections.	• Who are the significant people in the young person's life? • Is the extended family involved with the child? Is this viewed as positive and supportive by the carers and the child? • Does the child have any friends? Who are they, how often are they seen? Ask '*Who is your best friend?*' • What factors in the child's current environment or situation are contributing to the child's or young person's sense of stability or instability? • What support does the child require to enable him/her to have the emotional and social capacity to make meaningful relationships and connections? • How many previous placements has the child experienced? • What was his/her experience of the placement? • What were the reasons for placement breakdown? • Ask '*What is special about your family?*' • Does he/she attend and like school? Ask '*What is the best or worst thing about school?*' • How long has the child been in this carer's care? If the child has been cared for by someone else, who are they, and do they still have contact? • If the child is Aboriginal or from a CALD background, is their cultural connection known? Are these connections actively promoted? • Has ACSASS been contacted and planning undertaken for consultation at each stage of intervention? (child protection only)

Key domains	Key considerations	Key questions, and prompts
Child or young person's development and wellbeing	• Child wellbeing. • Health & physical development. • Family & social relationships. • Emotional & behavioural development. • Opportunities for play, learning and education. • Opportunities for leisure, recreation and rest. • Opportunities to practice chosen faith. • Opportunities to gain support from cultural community. • Identity – including Aboriginal or other cultural, spiritual and sexual identity. • Social presentation. • Self-care skills. • Gender.	• What is your sense of the child's overall wellbeing? • Does the child's emotional age match expectations of actual age and stage of development? • Remember that children and young people often respond in gender specific ways to trauma; boys are more likely to externalise behaviours and girls to internalise. • If the child is unborn or under two years, child protection should consult with a Practice Leader at critical decision points. • Does the child receive emotional warmth, nurture, and affection? What was the pregnancy like? Was the child breastfed? • What was the family like in the early years of the child's life? Who were the main supports? Who were the primary attachment figures? • Is the child meeting age appropriate developmental milestones? Liaise with Maternal and Child Health Nurse. • Is the child and family linked into relevant universal services? Have they seen them lately? • Is the child's cultural, spiritual and sexual identity promoted in a positive or negative way? • What is the quality of the relationships within the family? Describe both positive and negative (if any) features that you notice. • How is the parent attuned to the child's needs? • Does the child participate in leisure and recreational interests? • Is the child appropriately engaged and stimulated? • Ask '*Do you attend and like school?*' '*What's your best subject?*' '*Do you miss much school?*' • Does the carer show active interest in the child's educational progress?

Key domains	Key considerations	Key questions, and prompts
Child or young person's development and wellbeing (continued)		• Does the child take pride in, or seem ambivalent about, their appearance or identity? Ask '*What do other kids say about you at school?*' '*How does this make you feel? Sad or happy, scared, embarrassed?*' '*What would you like the kids to say about you?*' '*What would need to change for this to happen?*' Does the young person attend alternative day or educational activities in the absence of regular school attendance? What does the peer group of the young person look like – does it reflect appropriate developmental stage both emotionally and biologically? • Does the child have an age appropriate and gender appropriate understanding of sexuality? • For placement services, have young people in care been given sufficient opportunities to develop self care skills?

Parents' offending history'	Patterns of criminal behaviour	• Conduct a Criminal records check to confirm parent/carer conviction history
		
		• Is there a history of Police attending the family home in response to Family Violence incidents? Check with the family members and the police. 'Call outs' do not always result in criminal charges however they are vital indicators of the frequency of family violence.
		
		• Is there a history of violent offences?
		
		• Is there a history of child sexual offences/ convictions? If yes is the convicted parent/carer a Registered Sex Offender?
		
		• Obtain where relevant if available:
		  - Summary of charges material or case narrative from Victoria Police regarding the conviction/s
		  - Corrections Victoria Sex Offender Program assessment and treatment history
		  - County Court or Supreme Court Sentencing remarks

Key domains	Key considerations	Key questions, and prompts
Parent/carer capacity	• Parental or carer attitude to the child. • Parent or carer capacity for meeting the child's needs: - previous history of parenting - providing basic care - ensuring safety - emotional warmth and responsiveness - guidance and boundaries - consistency and reliability - stimulating learning, development and wellbeing. • Parental history of abuse or neglect. • Parental or carer attitude to the actual or alleged harm. • Patterns of family and community interaction. • Ability to solve problems. • Parents' family of origin history.	• Ask '*What do you enjoy about parenting your child? What are some of the challenges or difficulties?*' • Ask '*What solutions have you tried already?*' '*What worked?*' • Does the parent or carer acknowledge concern about allegations of harm and neglect? • Ask '*What activities do you undertake with your child to promote his/ her learning and development and wellbeing?*' • Explore attitude to the child by asking '*Tell me about?*' (name of child) '*What does (child) enjoy doing?*' '*What do you do together as a family?*' '*Who are (child's) friends?*' '*Is there anything that (child) does that concerns or worries you?*' • '*What are the basic rules for children in your family?*' Are these age and developmentally appropriate? • Do age, culture and gender bias predispose the child to vulnerability? • Have you observed the child's play? • '*Tell me about a typical day with the children?*' '*What's the hardest part of your day? What do you do when you feel really stressed?*' • '*Who supports you?*' • '*Who notices your strengths?*' • '*What do you take pride in?*' • '*Who do you support?*' • '*What support do you think would make a difference in meeting your and your child's needs?*' • Does the parent or carer have a health or other issue which impacts on their ability to keep their children safe (family violence, drug and alcohol, mental health, disability?)

Information gathering

Key domains	Key considerations	Key questions, and prompts
Parent/carer capacity (continued)		• Ask '*Can you tell me about your health? How do you think your use of drugs or alcohol affects you and your partner and your child?*' '*How does the addiction get in the way of you being the parent you want to be?*' '*How does the violence affect your relationship with the children now?*' '*How did it impact in the past?*'
		• What have you observed about parent ability to prioritise child needs and parent-child interactions?
		• Ask '*What was it like for you when you were growing up in your family?*' '*What impact do you think it has had on how you parent?*'
		• '*Have you experienced violence? How did it affect you and your children?*'
		• '*How did your parents disciplined you?*'
		• '*What might cause you to lose your temper? What do you do? How does it affect your partner and children?*'
		• '*Tell me about when you have controlled your temper?*' '*What did you do differently? What solutions have you already tried?*'
		• '*What sense do you make of your child's behaviour?*'

Key domains	Key considerations	Key questions, and prompts
Current family composition & dynamics	• Who forms 'family' for this child? • Who forms 'community' for this child and family? • Family cultural connections. • Role of gender and power in family dynamics. • Role, contribution and influence of absent parent. • Potential role of extended family, as well as disengaged or absent members.	• Identify the key relationships within the family, including extended family, and significant prior relationships. • Identify positive and negative family dynamics including those which relate to gender, role and age hierarchy, particularly if these appear to impact on the child. • Who does what, when, to whom? In what context? • Family and cultural traditions. • Ask '*What's good about your family? What isn't so good and you'd like to improve?*' '*What are the strengths in your family life and history that you want to hang on to?*' • How does the resident parent feel about the absent parent? • '*How do you want to parent differently to previous generations?*' • '*Who has worried about your kids previously?*' '*What did they notice happening?*' • '*Who has noticed your good parenting? What did they say?*'
Family history	• Transgenerational patterns.	
Social & economic environment	• Housing, employment patterns, income, informal community networks and cultural connectedness. • Call a case conference as early as possible.	• Identify employment and income sources. Ask '*Is this sufficient to meet your family costs and child's basic care needs?*' Determine the desire or potential for change. • Has the family been homeless in the past? Are you actively assisting if this is an issue now? • What are the financial obligations, burdens and stresses? • Are they open to financial counselling? • Source material aid, and financial assistance where appropriate. • Is the child safely and gainfully occupied when not at school? • Identify the type of accommodation. Is it stable, sufficient, suitable for children?

Key domains	Key considerations	Key questions, and prompts
Social & economic environment (continued)		• Are the essential services connected? Is this being addressed? • Does the family have wider family and social networks? • What is the family's involvement with extended family and local community? Ask '*If you needed advice or support, to whom would you go?*' '*Who provides the most support for your family?*'
Community partnerships, resources & social networks	• Networks, including engagement with support services and family's social integration. • Available community resources, including sports. • Connection to universal services, e.g. maternal and child health, child care, libraries.	• What service support does the family require to build social networks? • Ask '*Who do you support?*' • What other services are involved with the child and family? Ask '*Do you use any organisations or services for support or advice?*' '*Have they been helpful? In what way?*' • What services would you find helpful or useful if we think outside the square. • Check the case file because it is critical that you are informed about current or prior involvement by other professionals or organisations. Contact them to get their perspective on any significant issues that have emerged during the information gathering phase.

Child and family snaphot - practitioner field tool (pages 29 and 30)

The Child and Family Snapshot tool is designed for use with families so that their engagement with child protection and family services can be enhanced. The tool is child focussed and uses down to earth language that respects and includes the families' perspective and reflects a strength based approach. Practitioners can also use these with supervisors to critically reflect on their work with the family. It provides a succinct summary of the issues and the outcome focus enables the decisions about the next steps be clear.

This tool is available online at:

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers>

and also as a pad.

Simple Guide to Genograms

A genogram or family tree is a useful tool to gather information about a young person's family. This visual representation of a family can help you to identify patterns or themes within families that may be influencing or driving the young person's current behaviour.

Most young people really enjoy this opportunity to talk about their family history, and it can work as a good tool to build trust and rapport in a working relationship. However be aware that some young people may find seeing a visual picture of the state of their relationships confronting, particularly if the majority of relationships in their life at present are conflictual or distant. Use this tool sensitively and in cases where you think it will be useful to help promote healthy change and the development of more positive relationships in the young person's life. **A copy of this genogram should be recorded on CRIS or CRISSP**.

With the young person

- Aim to gather information about at least three generations: the young person's generation, their parents and their grandparents.
- Include significant others who lived with or cared for the family.
- Start with drawing the family structure, who is in the family, in which generations, how they are connected, birth/marriage, deaths etc.
- You may ask them to tell you a bit about each person.
- As the young person tells you about family members and relationships, make a note alongside the name.
- Ask about relationships between family members
  - Who are you closest to?
  - What is/was your relationship like with...?
  - How often do you see...?
  - Where does...live now?
  - Is there anyone here who you really don't get along with?
  - Is there anyone else who is very close in the family? Or others who really don't get along?
- Ask about characteristics or habits of family members, particularly those relevant to your role: health issues, alcohol/drug use, physical and mental health, violence, crime/trouble with the law, employment, education.
- Ask about family values, beliefs and traditions.
- Try to explore patterns and themes.
  - Who are you most like?
  - What is...like? Who else is like them?
  - Did anyone else leave home early? Is anyone else interested in art, etc?

Symbols for drawing the genogram or family tree

○   Female symbol - name, age

□   Male symbol - name, age

△   Unknown gender

———   Married - add the year or ages

- - - - - -   De facto relationship - commencement date or ages

—/—   Separation - date or ages

—//—   Divorce - date or ages

List children in birth order and put names and ages either within the symbol or underneath.

⊠   Death - a small cross in the corner of the symbol (record date if known)

⬭   Dotted circle - this can be used to enclose the members living together currently, for example, who the young person is living with.

□∿○   Conflictual relationship

□—○   Very close

□- - -○   Distant relationship

Source: http://www.strongbonds.jss.org.au/workers/families/genograms.html

State Government Victoria

Department of Human Services

Child and Family Snapshot

Age & stage, culture & gender

Child's name: **Child's age:**   **Date:**

Safety	Stability	Development

These simple tools can be used creatively with parents and children to gather an understanding of their worries and their strengths. The **family snapshot tool** provides an overview of the family issues. The **child snapshot tool** is intended to be recorded separately for each child, so we can reflect on their individual needs.

Distil the essence or the 'headline' issues so that everyone understands what our focus is. Think holistically and synthesise the information you have gathered into simple language that is both clear and family sensitive. Avoid jargon and make sure that it is meaningful for the children and the parents/caregivers.

It is only a point in time 'snapshot' summary, but if you review and complete the tool at different points in time, it will create an opportunity to notice and celebrate success and change, or highlight the need to respond differently. Listen to the family's story and respect their pace, while not losing sight of the concerns about the children. The focus on outcomes for the children and family enables reflection on what needs to happen next and with what degree of urgency. Think critically about how the system has responded previously and what we could do now to be more effective.

The family meeting tool can be used as a prompt to guide discussion. Key themes can be summarised under the headings during family meetings, case conferences and care team meetings.

In supervision or reflective practice sessions, it could be used to clarify the goals and the 'where to from here' tasks, under the headings of safety, stability and development.

A copy of this snapshot should be recorded on CRIS or CRISSP. This page can be accessed by downloading it from **<www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers>**

Consider:	Consider:	Consider:
• Physical	• Connection to primary caregiver	• Health and growth
• Emotional	• Connection to family	• Education and learning
• Sexual	• Connection to school and friends	• Social, Emotional and Behavioural
• Neglect	• Connection to community	
• Cumulative	• Connection to culture	

Child Snapshot

Child's name: Child's age: Date:

Safety

Worries & Strengths

Stability

Development

Family Snapshot

Family name: Date:

Concerns
What worries us?

Strengths
What are the positives?
What strengths have the family drawn on in other difficult times?

NEXT STEPS
What needs to happen next?
Who will do what by when?

Stability

Development

Safety

Constraints
What would get in the way of things getting better?
What have we tried before that didn't help?

Future picture
What would it look like if things were better?
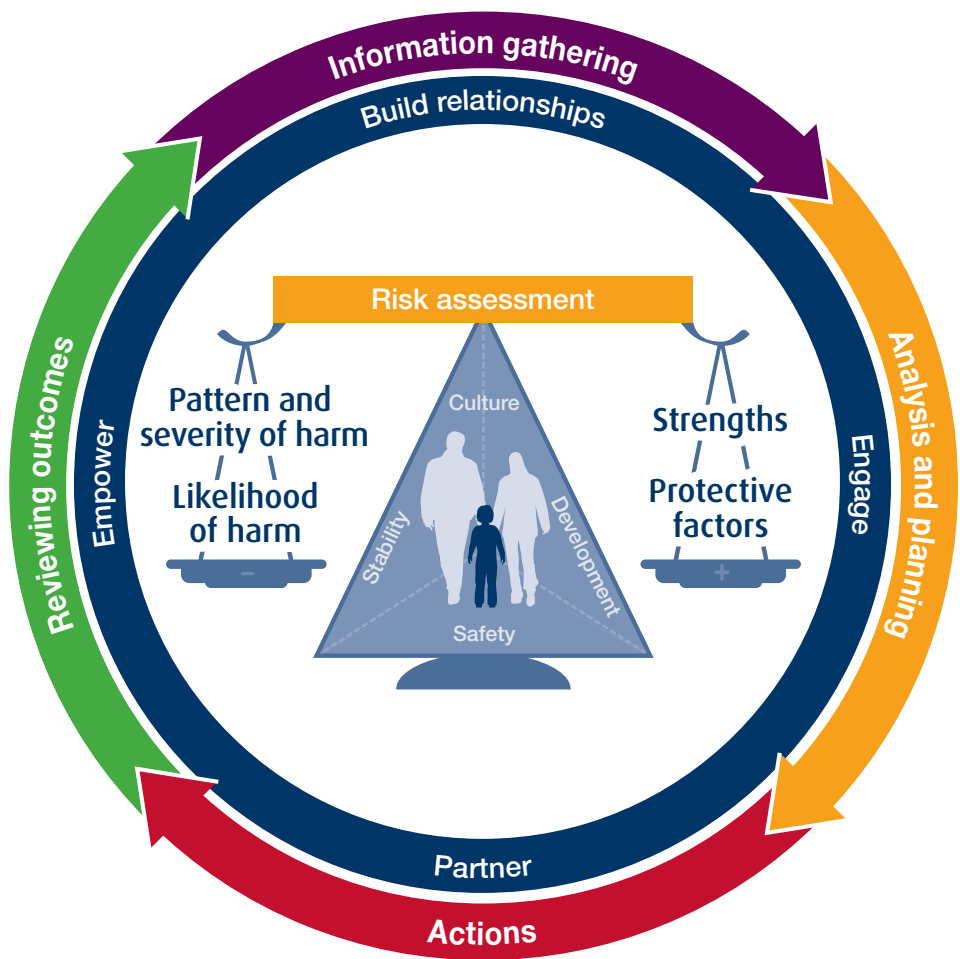What would there be more of/less of?

Analysis and planning

Risk assessment

To formulate a risk assessment, you need to be a critical thinker and to consider multiple competing needs, prioritising the child's safety and development. Careful attention needs to be given to the balance of risk and protective factors, strengths and difficulties in the family. Your assessment needs to be forensically astute; and you should consider all sources of information such as observation, previous assessments, advice from all significant people and professionals. Do not rely on phone assessments or parental self report where there are suspicions of non-accidental injury, or where there have been previous concerns or offending behaviour.

Synthesise the information you have gathered about the current context and the pattern and history; and weigh the risk of harm, against the protective factors. Keep in mind that the parents' desire to change dangerous or neglectful behaviours does not equal the capacity to change; and that strengths and protective factors need to be sustained over time. The best predictor of future behaviour is past behaviour. Hold in mind the urgency of the child's timeframes for safety and secure attachment relationships. Imagine the child's experience of cumulative harm. Remember, other than the family's characteristics, the quality of the relationship you form with the family is the single most important factor contributing to successful outcomes for the child.

Prediction theory and risk assessment

The Best interests case practice model has incorporated the Victorian Risk Framework which draws heavily upon the prediction theory described by Reid, Sigurdson Christianson-Wood and Wright (1995):

'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 yet been examined' (p.12)

Characteristics to consider when assessing risk

Based on examination of file records and other data relating to over 1500 children, Reid at al (1995) identified three important organising principles consistently associated with occurrences or recurrences of child abuse or neglect for children:

1. The first and most important dimension of caregivers' characteristics that should be considered, is their prior pattern with respect to the treatment of children. The number of maltreatment events they have initiated, their severity and recency are the most basic of guides to future behaviour. In the absence of effective intervention these behaviour patterns would be expected to continue into the future.

2. If an individual believes that they are correct in their opinions about children, they will attempt to continue their behaviour so long as they are not prevented from doing so.

3. The third dimension concerns the presence of 'complicating factors', most significantly, substance abuse, mental illness, violent behaviour, and social isolation. The relevance of complicating factors is the extent to which they, singularly or in combination, diminish the capacity to provide sufficient care and protection to the child or young person.

The Best interests case practice model is underpinned by a strengths based approach that assesses the risks, whilst building on the protective factors to increase the child's safety.

Attention to safety factors within the risk analysis recognises that:

1. Both the potential for harm and for safety must be considered to achieve balanced risk assessment and risk management

2. Strengths which increase the potential for safety are evident in even the worst case scenarios and these are fundamental building blocks for change

3. A constructive approach to building safety can be taken which may be different to efforts to minimise harm

4. A strengths perspective can be actively (and safely) incorporated into what may otherwise become a 'problem saturated' approach to risk assessment and risk management

(cf. Turnell and Edwards, 1999)

Current risk assessment

Current risk assessment highlights the fact that it is made at a *point in time* and it is therefore limited and will require modification as further information comes to light.

Your risk assessment should address the following key questions: Is this child/young person safe? How is this child/young person developing?

1. Given all the information you have gathered, how do you make sense of it?

    Consider the **vulnerability** of the child and the **severity** of the harm:

    - What harm has happened to this child in the past?
    - What is happening to this child now?

2. What is the **likelihood** of the child being harmed in the future if nothing changes? Hold in mind the **strengths and protective factors** for the child and family.

3. What is the **impact** on this child's safety and development, of the harm that has occurred, or is likely to occur?

4. Can the parents hold the child in mind and prioritise the child's safety and developmental needs over their own wants and constraints?

5. From the point of view of each child and family member, what needs to change to enable safety, stability and healthy development of the children?

6. If the circumstances were improved within the family, what would you notice was different – what would there be more of? What would there be less of? Who would notice?

Analysis and planning explained

Analysis is the process of thinking critically about the information gathered, in order to make sense of what is now known about the child or young person's situation.

Planning is making decisions about what actions to take regarding the child or young person's needs and risks, in relation to family strengths and capacities.

The basis of analysis and planning is professional judgement that is informed by your collaboration with the family and other professionals, and the integration of the relevant evidence base. This process uses both analytic and intuitive reasoning. Analytic reasoning is logical and evidence-based, and grounds the intuitive, to form a clear rationale as the basis of any action. Each brings to practice, a balance and wisdom of its own.

Analysis and planning occurs at every stage in a professional relationship with a family. At the early stages of involvement with the family, it is good practice to have multiple ways of understanding the issues. This means developing several theories to understand what is happening in this particular family, and then exploring each with relevant family members and involved practitioners.

Some situations demand immediate action, because of the clear danger to children or because of the harm they have experienced (for example, injuries to a baby requiring immediate medical care or sexual abuse). However, even where urgent analysis and planning is required, practitioners can usually be inclusive of the family in the process. If the initial contact with services is collaborative and nonblaming, subsequent engagement is greatly enhanced. For example, as you hold a firm position that the child needs urgent medical attention as a bottom line, you can negotiate with the parents whether or not they will accompany you and give them choices about the process.

The process of analysis and planning

As with any stage of practice, the process of conducting the analysis and planning usually makes the biggest difference to successful outcomes. Asking the family members about their understanding of the situation, and what they see as the best way forward, is respectful and usually leads to better outcomes. Testing our views with other significant people in the lives of the family through shared discussion will yield a more useful case plan. Interagency case conferences and family group conferencing are key interventions.

The complexity of families presenting to services can feel overwhelming for practitioners. Generally if the practitioner is feeling overwhelmed, the family is too.

Analysis and planning with the family means that you will be interested and curious about their context and the meaning they give to events. It means that you engage them in exploring the constraints, and the possibilities that will lead them out of their stuck pattern to where they want to be, and to where we all agree the children can be safe and develop in healthy ways. Partnering with the family in the process of analysis and planning, is generally much more effective. Think laterally, act practically.

The structured process of analysis in the Best interests case practice model is systemic and ecological and encourages practitioners to think outside the square. It also focuses attention on actual events and the key considerations of the severity of the harm that has occurred, vulnerability of each child given their developmental stage, gender and culture and the likelihood of further harm to the child if circumstances don't change.

> Key message: Good supervision is a vital aspect of practice that enables clear thinking and warm engaging practice to continue in difficult circumstances. Supervision should be regular and uninterrupted and ongoing consultation should occur with supervisors and managers as required, particularly in complex cases.

This is balanced with a focus on the strengths within the family; the protective factors that have been demonstrated over time.

Be alert to new information and consider advice that may inform or change your analysis of how to intervene and influence family dynamics. Consider specialist professional consultation to support you in analysing and planning.

Any planning must be able to address the questions 'Is this child safe?' as well as 'How is this child developing?' The likelihood of the recurrence of harm is offset by the demonstrated signs of safety. Safety should not be confused with strengths, which should be built on, but do not in themselves make the child safe.

Analysis and planning

Key message: If family problems that have prevented children from receiving adequate care are overwhelming and intractable, despite 'the widest possible assistance' (s.10), then the child's needs for safety and stability must be met by engaging the support of kith and kin or placement services. The planning of suitable strategies to enable reunification must begin at the point of placement, if this is in the child's best interests. The planning of suitable contact and access arrangements must be child focussed and family sensitive and reflect the overall case planning direction. This needs to be regularly reviewed, based on the feedback from the child and the care team.

Some parents have enormous strengths, but struggle to commit to sustained change, while other parents may have overwhelming difficulties, but an enormous motivation and commitment to work on the issues and prioritise their child or young person's needs.
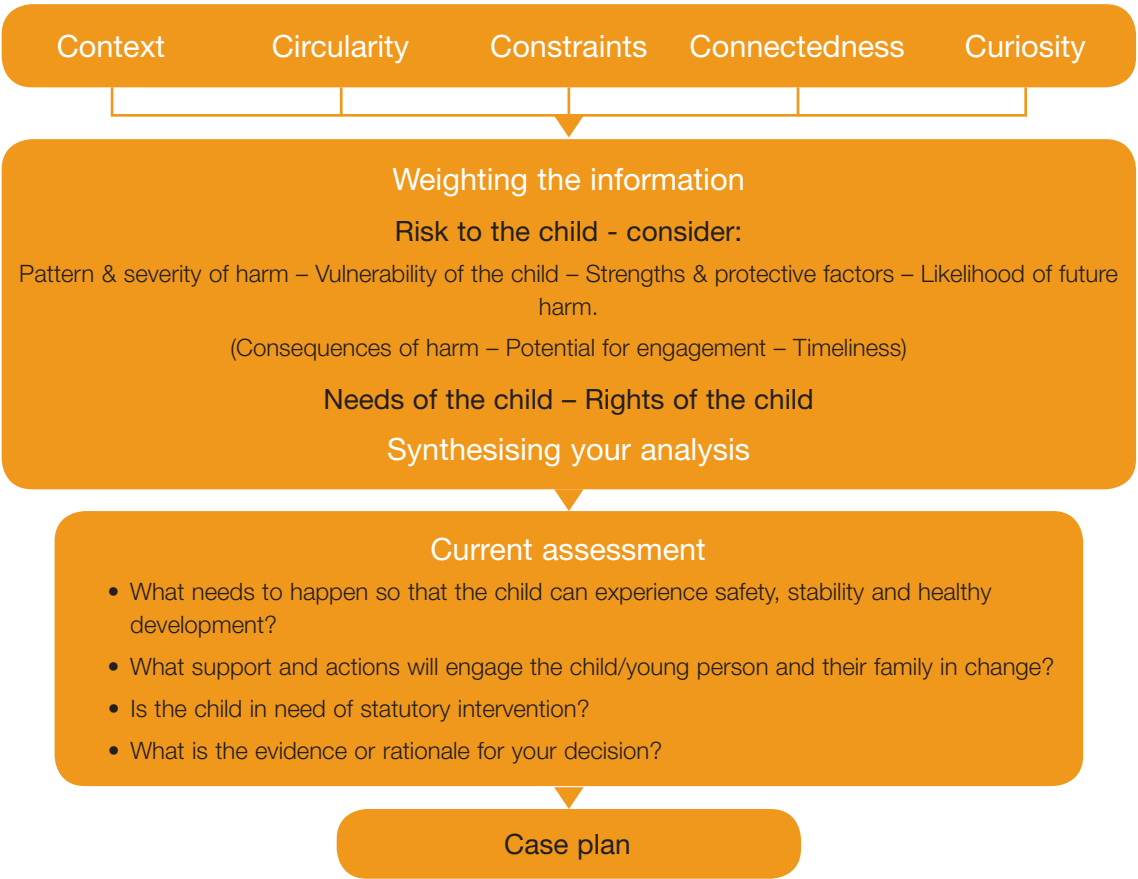
The analysis of information gathered is critical to the planning process, and must guard against being overly optimistic or overly negative about the potential for change. Case conferences which allow time for shared analysis and discussion about the best options and most appropriate interventions, will assist in guarding against being overly optimistic or overly problem focussed regarding the family.

Key message: Be mindful that decision-making in case conferences can come to a consensus view in a polarised way and be overly optimistic or negative. Always hold the context of the family's behaviour in mind, and do not judge complex situations in simplistic ways.

Assessment framework

The following framework for analysis and planning aims to assist practitioners to integrate the information they have gathered into a current assessment that leads to a well considered plan. Practitioners are encouraged to use a genogram as a work in progress and add to it over time. Genograms encourage us to think systemically and visually place the child in their context at the centre of our analysis. Ecomaps, timelines and other thinking tools are also very useful. Have the genogram in front of you as you analyse the information you have gathered.

Analysis and planning

Analysis of information about the child and family

Context	Circularity	Constraints	Connectedness	Curiosity

Weighting the information

Risk to the child - consider:

Pattern & severity of harm – Vulnerability of the child – Strengths & protective factors – Likelihood of future harm.

(Consequences of harm – Potential for engagement – Timeliness)

Needs of the child – Rights of the child

Synthesising your analysis

Current assessment

- What needs to happen so that the child can experience safety, stability and healthy development?
- What support and actions will engage the child/young person and their family in change?
- Is the child in need of statutory intervention?
- What is the evidence or rationale for your decision?

Case plan

The process of synthesising the information you have gathered about the child and family requires critical reflection where you challenge your own assumptions and think critically about the views you are forming. Consultation and supervision is vital. The following framework encourages your analysis to be systemic and balanced. Considerations of the following 5 areas of analysis - Context, Circularity, Constraints, Connectedness and Curiosity, will lead to a sound assessment.

This has been adapted from the *Bouverie Family Therapy Training Manual* (2001)

Context

Context refers to the circumstances surrounding the current concerns and the historical context.

- Describe the structure of the family and community circumstances.
- Summarise current presenting concerns (What is the child, young person or family saying about their current needs and what needs to change? What were the reasons for the family presenting? Why now?)
- Summarise the history of the concerns including the experience of other siblings in the family. (What were the predisposing factors?)
- Has the child's, family's and/or service response been effective and sustained in reducing the level of concerns over time?

Circularity

Circularity refers to the patterns surrounding the concerns currently and historically.

What are the patterns that repeat around the problems?

Who does what to whom,when, and then what happens?

Include the whole family in describing the interactional pattern - even absent members.

- Note what patterns have been repeated transgenerationally
- Note what patterns have been repeated within the family during the early development of the child
- Note what patterns have been apparent during previous contact with the service system
- What are the patterns around your intervention with the family?
- Has the system response become part of a repeating pattern?

Constraints

Constraints refer to the barriers that are preventing good outcomes.

- What is getting in the way of the child's or young person's safety, stability and development?
- What is getting in the way of the parents providing a safe and stable environment?
- What is the level of risk to the child? Consider each young person's vulnerability. (Use the Child development and trauma guide to link the harm/concerns to the impact on the child's development)
- Consider what got in the way of previous interventions having good outcomes. Consider how systems constraints can be overcome.

Connectedness

Connectedness refers to the positive emotional bonds of affection and regard that hold meaning for the child, young person and family.

- Where are the current connections that are positive and protective for the child? For the parents or carers? Where are the potential connections that could be positive and protective for the child? Consider absent parents, extended family or community members.
- Consider who has been able to build a good working relationship with the child and family.
- Who is best placed to engage the child or young person, their family or service in a process of change?
- What support does the child require to build positive connections?

Curiosity

Curiosity refers to the attuned practitioner who does not make assumptions and seeks to learn from the family and other professionals.

- Be curious about exceptions; that is, when the concerns have not been present. What was different then?
- Develop different ways of thinking about the family's situation and how it relates to the past, present and future for the children.
- Think about the child and their family through the lens of development, trauma and attachment, culture and gender.
- How has the offending behaviour in the family impacted on others? Consider how they have accommodated the violence and abuse.
- Brainstorm other resources that might be helpful. What other skills or services might be useful?
- Consider the impact on the children of there being no intervention or different forms of intervention.
- What actions and from whom, within what time frame, would make a difference?

Key considerations

On balance, based on the analysis of the information gathered and risk and protective factors identified, is this child in need of protection or are other interventions required to promote the safety and the wellbeing of the child? Why? What is the evidence and your rationale? What actions are required?

Case planning

- State the child's, young person's and family's goals and how they will know when these have been achieved, in their own words.
- Plan with the family, not for the family, while prioritising the child's needs.
- Make decisions with the child, young person, family and other stakeholders about appropriate goals.
- What goals should be prioritised? Goals should be specific, measurable, achievable, related to the concerns and timely (SMART).
- How should we break the goals down into manageable steps?
- Who would do what, to whom, by when? How?
- What resources do we need to put in place?
- Document agreed upon roles, actions and responsibilities.
- Document timelines and build in frequent review of what is working and not working.
- Be solution focussed and identify indicators of change.
- Remember to give positive feedback to the family members and to your co-workers.
- Celebrate successful outcomes. If you start to feel overwhelmed, seek support and consultation from others.

Goal planning tool

The following goal planning tool has been provided to support practice. You can find a copy of the goal planning tool on the child protection on-line practice manual. Remember to keep goals SMART - specific, measurable, achievable, related (to the concerns) and timely.

Goal 1:

Who's goal is it?

Action
Steps

a)

b)

c)

Roles
Who will act?

Responsibilities
What will they do?

Timelines
By when?

Indicators of Change

Goal 2:

Who's goal is it?

Action
Steps

a)

b)

c)

Roles
Who will act?

Responsibilities
What will they do?

Timelines
By when?

Indicators of Change

Goal 3:

Who's goal is it?

Action
Steps

a)

b)

c)

Roles
Who will act?

Responsibilities
What will they do?

Timelines
By when?

Indicators of Change

Best interests assessment

Summary tool

The child: development and vulnerability *What is going well for the child and what is not?*

Constraints and Risks, Strengths and Protection *What are the factors that increase or decrease the likelihood of safety, healthy development and stability for the child?*

Pattern and history *(of family, of harm, of solutions)*	Constraints and Risks
	Strengths and Protection
Beliefs and relationships *(especially about the child and any harm to the child)*	Constraints and Risks
	Strengths and Protection
Current environment *(include major impacts on parenting such as family violence, mental health, social isolation, disability or substance abuse and systems or service factors)*	Constraints and Risks
	Strengths and Protection

Safety and action statement

What are the child's and family's current outstanding needs?

What harm, if any, has the child sustained?

Is the child(ren) at any immediate risk? Describe *(Consider opportunity for harm and the vulnerability of the child)*

What needs to happen to improve the safety, stability, development and wellbeing of the child(ren) now and in the future?

Action

The best interests of the child is the paramount consideration in determining what decisions and actions you will take.

Have you considered the child's rights, including the right to be safe from harm, the right to healthy development and the right to stability?

See Appendix 1: Best interests principles for a complete list of s. 10 of the CYFA 2005, on page xx of this document.

The legislation clearly expects that practitioners will 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)], and that a child is only removed from the care of his or her parent if there is an unacceptable risk of harm to the child [s.10 (3)(g)].

The following Decision-making principles from s.11 and s.12 CYFA 2005, provide clear guidance for practitioners.

Decision-making principles s. 11 CYFA 2005

Decision-making principles

s. 11

In making a decision or taking an action in relation to a child, the Secretary or a community service must also give consideration to the following principles—

(a) the child's parent should be assisted and supported in reaching decisions and taking actions to promote the child's safety and wellbeing;

(b) where a child is placed in out of home care, the child's care giver should be consulted as part of the decision-making process and given an opportunity to contribute to the process;

(c) the decision-making process should be fair and transparent;

(d) the views of all persons who are directly involved in the decision should be taken into account;

(e) decisions are to be reached by collaboration and consensus, wherever practicable;

(f) the child and all relevant family members (except if their participation would be detrimental to the safety or wellbeing of the child) should be encouraged and given adequate opportunity to participate fully in the decision-making process;

(g) the decision-making process should be conducted in such a way that the persons involved are able to participate in and understand the process, including any meetings that are held and decisions that are made;

(h) persons involved in the decision-making process should be—

    (i) provided with sufficient information, in a language and by a method that they can understand, and through an interpreter if necessary, to allow them to participate fully in the process; and

    (ii) given a copy of any proposed case plan and sufficient notice of any meeting proposed to be held; and

    (iii) provided with the opportunity to involve other persons to assist them to participate fully in the process; and

(i) if the child has a particular cultural identity, a member of the appropriate cultural community who is chosen or agreed to by the child or by his or her parent should be permitted to attend meetings held as part of the decision-making process.

> Key message: Return phone calls and emails from parents, children and carers promptly. Follow through with commitments you have agreed to. Warmth and courtesy from practitioners are powerful in engaging families and other professionals.

Have you actively engaged the child, family and other services in the ongoing process of planning how to overcome their difficulties?

Is the rationale and supporting evidence for your actions clearly documented?

Have you developed and discussed the plan with the family, child and other professionals that may be involved? Are you confident they clearly understand their roles and responsibilities?

Give written confirmation of discussions following meetings. Are you confident they clearly understand the basis of decisions that have been reached?

Practitioners need to make every effort to engage the families cooperatively to address issues of harm. Use your statutory or professional authority in a measured way, usually as a last resort when other forms of engagement have not succeeded.

> Key message: Where there is harm, practitioners are reminded that a referral to another service will not guarantee that the family will engage with that service or that change will occur. There needs to be active casework to create the best chance that the family actively engages with the service in a meaningful way.

The child must be kept in mind if the parent is referred to an adult focussed service and explicit agreement should be discussed with the service provider about their partnership with the family to reach explicit agreed goals.

Consider the use of multi-disciplinary assessments for children and for parents. For example, assessments by the: paediatrician, maternal and child health nurse, school, health service, occupational therapist, speech therapist, drug and alcohol service, disability service, general practitioner, physiotherapist, psychologist, and/or psychiatrist. Be purposeful in regard to how these will add value.

What interventions might assist the child and family, in the short and long-term?

Any action should be based on sound analysis and be purposeful towards engaging the family members in a change process.

> Key message: If the child needs to be placed away from their parents' care, it is highly recommended that workers engage with the solicitor representing child protection in the case as early as possible to assist in identifying the relevant and additional evidence that may be required for court proceedings.

Key considerations

- spending time with the child, young person and family
- holding case conferences early in the intervention and at regular intervals. Inviting extended family, carers and significant others
- consultation with ACSASS
- liaison with police
- engaging the absent parent
- engaging violent partners (providing practitioner safety issues have been managed)
- engaging the extended family and key individuals who are involved with the child
- regular meetings of the care team
- family group conferencing
- Aboriginal family decision-making meeting
- referral to other agency or agencies (For example, culturally specific services, family support, family services, drug and alcohol, mental health, family violence, men's behaviour change, victims of crime assistance services, sexual assault services, Child and Adolescent Mental Health Service, family counselling services, refugee services)
- liaison or referral to disability services
- connections to universal services or community programs/clubs (e.g., schools, Maternal and Child Health Nurse, health services, child care, mentoring programs, sporting clubs, community centres, neighbourhood houses, first mothers groups, playgroups, parenting groups, toy library)
- advocacy and support with material and financial aid and housing issues
- respite placement
- refer to therapeutic foster care
- discharge planning meeting
- application for a court order
- consideration of therapeutic treatment order, if the child is between 10-14 years of age and parents are unable or unwilling to seek treatment for the young person's sexually abusive behaviours
- if the child is in care, have you made a reunification plan or considered intensive family preservation services?
- do the contact and access arrangements reflect the case planning? These arrangements should be reviewed and changed to reflect the changes in the family. For example the need for supervised access may not be there if there is sufficient safety
- if reunification cannot occur, are you preparing the stability plan within the child's timeframes? Be mindful of legislative timelines in regard to stability planning. Refer to the stability guidance papers and specialist practice guides.

Engage families in solution focussed thinking. Ask families the miracle question: "If you woke up in the morning and a miracle had happened and all your problems were fixed, what would be different? What would there be more or less of in your life? How would we know? Who would notice?"

Adapted from De Shazer et al. 1986

Alternatively, you could ask families: "How will you know when this nightmare is over? What are your dreams for your child? What gets in the way of these becoming real?"

'Practitioners must find the balance between providing support and validation whilst being able to directly challenge neglectful and other aspects of poor parenting'. **(Frederico, Jackson, & Jones, 2006)**

The following table provides a series of prompts that may be useful in the action stage of your work.

All actions should be considered through the lens of the child or young person's age and stage, culture and gender.

The unborn child

If a report or referral is received outlining concerns about the safety and wellbeing of an unborn child, every effort must be made to engage the expectant mother and her partner, and support them through the pregnancy and beyond.

It is critical that a practitioner with whom the mother is comfortable, is identified to work with her, and that a team is formed to supportively work through the issues of concern. Actively engage parents, siblings, extended family, specialist mental health, chemical dependency, primary health, antenatal care, relationship counselling and nutrition services, to secure the safety and wellbeing of the infant and expectant mother. If the mother and her partner are emotionally and practically supported during this time, the transition into parenthood and the early life of the infant will be greatly enhanced.

Wherever possible, practitioners should introduce the prospective parents to the Maternal and Child Health Nurse and other relevant services/supports for expectant mothers and new parents in the local area, so that these supportive links can be engaged and opportunities provided for relationships and informal networks to be developed.

In undertaking effective assessment and planning support for unborn children and their families, you should:

- consult with the Practice Leader (child protection) or consider consulting with the Community Based Child Protection practitioner (family services) if you assess that risk factors may be present
- record details of any consultations
- consider the need for a case conference involving relevant family members, community members and professionals such as maternity and specialist services
- act to support provision of appropriate supports for the family before and after the birth of the child.

If concerns for the safety of the unborn child persist:

- consult with the Community Based Child Protection practitioner (family services)
- consider the need for a new report after the child is born (child protection).

Action

Key domains	Key considerations	Key questions, and prompts
Safety and wellbeing of the child and family	• Engaging families in a partnership and building relationships that enable change to occur and be sustained is the key to good practice. • Practitioners need to consider and build a mix of professional and non-professional supports - services may not have all the answers nor should they be seen as the only solution.	• Explain your role/mandate. • Be curious about their past experiences of yours and other services. • Ask them if your involvement could be useful to them, what would they like to happen? • If the child is Aboriginal, have relevant members of the child's Aboriginal community had the opportunity to contribute their views? Has an Aboriginal family decision-making meeting occurred? • Read the file. • Visit the family in their home. • Talk to each child separately. • Engage parents jointly and separately. • Be open about your agency's programs and limitations.
Support needs	• What mix of professional and non-professional support does the family require to assist engagement and sustain change?	• Do involved professionals understand their role in supporting the child and their family? Who will do what, by when? • Consider what family, neighbourhood, community, cultural and religious connections can be strengthened to support the child and family. Support families in connecting with wider community programs, including educative, sporting and artistic activities. • Have you clearly identified who will provide these support needs and who is co-ordinating support to the child and family? • Are the supports provided sensitive to, and supportive of, the child and family's culture? • Are the supports provided appropriate to the child's gender? • Has the family has engaged with the service to which they have been referred? A referral doesn't mean that change and safety will occur.

Key domains	Key considerations	Key questions, and prompts
Best interests plan or child and family action plan	• Implement the case plan	• Does the best interests plan/child and family action plan clearly document goals, expectations, roles, responsibilities and timelines for review? • Has the child, young person and family been heard when stating their views? • Have the views of carers and those who know the child well, been sought and heard? Make every effort to include carers (kin, foster and residential) in the meeting where appropriate. • Are the goals SMART? - specific, measurable, achievable, related and timely to the concerns. • Have you developed the plan with the child, the family, carers and other key individuals and organisations? How will services improve outcomes for the child? • Have you explained each stage of the process and your bottom lines? Have we listened to the bottom lines that family and young people express? • Do the child and family clearly understand the plan and what is required of them and each service/party in implementing it? • What actions need to occur to strengthen cultural connection?
Child wellbeing	• Is the child's wellbeing protected and promoted? • What are the key indicators of the child's wellbeing? Consider physical, psychological, social, emotional, spiritual, religious, cultural and educational wellbeing. • Is the child engaged appropriately with general health services, Maternal and Child Health services, pre school services and education?	• Has the child has been provided with opportunities to participate in play, social, recreational and other interests and community and cultural activities? • Discuss the concerns with the child's parents or carers and agree on a series of actions. • Are these actions appropriate to the child's age, gender, stage, culture and development? Has the child been consulted about these actions? • Have you discussed with other professionals and organisations their role and the basis of your decisions? • Who can best assist the child's inclusion in the community or school? • If you are referring to another organisation(s) have you clearly explained to these organisations the basis of your concerns and strategies to address these concerns? Referrals need to be detailed.

Key domains	Key considerations	Key questions, and prompts
Child wellbeing (continued)		• Does the child or young person have enough clothes? If they are in care, have you made sure their clothing allowance has been received?
		• Does the child or young person have resources to support their interests and recreation (for example, tennis racquet, footy boots, access to gym, yoga, music)
Out-of-home care	• Emotional and practical support for the child or young person.	• If the child cannot remain in his or her parents' care, have you considered other potential care arrangements including extended family? Has a family meeting been considered?
	• Kinship care.	• Have you actively searched the file and the child's networks to find the whereabouts of absent parents and/or extended family members who may be able to support and commit to the child/young person?
	• Contact and access.	
	• Care team.	
	• LAC	• Have all options for out-of-home care been carefully explored?
	• Reunification.	
	• Leaving care.	• If out-of-home care is required, how can you minimise and mitigate the potential trauma that will arise from removal? What connections can be maintained? Work hard to keep the child at the same school, or near his/her friends and/or within his/her community wherever possible, e.g. by enabling him/her to participate in the same sporting teams.
		• Expect the child to be affected; build in emotional supports.
		• How can you best provide a nurturing and therapeutic environment for the child or young person while in out-of-home care?
		• Prioritise that the work with the biological family continues while the child is in care to address the protective concerns.
		• Think about the exit plan at the beginning of the placement. Who will commit to a sustained relationship with the young person?
		• Place siblings together unless exceptional circumstances exist.
		• If making a decision to place an Aboriginal child in out-of-home care, has the Aboriginal Child Placement Principle been applied?
		• Develop and implement a Cultural Support Plan to keep children connected to their culture. Review this plan regularly.

Key domains	Key considerations	Key questions, and prompts
Out-of-home care (continued)		• Enable contact visits to be positive for the child and family.
		• Present matters to court and advocate for the child's best interests in relation to contact and access and stability planning, when required.
		• Have you engaged the family in kinship care assessments?
		• Kinship care placements need to be supported.
		• Have you done police checks?
		• Establish and participate in the care team who will be jointly responsible for determining and doing all the things that parents ordinarily do for their children.
		• The child's parents and carers are an integral part of the care team, value their input and expertise.
		• A care team meeting should take place within 48 hours of the placement commencing, to build positive relationships and partnerships from the beginning.
		• Sensitise the family, teacher and significant others to any changes in placement and the emotional consequences for the child or young person. Support the teacher. The 'Child development and trauma guide' and the 'Calmer classrooms' publications are very useful resources.
		• Have you adhered to timelines in regard to giving carers appropriate background information about the child?
		• Support and contribute to the process of the care team getting to know the child in their care utilising their LAC, Essential Information Record and the Assessment and Action Records.
		• Support and contribute to the 'entry to care' health assessments building on the LAC information.
		• Has the school established a student support group? Encourage active participation of the care team members in the development of the child's Individual Education Plan.
		• Keep the care and placement plan current.
		• Do Centrelink, housing, disability, mental health, community health and other adults need to be partners in planning?

Action

Key domains	Key considerations	Key questions, and prompts
Out-of-home care (continued)		• Who will take responsibility for working towards timely reunification? Be pragmatic and positive. • Engage the young person and family well ahead of leaving care in preparing for this transition and provide appropriate practical and emotional support.

Action

Reviewing outcomes

Key considerations

Initial assessments are based on the integration of knowledge available at the time and should be regularly reviewed, modified and changed as new knowledge emerges, rather than rigidly defended as the 'truth' about this family. Good practice requires competence and courage about what we do know, but an openness and humility about what we might not know.

As case practice unfolds, practitioners will learn more and more about the family and their history. This learning may well shed a whole new light on the meaning and weighting we give to different aspects of the concerns, and open up new possibilities.

The importance of regular supervision, peer review, reflective practice and sound judgement cannot be overestimated.

Review is the continual process of being curious about our effectiveness. We need to constantly review and reflect on both the circumstances of the child and the family, in the light of emerging information and the outcomes of our actions. If we make sure that interventions remain purposeful - positive outcomes for the child and family can be achieved.

Cousins (2005) writes, we need:

'to be careful we are not being confused by the illusion of change. Sometimes, in our own hope to see things improve, we can focus on improvements that are not actually about change for the child. This can also be a form of collusion-where the practitioner and the parent know deep down they cannot do it, but no one is prepared to shatter the dream.' (p.5).

Review focuses our attention on finding best interests outcomes for child and family. Were our interventions helpful? Do we need to do anything differently? What needs to change? How can we support broader systemic improvements for families, children and young people?

'In thinking about options we should be trying to find the best solution for a child. A 'good enough' one may be all that we can obtain but our goals should be higher. We should avoid being carried along by the current flow of how a case is perceived and a case of that type, routinely dealt with. Innovation and change are only possible if we stand back and deliberately use our intelligence and imagination to think of new ways of responding to the family.' **(Munro, 1999)**

The following table provides a series of prompts that will enhance the process of reviewing the outcomes of our interventions throughout the life of the case. The regular commitment to review our practice enhances a focus on effectiveness as well as efficiency.

Key domains	Key considerations	Key questions, and prompts
Child safety and wellbeing		• Can you clearly answer the question: 'Is this child safe' and 'is this child developing well?' • What has changed? • Have you factored in past harms, risks and concerns, both substantiated and unsubstantiated? Have you considered whether there is an emerging pattern – negative or positive? • Articulate how the child's safety and wellbeing can be sustained over time. • What contingency plans are in place if a future crisis occurs?
	• Engagement	• Have you, or others, engaged the child and family in a process of change? How do you know? • Have we been effective? • What is the family saying now regarding where they are now in relation to where they want to be? • Has the child's wellbeing and family's resilience improved in relation to their original goals? • On reflection, what could you or the service system do differently?
	• Sustainable change	• Has change been sustained? • Have agreed client goals and outcomes been reached? • Have we appropriately documented our work? • What has constrained the current intervention from being successful? What can be done about these constraints?
	• Ongoing support	• Has the child and family received the necessary assessments, treatment and support? • Is a different type of service now needed? Is a multi-disciplinary approach required? • What additional support needs are required? Have you explored all possible avenues of support including both formal and informal networks?
	• Cultural connection	• Has the child got a cultural plan in place that is meaningful and lived out? • Has cultural connection been established, maintained or strengthened? • What can the care team do about this? • Does the child and family have a sense of belonging?

Key domains	Key considerations	Key questions, and prompts
Promoting best interests	• How will the best interests of this child be most effectively promoted?	• How is this child developing? What efforts are being made to actively address the child's developmental needs? • Have you considered the child's need for stability and the actions required to promote stability? • If the child is Aboriginal have you consulted with ACSASS (child protection) as partners in case planning? • Have the processes you have used, promoted family and extended family involvement in decision-making and planning in the child's best interests?

Reflective practice prompts

The following prompts may assist in supervision sessions that enable a process of reflective practice to occur. In Victoria there is a strong commitment to strengthening a culture of reflective practice so that the best interests of children are achieved.

Information gathering

- Am I working with all the relevant facts?
- Are there any obvious knowledge gaps?
- Is there any new information needed?
- Has consideration been given to both recorded & oral information?
- Has cultural background and context been considered?
- What is the family's view of what is required & has it changed?
- Has child presentation and/or experience changed?
- Has family situation/presentation/interactions changed? If so, how?
- What are significant others/professionals saying now?
- What is the significance of any new/shared information?

Analysis and planning

- Does the basis for our view still stand?
- Has any new information changed our thinking?
- Has the likelihood of harm been considered in relation to ongoing safety and development?
- Have we confused parent strengths with child safety?
- What would help to analyse case direction? Expert advice? Case conference?
- Are child and family views reflected in planning?
- Is there a focus on the child's experience?
- Have the child's needs been prioritised?
- Is the parent adequately able to change – with support within child appropriate time frames?
- What are the cultural or other implications for decisions?
- What is the critical decision to make here?

Action

- Is the basis for decision/action sound?
- Do we need to change direction? What can I do differently to reach a better outcome?
- Do I need more information?
- Who can assist me with the decision?
- Are the decisions "good enough" or "in the child's best interests?"
- Does child/family have a voice?
- How has the child/family benefited from the decision?
- Has child safety, development, wellbeing resulted?
- Have child/family been regularly updated?
- Is the child/family aware of their right to seek an appeal
- Have we reviewed at every point?
- Any new decisions/actions now required?
- Have formal case review processes included significant people/care team?

Reviewing outcomes

- Has the child/family and service engaged?
- What is the family saying now regarding where they were/where they wanted to be?
- Is the child safer now than at the time of first intervention?
- Have child and family received the necessary treatment/support?
- Has child/family wellbeing or resilience improved?
- Has cultural connection been maintained or strengthened?
- Are agreed client goals/outcomes being reached?
- Has change occurred - how do you know?
- Has change been sustained?
- Did lack of resources impact on outcomes?
- Have strategies or service interventions been reviewed?
- Is a different type of service now needed?

Reviewing outcomes

Reference list

Bamblett, M., and Lewis, P. 2006, 'A Vision for Koorie Children and Families: Embedding Rights, Embedding Culture', *Just Policy: A journal of Australian social policy*, edition 41, September 2006. VCOSS. pp 42-46.

Barber 1991 as cited in Fook, J. 1993, *Radical Social work, A Theory of Practice*.

Berg, I.K., and Dolan, Y. 2001, '*Tales of Solutions*' New York.

Bouverie Family Therapy Training Manual, 2001. www.latrobe.edu.au/bouverie

Bromfield, L. and Miller, R 2007, *Cumulative Harm Specialist Practice Guide*. Published by the Victorian Government, Department of Human Services 2007. Copyright jointly held by the Victorian Government Department of Human Services and the Commonwealth of Australia 2007.

Charter for Children in Out-of-Home Care 2007. Victorian Government, Department of Human Services, 2007. www.office-for-children.vic.gov.au/every-child-every-chance/charter-for-children

Child development and trauma specialist practice resource, 2010. Published by the Victorian Government, Department of Human Services, 2007. www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialistpractice-resources-for-child-protection-workers

Child Protection and Juvenile Justice Branch, Department of Human Services, Victoria, Australia, 1999, *Victorian Risk Framework, A Guided Professional Judgement, Approach to Risk Assessment in Child Protection*, (Version Two), Practice Leadership Unit.

Child Wellbeing and Safety Act 2005. Victorian Government. www.legislation.vic.gov.au/

Children, Youth and Families Act 2005. Victorian Government. www.legislation.vic.gov.au/

Cousins, C., 2005, 'But the Parent is Trying…' *Child Abuse Prevention Newsletter*, Australian Institute of Family Studies (13) (1), 3-6.

Dartington Social Research Unit 1995, *Messages from Research: Caring for Children Away from Home*, Wiley, London.

De Shazer, S., Berg, I.K., Lipchick, E., Nunnally, E., Molnar, A., Gingerich, W., and Weiner-Davis, M. 1986, 'Brief Therapy; Focused Solution Development'. *Family Process* 25, pp. 207-221.

Downey, L. 2007, *Calmer Classrooms - A guide to working with traumatised children*. Published by the Child Safety Commissioner, Melbourne, Victoria, Australia. June 2007. www.ocsc.vic.gov.au

Frederico, M., Jackson A., and Jones, S. 2006, *Child Death Group Analysis: Effective responses to chronic neglect*. Office of the Child Safety Commissioner, Victorian Child Death Review Committee, Melbourne.

Guide to court practice for Child Protection practitioners 2007. Victorian Government, Department of Human Services, 2007.

Little, M. 2002, Contribution to the seminar on identification, a common purpose; second seminar for phase two of the Victoria Climbie Inquiry, Dartington Social Research Unit.

Miller, R. 2007, *Cumulative harm: a conceptual overview*. Published by the Victorian Government, Department of Human Services, Melbourne, Victoria 2007. www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialistpractice-resources-for-child-protection-workers

Miller, R. 2007, *The Best Interests principles: a conceptual overview*. Published by the Victorian Government, Department of Human Services Melbourne, Victoria 2007. www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialistpractice-resources-for-child-protection-workers

Miller, R. 2009, 'Engagement with families involved in the statutory system', in Maidment, J & Egan R, (Eds) *Practice Skills in Social Work and Welfare: More Than Just common Sense*, 2nd Edition, Allen & Unwin, Sydney, pp. 114-130

Munro, E. 2005, 'What tools do we need to improve identification of child abuse?' *Child Abuse Review* 14, no. 6, pp. 374-388.

Munro, E. 1999, 'Common errors of reasoning in child protection work' *Child Abuse & Neglect The International Journal* vol 22, Issue 8, August 1999, pp. 745-758.

Munro, E. 2002, *Effective Child Protection*. Sage Publications, London.

Perry, B.D. 2005, *Maltreatment and the Developing Child: How Early Experience Shapes Child and Culture*, The Margaret McCain Lecture Series, The Centre for Children & Families in the Justice System.

Reid, G., Sigurdson, E., Christianson-Wood, J. & Wright, C. 1995, *Basic Issues Concerning the Assessment of Risk in Child Welfare Work*, Faculty of Social Work and Faculty of Medicine, University of Manitoba, Canada.

Turnell, A. and Edwards, E. 1999, *Signs of Safety A Solution and Safety Oriented Approach to Child Protection Casework*, W.W. Norton and Company.

United Nations, *Convention on the Rights of the Child*, 2 September 1990. www.unicef.org/crc/

Victorian Charter of Human Rights and Responsibilities Act 2006, Victorian Government, Melbourne. www.dms.dpc.vic.gov.au

Young People and Domestic Violence, National research on young people's attitudes and experiences of domestic violence, Commonwealth of Australia, Partnerships Against Domestic Violence, 2001, xv. http://www.aifs.gov.au/nch/issues2.html, *Issues in Child Abuse Prevention* Number 2 July 1994, *Domestic Violence as a Form of Child Abuse: Identification and Prevention*, Marianne James, Senior Research Officer, Australian Institute of Criminology Young People and Domestic Violence, National research on young people's attitudes and experiences of domestic violence, Commonwealth of Australia, Partnerships Against Domestic Violence, 2001, xvi.

Reference list

Appendix 1: Best interests principles s. 10 CYFA 2005

Best interests principles

s. 10

(1) For the purposes of this Act the best interests of the child must always be paramount.

(2) When determining whether a decision or action is in the best interests of the child, the need to protect the child from harm, to protect his or her rights and to promote his or her development (taking into account his or her age and stage of development) must always be considered.

(3) In addition to subsections (1) and (2), in determining what decision to make or action to take in the best interests of the child, consideration must be given to the following, where they are relevant to the decision or action—

(a) 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;

(b) the need to strengthen, preserve and promote positive relationships between the child and the child's parent, family members and persons significant to the child;

(c) the need, in relation to an Aboriginal child, to protect and promote his or her Aboriginal cultural and spiritual identity and development by, wherever possible, maintaining and building their connections to their Aboriginal family and community;

(d) the child's views and wishes, if they can be reasonably ascertained, and they should be given such weight as is appropriate in the circumstances;

(e) the effects of cumulative patterns of harm on a child's safety and development;

(f) the desirability of continuity and stability in the child's care;

(g) that a child is only to be removed from the care of his or her parent if there is an unacceptable risk of harm to the child;

(h) if the child is to be removed from the care of his or her parent, that consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child, before any other placement option is considered;

(i) the desirability, when a child is removed from the care of his or her parent, to plan the reunification of the child with his or her parent;

(j) the capacity of each parent or other adult relative or potential care giver to provide for the child's needs and any action taken by the parent to give effect to the goals set out in the case plan relating to the child;

(k) access arrangements between the child and the child's parents, siblings, family members and other persons significant to the child;

(l) the child's social, individual and cultural identity and religious faith (if any) and the child's age, maturity, sex and sexual identity;

(m) where a child with a particular cultural identity is placed in out of home care with a care giver who is not a member of that cultural community, the desirability of the child retaining a connection with their culture;

(n) the desirability of the child being supported to gain access to appropriate educational services, health services and accommodation and to participate in appropriate social opportunities;

(o) the desirability of allowing the education, training or employment of the child to continue without interruption or disturbance;

(p) the possible harmful effect of delay in making the decision or taking the action;

(q the desirability of siblings being placed together when they are placed in out of home care;

(r) any other relevant consideration.

Notes