

# Practice guide: Assessing harm and risk of harm

## Purpose

Undertaking risk assessments is a significant element of any Child Safety Officer's (CSO) role, beginning at intake and continuing until any intervention is finalised. The CSO must assess harm, and risk of harm to a child, and safety for a child, during each contact with the child and family including when:

- deciding the departmental response at intake
- conducting investigations and assessments, and completing safety assessments and family risk evaluations to assess whether harm has occurred, and/or whether there is unacceptable risk of harm in the future
- assessing whether an out-of-home care placement is required
- as part of ongoing intervention to ensure the child's safety
- completing child and parental strengths and needs assessments, to identify child and parent functioning and the protective needs of a child during case planning
- deciding whether to reunify a child with their parents and completing the family reunification assessment
- deciding whether a case can be closed.

All assessments are only 'snapshots' in time - providing a picture of a family at a particular stage - and, as snapshots, they need to be collated, integrated and reviewed to provide a fuller picture of the family when considering any ongoing departmental response.

This practice guide identifies a framework, assessment stages, and critical elements to apply when undertaking assessments of harm and risk of harm. The practice guide is a reference point to inform intake, investigation and assessment, and ongoing intervention decisions. It supports the use of professional judgement and the consistent application of Structured Decision Making (SDM) tools.

## Use of the practice guide

The practice guide can be used to support the assessment of harm and risk of harm during all contacts with the child and family at all phases of child protection work. The following components are contained in the guide:

1. Key concepts and definitions
2. Decision-making framework for the assessment of harm and risk of harm (including Appendix 1)
3. Information gathering prompts when undertaking risk assessments (Appendix 2)
4. Risk and protective factor tables to consider in assessments (Appendix 3 and 4).

# 1. Key concepts and definitions

For easy reference, key concepts and definitions relating to the assessment of harm and risk of harm are outlined below. Concepts associated with risk assessments can be defined in various ways within research materials. The *Child Protection Act 1999* prescribes the definition of harm and risk of harm, and when the department can provide statutory intervention.

Further information is provided in relevant sections of the guide.

## Concepts

### The relationship between abuse and harm

Where abuse is an action against a child, harm refers to the detrimental effect or impact of that action on the child. Therefore to assess harm, parental actions, behaviour, motivation, or intent are identified to determine the impact for the child, which may be cumulative in nature.

For statutory intervention to occur, there must be information to suggest that the child has suffered, is suffering or is at an unacceptable risk of suffering significant harm and may not have a parent able and willing to protect them from the harm. The level of harm must have a detrimental effect of a significant nature on the well-being of the child, and the harm must be identifiable or observable through physical, emotional and / or psychological impacts. Harm may have been experienced by the child in the past, and / or is being experienced now. It may also be assessed that there is an unacceptable risk of harm to the child in the future, due to insufficient protective factors existing to ensure the child's safety and well-being.

Examples of the relationship between parental actions, behaviour or intent and the resulting harms for the child are provided in Table 1: Relationship between abuse and harm.

**Table 1: Relationship between abuse and harm**

Type of abuse Actions/behaviours by parent/carer	Physical	Emotional	Sexual	Neglect
	Hitting Punching Scalding Domestic and family violence	Scapegoating Rejection Persistent hostility Domestic and family violence	Penetration Sexual exploitation Exposure to pornography	Failure to attend to medical needs Poor hygiene / nutrition Inadequate supervision

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Resulting harm Impact experienced by the child	Physical <i>Refers to the body</i>	Emotional <i>Refers to the ability to express emotions</i>	Psychological <i>Refers to the mind and cognitive processes</i>
	Bruising Fractures Internal injuries Burns	Depression Hypervigilance Poor self esteem Self harm	Learning and developmental delays Disorganised attachment Impaired self image

		Fear / anxiety	In infants, neurological changes in the developing brain <sup>1</sup>
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## Definitions

**Assessment** - An assessment is the dynamic process of analysis through which the best course of action is decided to meet the protective needs of the child following an examination and evaluation of all relevant historical and current evidence and information gathered.

**Child in need of protection** - A child in need of protection has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm and does not have a parent able and willing to protect the child from harm (*Child Protection Act (CPA) 1999, s. 10*). The harm experienced may be cumulative.

**Cumulative harm** - Cumulative harm is defined as harm experienced by a child as a result of a series or pattern of harmful events and experiences that may have occurred in the past or are ongoing. There is a strong possibility of multiple inter-related risk factors existing over critical developmental periods. The effects of cumulative harm can diminish a child's sense of safety, stability and well-being.<sup>2</sup>

**Harm** - Harm is defined within the (*CPA 1999 s.9*), as 'any detrimental effect of a significant nature on a child's physical, psychological or emotional well-being.' Harm may be caused by physical or emotional abuse, neglect, and/or sexual abuse or exploitation.

**Protective factor** - A protective factor is a factor that may influence or reduce the likelihood of future harm by interacting to support, enhance or develop a parent's capacity, motivation and/or competence to meet the child's protective needs.<sup>3</sup>

**Risk assessment** - Risk assessment is the purposeful process of gathering information on the child, the parent, the family and their environmental context to determine the probability and degree to which a child may be harmed in the future.

**Risk factor** - A risk factor is a feature found more often in abusive families than in the general population which may indicate a heightened likelihood that a child may be harmed in the future.<sup>4</sup>

**Safety assessment** - A safety assessment is an analysis of current attitudes, behaviours and family functioning to identify the presence of any threats to the child's immediate safety - that is, indicators that may be operating at a more intense, threatening, immediate, or dangerous level - and the immediate interventions needed to protect the child from the present danger.

**Strengths** - Strengths are defined as positive characteristics within a person that may lead to better outcomes for the person over time. Strengths are not considered as protective factors as they do not mitigate against risk of harm.<sup>5</sup>

**Unacceptable risk of significant harm** - *CPA 1999, s.10* refers to significant harm which has not yet occurred but is likely in the future, given risk factors identified in the present. A child may be assessed as in need of protection if the level of future risk is identified as likely (probable), not just possible (may occur); the probable harm will have a significant detrimental effect on the child if it does occur; and there is not a parent able and willing to protect the child from future significant harm.

## 2. Decision-making framework for the assessment of harm and risk of harm

Critical elements have been identified to support the assessment process that occurs from the initial point of gathering information about a child who may be in need of protection, to deciding the response and/or making decisions about ongoing intervention. These elements are identified within a framework illustrated in **Appendix 1: Decision-making framework for the assessment of harm and risk of harm**.

The framework illustrates how the combined process of information gathering **and** the holistic assessment of harm and risk of harm informs the decision as to whether a departmental response is required; whether ongoing intervention is necessary; and, if so, at what level to ensure the child's ongoing safety and well-being.

Identified in the framework are five stages to be undertaken to ensure assessment is holistic and continual, and outcomes are based on clear rationales. These stages are:

- **Stage 1** - Gather information
- **Stage 2** - Assess harm and risk of harm
- **Stage 3** - Decide the response
- **Stage 4** - Decide the outcome
- **Stage 5** - Review risk assessments during ongoing intervention.

The framework is circular, highlighting the need for continual review of all assessment outcomes through ongoing analysis of new information, while incorporating changes that have occurred for the child and family through any intervention.

Application of the framework should be supported by supervision processes and ongoing professional development opportunities and is to be used in conjunction with relevant legislation, policy, procedures and practice guidelines.

### Stage 1. Gather information

To continually assess risk of harm along the child protection continuum, clear, factual information needs to be gathered about:

- the alleged harm / risk of harm
- the child
- the parents
- the family context
- any social, environmental, and cultural factors that may influence child and family functioning.

This information can be gathered by:

- engaging with the notifier to gather information about their concerns for the child - the who / what / where / when - *intake phase*

- critically reviewing all file material - both electronic and paper based departmental records - *all phases*
- purposeful interactions with the child, siblings, parents, foster carers, relevant family and household members, significant people in the child's life and community, and relevant professionals, for example, teacher, doctor, the recognised entity when the child is an Aboriginal person or Torres Strait Islander and service providers in contact with the family - *investigation and assessment; and ongoing intervention, including during family group meetings, and case plan reviews*
- direct observation of, and assessment of the quality of, interactions between the child, parents, foster carers, and others within the environment - *investigation and assessment; and ongoing intervention, including home visits and family contact visits.*

Information gathering is a continual process, with new information needing to be incorporated with what is known. The receipt of new information may require a review of decision-making and a re-assessment of harm and risk of harm.

### **Collate and consider all child protection history**

Undertaking an holistic assessment of harm and risk of harm requires the collation and consideration of all child protection history recorded on each family member, including any siblings of the subject child, and on the parents as children.

When receiving new concerns about a child, current information needs to be carefully integrated with the history contained in previous child concern reports, notifications, investigation and assessments and other file material available. Past concerns may have been about similar or different harms and may not have met the threshold for a notification. This previous decision-making should not influence the assessment of the current harms but will assist in identifying risk and protective factors and indicators of a pattern of cumulative harm.

**Appendix 2: Information gathering prompts when undertaking risk assessments** outlines prompts to assist in gathering information relevant to risk assessments. The prompts can also be used in conjunction with more specific intake resources outlined in the Child Safety Practice Manual.

### **Identify risk and protective factors**

Research evidence indicates harm to a child may be due to the interplay of multiple factors both within and outside the family. To understand this interplay, an assessment of risk and protective factors that may exist is required.<sup>6</sup>

#### **(1) Risk factors**

Significant research has identified certain features, or risk factors, that are found more often in families where harm has occurred than in the general population. These risk factors may indicate a heightened likelihood that a child may be harmed in the future, however their presence needs to be considered against whether the factor can also be found in the general population and, if so, to what extent.<sup>7</sup>

Factors that may be viewed as predictors of future harm may be recognised within information obtained on:

- the identified harm / risk of harm

- the child
- the parent
- the family context/interactions
- the environment, including the cultural context.<sup>8</sup>

As predictors of harm, risk factors should be considered cautiously on their own. Critical analysis of all information gathered needs to occur, to determine each factor's significance for the ongoing safety of the child. While acknowledging it is not possible to predict future behaviour of a person with any certainty, risk factors can be viewed as markers which require further consideration and analysis, using professional knowledge and judgement. It is the interaction between factors that may combine to increase the probability of harm occurring.

Descriptions of risk factors and examples of harm that may occur as a result are provided in **Appendix 3: Risk factors relating to harm; the child; the parent; the family context; and the environment:** As all types of harm have a detrimental effect on the child, these risk factors are generic, however may carry different weight within an assessment due to the interplay between factors - for example, being a young parent is not a risk factor in itself, but combined with substance misuse and housing instability, the risk of harm to the child increases.

When making an assessment of risk in relation to an Aboriginal or Torres Strait Islander child, the identified risk factors should be considered within the child's community and cultural context. The recognised entity should be consulted to provide information about the child's community and culture and accepted child rearing practices.

## **(2) Protective factors**

To complete a balanced assessment, risk factors cannot be considered in isolation - they must be assessed in conjunction with identifiable protective factors. These protective factors can influence the direction or strength of the interaction between risk factors and the decision as to the appropriate response or outcome.

**Appendix 4: Protective factors to consider when assessing harm and risk of harm:** provides descriptions of protective factors identified in research, with examples of their application. However, where protective factors are identified within a family, they must be verified or checked before they can be assessed as mitigating or reducing the identified risks. Accepting what a parent or relative describes as a protective action without verification may result in a child being placed at further risk of harm.

Certain protective factors may influence the timing and priority for a departmental response, or identify safety nets to be strengthened when undertaking case planning with a family.

In assessing protective factors there is a need to differentiate between:

- (1) factors which may provide immediate safety for the child, but do not decrease the overall and ongoing risk of harm (for example, the child staying elsewhere temporarily)
- (2) factors which reduce the overall risk of harm for the child and therefore influence the decision about intervention (for example, the continued and verified presence of a protective adult/parent/family member in the household).

Comprehensive information, and knowledge and understanding of both risk **and** protective factors is required to analyse what balance or interplay of risk and protective factors exists for a child. The interplay of these factors is analysed during the assessment stage, using the decision-making framework for the assessment of harm and risk of harm (see Appendix 1).

When the identified concerns related to an Aboriginal or Torres Strait Islander child, the recognised entity should be consulted to provide valuable information about relevant protective factors within the child's family, community and clan or language group.

## **Stage 2. Assess harm and risk of harm**

The assessment of harm and risk of harm is the dynamic process of gathering and analysing information to assess:

- **past harm** - harm previously experienced by a child which may have an ongoing cumulative impact
- **current harm** - being the level of harm that exists for the child in the present, including an assessment of the child's immediate safety
- **risk of harm** - the likelihood and level of harm that may occur to the child in the future
- **existing protective factors** - factors that may mitigate against risk of harm.

Fundamental to the assessment process is the need to have a clear purpose for undertaking the assessment and asking questions to extract the information required - "the questions we ask frame the answers we get".<sup>9</sup>

### **Assess immediate safety**

The purpose of a safety assessment is to:

- help assess whether, and to what extent, any child is in immediate danger of serious harm
- determine what interventions should be initiated or maintained to provide appropriate protection for the child
- establish criteria for the child's immediate removal if sufficient protection cannot be provided.

A safety assessment is in addition to assessing risk, which is assessing the likelihood of harm occurring to the child in the future.

In completing a safety assessment, information is gathered and analysed about immediate harm indicators within the household, as indicated by the actions or inactions of any adult in the home. This information is used, together with professional judgement, to complete the safety assessment. The recognised entity should also be consulted about suitable, culturally appropriate, safety interventions for an Aboriginal or Torres Strait Islander child.

A safety assessment is completed during an investigation and assessment, at the initial contact with the family. Additional safety assessments are also completed at critical times during ongoing intervention - for example, when:

- new information has been received about a change in circumstances within the household
- considering returning a child to their home after being removed
- considering closing an ongoing intervention case

- unplanned changes in a case plan occur, such as a young person self-placing by returning home.

### **Incorporate knowledge of cumulative harm**

Cumulative harm is experienced by a child over a prolonged period of time due to the impacts of recurring incidents of harm. Not all incidents may meet the threshold for departmental intervention however the resulting impact can accumulate.

Cumulative harm may be caused by an accumulation of a single recurring adverse circumstance or event, for example, ongoing neglect, or by multiple different circumstances and events, such as a combination of persistent verbal abuse, harsh discipline and exposure to domestic and family violence.<sup>10</sup>

Cumulative harm is understood within a framework incorporating knowledge of child development - with harm impacting on a child's safety, well-being, stability and development. The impacts of cumulative harm can be profound, and have been widely associated with children experiencing complex trauma. Some developmental effects of cumulative harm include:

- disruptions to early brain development, with permanent impacts on behavioural and emotional responses
- post traumatic stress disorder
- disturbed patterns of attachment
- behavioural regression
- aggressive behaviour against self and others
- lack of awareness of danger or self-endangering behaviours
- self hatred and self blame
- chronic feelings of ineffectiveness.<sup>11</sup>

If not alleviated, and the child's environment remains unaltered, stress and anxiety disorders, depression, and conduct disorders may occur.

Cumulative harm is recognised within SDM tools, including the screening criteria, family risk evaluation and family reunification assessment tools.

### **Complete an assessment of harm and risk of harm, applying analysis and professional judgement**

When assessing harm and risk of harm, the focus is not on the specific incident that may have been notified, as this may lead to non-identification of cumulative harm, the impacts of which may be profound. An holistic approach is required, with harm being considered along a continuum - with any cumulative harm from past experiences together with current harms and future risks being considered.

Integrating information obtained about child protection history, risk factors, protective factors, family strengths, and the family's access to services and resources inform the risk assessment.<sup>12</sup>

Professional judgement - applying knowledge of a broad range of theoretical perspectives and

appraising information to make a decision - is also an integral part of every child protection assessment.

## Risk analysis

The analysis of harm and risk of harm is the examination and evaluation process undertaken prior to identifying an appropriate response or intervention. Steps include:

- gathering all available information, including information from the recognised entity about an Aboriginal or Torres Strait Islander child
- summarising the harm characteristics known regarding frequency of harm, type, severity, source and duration
- integrating this information with all previous history
- critiquing previous responses / assessments in light of this information - this may mean challenging previous decision-making on the family to identify any cumulative impact on the child (where the number of low level concerns (child concern reports) and identified risk factors demonstrate significant cumulative harm)
- reflecting on, and assessing the experiences of any siblings.

Supervision and discussions with colleagues can assist in this process.

When undertaking an analysis of harm and risk of harm to make a determination about the likelihood of future harm to a child, the degree of that harm, and the probability of cumulative harm occurring, seven key factors need to be considered:

- **frequency of harm** - the number of incidents that have occurred over time; any knowledge of prior unreported incidents; and whether there have been previous concerns for similar issues
- **type of harm** - number of harm categories notified and whether there are indicators of other harm types in addition to those notified. For example, neglect may be the notified concern however further information gathered indicates regular incidents of domestic and family violence, resulting in physical and emotional harm to a child
- **severity** - whether the alleged harm is significant, or is likely to cause significant harm if it were repeated over a prolonged period; and whether the impact of the harm on the child's development and well-being is, or will be, significantly detrimental
- **source of harm** - the number of people responsible for the harm; the significance of the relationship between the child and person/s responsible (consider both intra - and extra-familial); and whether the child's current situation makes them more vulnerable to other perpetrators
- **duration** - the period of time over which harm has occurred, including prior history that did not reach the threshold for a notification but where the impacts of harm may have accumulated over time.<sup>13</sup>
- **probability** - estimating the likelihood or probability that future harm will occur
- **vulnerability** - estimating the vulnerability of a child to future harm, taking into account their age, any disabilities, medical conditions and social isolation.

Research has identified a higher likelihood of harm, including cumulative harm, occurring if:

- there have been multiple reports over time – child concern reports, notifications
- there is history of multiple sources of notifiers alleging similar problems

- concerns relate to multiple harm types and / or multiple persons responsible for harm over time
- concerns have been received from service providers / professionals
- reports include incidents of inappropriate parenting in public
- there is evidence of children not reaching developmental milestones.<sup>14</sup>

Risk assessment is a dynamic process - it is a 'point in time' snapshot that will change in the future, therefore ongoing analysis of information obtained during all contacts with a child, their family and others, is required. Risk assessment is to be undertaken in the best interests of the child, with emphasis on the child's safety and well-being, to ensure intervention, decision-making and service provision meets the changing needs of the child.<sup>15</sup>

### **Stage 3. Decide the response**

To make a decision investigate or take other action in relation to concerns received about harm or risk of harm, it must be reasonably suspected that the child is in need of protection, that is:

- the child has suffered significant harm, is suffering significant harm or is at unacceptable risk of significant harm
- does not have a parent able and willing to protect the child from the harm (*Child Protection Act 1999*, s.10, s.14)

The decision as to the appropriate response once harm or risk of harm has been identified is dependent on what phase of statutory child protection intervention the risk assessment has been completed in – at intake, investigation and assessment, or during ongoing intervention.

### **Determine the level of harm and future risk of harm**

Following completion of the assessment, a determination is required as to the level of harm experienced by the child by identifying:

- whether the child has been harmed and/or is likely to be harmed in the future
- whether the child is at risk of immediate harm, with their immediate safety threatened
- the level or degree of harm experienced previously, currently, and likely to be experienced by the child in the future, giving consideration to the child's vulnerability
- whether there has been a detrimental effect of a significant nature on the child's well-being, or there is an unacceptable risk of this occurring in the future
- whether there is a parent both able and willing to protect the child from harm.

Legislation, policies, procedures and practice guidelines as outlined in the Child Safety Practice Manual provide the parameters for this decision.

### **Assess the parent's ability and willingness to protect the child**

To ascertain the ongoing safety of the child, an assessment needs to include whether the parents are both able and willing to protect the child from any harm in the future. Previously identified risk and protective factors need to be integrated with an assessment of harm characteristics, and parental attitudes and characteristics that may impinge on a parent's ability and willingness to act protectively. This assessment may be informed by the following factors outlined below.

**(1) Harm characteristics** - a parent may not be able or willing to protect if:

- the child has experienced more than one type of harm - there is a greater likelihood the family will have difficulty in resolving causative factors relating to the harm, and the probability of cumulative harm occurring is increased
- a parent has harmed the child and the behaviour causing the harm is not recognised as inappropriate by the parent
- the harm is recent or is escalating in frequency and/or severity
- the harm is severe, deliberate and intentional - indicating the parent may have poor impulse control, a lack of insight, or a tendency to use excessive discipline.

**(2) Parental attitudes and characteristics** - the parent's attitude to the harm that has occurred links to the probability of harm occurring in the future and their ability and willingness to protect the child. Consider:

- the explanation of the injuries / condition - if parents lie or conceal their behaviour, or deny responsibility, the child is more likely to be harmed in the future
- identification of the harm/risk of harm and its significance - a parent may minimise the impacts of their behaviour and not identify the significance of the harm, leading to an increased likelihood of harm reoccurring
- acknowledgment of the parent's role in the harm/risk of harm - a parent may be unwilling to change their behaviour or circumstances to protect the child from harm
- parent's perception of the child - if the child is viewed as the 'problem' or perceived negatively, future harm may be probable
- young age / immaturity / lack of parenting knowledge and skills - these factors can impact on understanding the significance of harm
- behaviour - poor impulse control and / or intimidating or violent behaviour will significantly impact on a parent's ability to act protectively
- environmental stressors may be present that can impact on a parent's ability to protect - for example financial stress, social isolation and lack of supports, grief and loss issues, divorce / separation / family court proceedings
- substance misuse; mental illness; history of childhood abuse; mobility; homelessness; physical / intellectual disability; ongoing health issues - are all risk factors that need to be carefully assessed, particularly if several factors exist in combination, as they can impact on a parent's insight and understanding as to the impacts of harm on a child
- household relationships - domestic and family violence can impact on a parent's ability to protect a child during a violent incident due to their fear of the perpetrator, and the perpetrator's power and control over family members. A parent may be willing to protect but be unable to do so.

A parent's ability and willingness to act protectively is enhanced if the parent is acknowledging the harm, is capable and willing to engage with services and is focused on addressing the circumstances leading to the harm. For some parents, recognition of the protective issues will not be made verbally but may be displayed in the parent's behaviour and responses.

### **Determine the response**

Once the level of harm and the ability and willingness of the parent to act protectively has been determined, the departmental responses include:

- at intake - the recording of a child concern report, including referrals to support services, or notification
- following completion of an investigation and assessment - ongoing intervention may be required to meet the child's protective needs; if so, consider what level of intervention is required, and whether an out-of-home care placement is required
- during ongoing intervention - following review, consideration may need to be given to reunification decisions, or whether the case can be closed as the child's protective and care needs are now able to be met by the parents.

When the child is Aboriginal or Torres Strait Islander, the recognised entity should participate in any decision-making about the statutory response to alleged harm or risk of harm.

## **Stage 4. Decide the outcome**

### **Determine the level of intervention necessary**

If it has been assessed that ongoing intervention is required to ensure that the child's protection and care needs are met, the level of intervention needs to be determined. This decision incorporates the assessment of the parent's ability and willingness to protect - will the child be safe and protected within the household with intervention occurring with the parent's agreement, or is a child protection order with / without an out-of-home care placement required to ensure the child's protective and care needs are met?

In determining the level of intervention necessary, the following factors should be considered:

- the immediate safety needs of the child
- the harm type – significance, frequency, severity, chronicity, cumulative impact, future risk of harm
- the number and significance of risk factors identified, and the interplay with any verified protective factors
- the characteristics of the child - age, vulnerability, special needs, behavioural indicators, disclosures by the child and their perceptions of their parent and of the harm that has occurred
- the parent's ability and willingness to keep protecting the child from any harm
- the nature of the parent's consent to intervention
- the parent's ability and willingness to participate in family group meetings / case-planning decisions
- the parent's attitude to, and compliance with, engaging with services / supports, including maintaining contact with service providers if requested
- the ability of service providers to provide support identified - including understanding their role if undertaking a monitoring role with the family
- the parent's relationship with the CSO - a relationship that is not open, honest or transparent can result in further harm, or interventions that are not targeted to the relevant needs of the child and family. Disguised compliance by parents may be present but not identified by the CSO
- the information provided by the recognised entity, for an Aboriginal or Torres Strait Islander child.

## **Identify child and parent strengths and needs to help develop effective case plans**

In deciding the level of ongoing intervention, an assessment of the strengths and needs of both the child and parent is required. Assessment outcomes will direct and guide case planning decisions by identifying outcomes targeted at improving the child's physical, psychological and emotional well-being. This assessment is guided by the child and parental strengths and needs assessment tools.

### **Strengths**

Research has identified characteristics within a child and parent that interact together to assist the development of positive coping mechanisms and relationships. These characteristics, or strengths, can then be supported through effective case planning strategies. Strengths are not considered as protective factors, as they do not mitigate against risk of harm but can be supported and built on during ongoing intervention to achieve positive outcomes in the family.<sup>16</sup>

In addition to the child and parental strengths and needs assessment domains, a key individual characteristic to be supported is resilience. Resilience is the capacity of a person to overcome stress or adversity and do well despite difficult, traumatic or unfavourable circumstances.<sup>17</sup>

Strength and resilience characteristics in children are identified by the ability to:

- develop and maintain positive nurturing relationships with others, including peers - requiring secure attachment, social competence, flexibility, caring and empathy towards others and the ability to communicate well
- have effective problem solving skills - being able to work out what the problem is, thinking of different ways to solve the problem and being able to plan ahead
- be autonomous - requiring high self esteem, self discipline, life skills and independence within a context of belonging
- have a sense of control, purpose and future - having goals, being motivated, wanting to be educated, being persistent and hopeful
- have a strong link to culture, and knowledge and understanding of their place within the culture.

Strength and resilience characteristics in parents are identified by the ability to:

- have knowledge of, and a sense of competence in parenting - requiring knowledge of developmental phases in childhood, and associated needs of the child and incorporating this knowledge into skills to respond effectively to a child
- have secure supportive relationships with significant others - characterised by affection, warmth, support for autonomy, sharing of responsibilities and an identified support network
- have well developed positive coping strategies and problem solving skills - requiring emotional stability, and an ability to reflect on past traumatic experiences and incorporate new strategies to counteract any prior harm
- have effective conflict management skills - communicating openly, with mutual respect
- lead a healthy lifestyle - actively making and promoting healthy choices, having a positive attitude and setting goals.

### **Needs**

The child and parental strengths and needs assessment may identify areas of need in the child and parents functioning that can be prioritised and addressed in the case plan for the child. The most significant needs will take priority as case planning goals, with targeted actions to be undertaken to achieve positive outcomes for the child.

By addressing needs and supporting and building on protective factors and strengths, a child and parent's ability to respond and interact more effectively will be enhanced, building resilience in the future. This will assist in decreasing the likelihood of future harm and its long-term effects.

## **Stage 5. Review risk assessments during ongoing intervention**

Holistic assessments of the child and family are required throughout ongoing intervention as part of the case management cycle of assessment, planning, implementation and review of a child's safety and protection and care needs. Each assessment will provide a snapshot in time of the child's experiences of harm, the impact of those harms, the likelihood of future harm, and their vulnerability and resilience to future harm. As snapshots, risk assessments must be collated, analysed and integrated with the family's previous history and current functioning to determine service delivery responses.

During ongoing intervention, a review of previous risk assessments is integral to a broader assessment, and is particularly important when:

- the child remains at home during intervention with parental agreement, or when working with a pregnant woman during a support service case
- there are plans to work towards reunification
- significant changes occur within the family and/or household
- undertaking planning prior to case reviews
- considering closing a case.

By revisiting the stages of the decision-making framework and incorporating new information, any changes can be analysed. Changes that heighten the level of risk may require a change in the type of intervention required to meet the child's needs.

## Endnotes

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- <sup>1</sup> Perry, 1997 and others in Miller, (2007:19-20) Cumulative harm: conceptual overview.
- <sup>2</sup> Bromfield, L. and Miller, R (2007:2) [Specialist Practice Guide: Cumulative harm. Every child, every chance](#), Department of Human Services, Victoria.
- <sup>3</sup> Dubowitz, H and DePanfilis, D. (eds) (2000:230) *Handbook for Child Protection Practice*. Sage, USA
- <sup>4</sup> Munro, E. (2002:67) *Effective Child Protection*. Sage, London
- <sup>5</sup> Tilbury C., Osmond J., Wilson, S. and Clark, J. (2007:63) *Good Practice in Child Protection*. Pearson, New South Wales.
- <sup>6</sup> Munro, E. (2007:76) *Child Protection*. Course Companions. Sage, London
- <sup>7</sup> Munro, E. (2002:67), *ibid*.
- <sup>8</sup> Sidebotham, P. and Heron, J. (2006:498) 'Child maltreatment in the "children of the nineties": a cohort study of risk factors.' *Child Abuse and Neglect*. vol 30, Pergamon.
- <sup>9</sup> Sultmann, C-M, (2008) in presentation, 'Applying risk assessment skills in child protection practice'. Encompass Family and Community, Queensland.
- <sup>10</sup> Bromfield and Miller (2007:2), *ibid*.
- <sup>11</sup> Miller, R. (2007:23) 'Cumulative harm: a conceptual overview'. Department of Human Services, Victoria.
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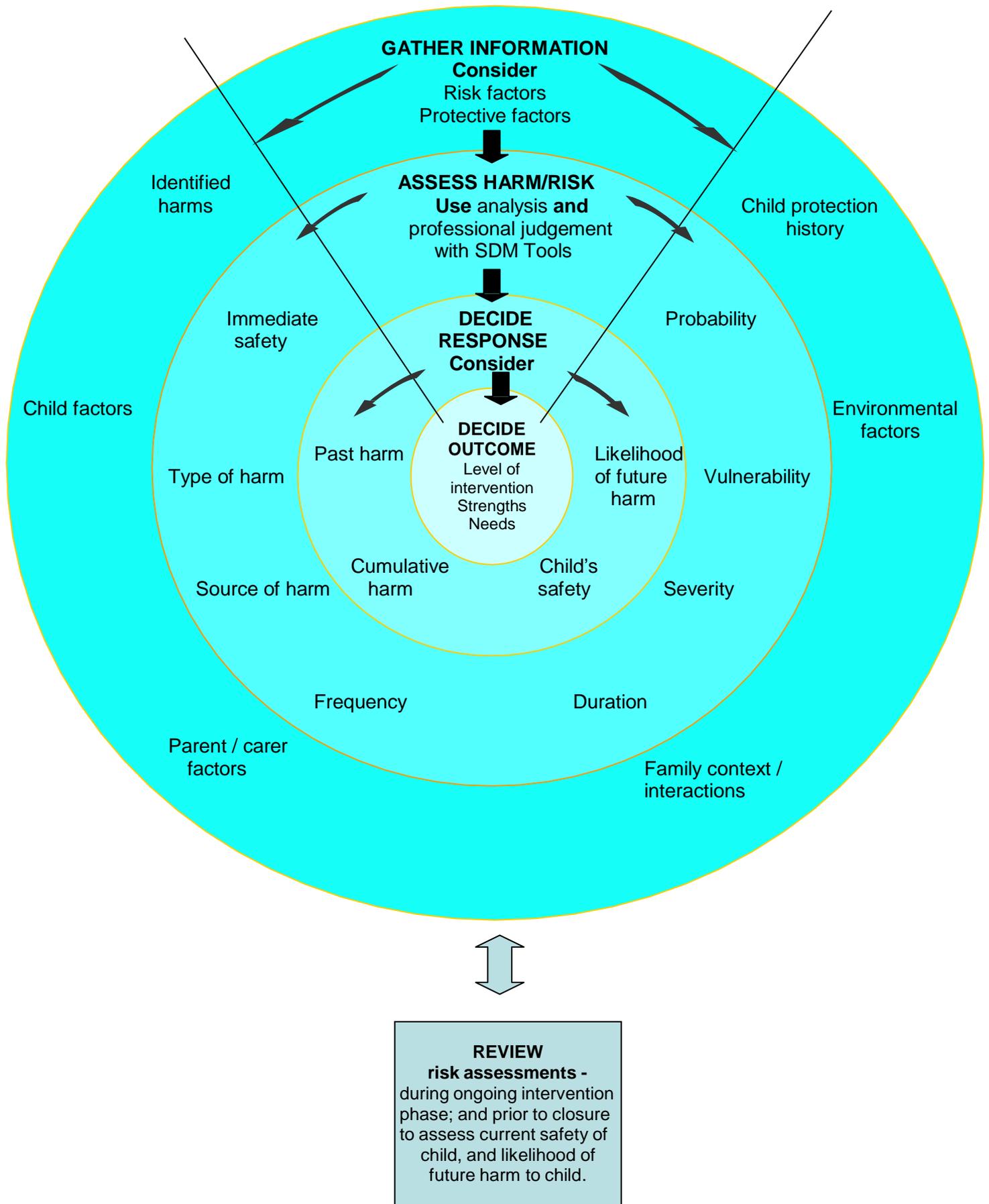
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**\* The majority of reference material is available at Library Services, Department of Communities, Child Safety and Disability Services**

**Appendix 1: Decision-making framework for the assessment of harm and risk of harm**



## Appendix 2: Information gathering prompts when undertaking risk assessments

### The alleged harm/risk of harm

- Significance- is it a detrimental effect of a significant nature on the child's physical psychological or emotional wellbeing?
- Circumstances and type of current harm - specific harm or multiple harms?\*
- Frequency/chronicity - the number of incidents, any pattern, is harm escalating?\*
- Severity - will the harm / risk of harm result in death, extensive injury, lasting significant damage, impact on child's development? Has severity increased over time?\*
- Recency and duration - when did incident/s occur? How long have any concerns been held?\*
- Likelihood of harm occurring in the future? Could impacts lead to significant harm?\*
- History - are there previous incidents of harm / previous allegations for similar issues/different issues? Repeated referrals to the department through both child concern reports and notifications?\*
- If siblings, are there previous child protection concerns relating to them?\*
- Source of notifications - multiple sources alleging similar concerns / reports from professionals?\*
- If the harm is physical describe the injury and location of the injury (for example, what part of the child's body). Describe any implements used to inflict the injury
- If the harm is emotional, detail statements made to the child, actions and circumstances, and behavioural indicators displayed by the child
- If the harm is sexual, determine access to the child by alleged person responsible
- If the harm is a result of neglect, include details of parental action/inaction and the resulting harms/conditions and risk of harms/conditions
- If harm is yet to occur, examine any risk factors (refer to Appendix 3)
- Identity of alleged person/s responsible and relationship to child - more than one person responsible? Does the source of harm increase child's vulnerability to other persons responsible?\*
- Where relevant, what has been the previous pattern in relation to placement and reunification?\*

### The child

- Age of child - vulnerability and reliance on parent to meet all needs?
- Immediate safety of child - current whereabouts
- Culture and ethnicity - related child rearing factors, need for interpreter
- Disclosure (any statements made by the child about the alleged harm)
- Child's physical appearance - injuries and location, general - stature, hygiene
- Health and medical needs / issues - including infant prematurity, low birth weight, foetal alcohol syndrome, chemical dependency
- Special needs (includes intellectual / physical disabilities and developmental delays eg Asperger's Syndrome)
- Child's behaviour (for example, emotional or behavioural problems such as bed wetting, running away, self harm, cruelty to children / pets, hypervigilance, school problems)\*
- Education - including attention / learning difficulties, disengagement, truancy
- Involvement with other services / community agencies / child care / school
- Child's relationship with parents - level of attachment (secure / safe, insecure / avoidant / ambivalent / disorganised)\*
- Child's relationship with others - siblings, peers, carers - and quality of interactions / attachments
- Previous history of respite / out of home care placements\*

- Strengths and resiliency - coping mechanisms, identified support network, socially active, self esteem and identity, life skills appropriate to age

### **The parents**

- Attitude, acknowledgment of and response to harm (for example, had medical treatment been sought?)
- Explanation of harm - is it consistent with the facts?
- Attachment to child and quality of relationship
- Perceptions and feelings about the child, expectations of the child
- Age and maturity of parents
- Any known child protection history during pregnancy - unborn child concerns
- Level of care provided to the child
- Previous requests for respite / placements\*
- Parenting patterns - discipline techniques
- Parent's own history of childhood abuse
- Relationship with alleged primary person responsible (if not the person responsible)
- Impediments to the parent's ability to act protectively (consider both in-home and out-of-home harm situations) - including court orders
- Domestic and family violence - is the child exposed to, or otherwise involved in, violent incidents in the home between household members?\*
- Substance misuse - current or historical use of alcohol / drugs, impacts of use on functioning / parenting; and details of any treatment received
- Mental health problems - including past or current treatment
- Physical / intellectual disability
- Criminal history as adult / youth justice history - eg assault / cruelty / substance misuse
- Stressors - financial, health, isolation, unemployment, accommodation, loss and grief issues, family law disputes, pregnancy
- Strengths and resiliency - supportive relationships (intra- and extra- familial), emotional stability, self awareness, ability to access resources, achievements
- Religious / spiritual beliefs and considerations for parenting practices
- Culture and ethnicity - related child rearing factors, need for interpreter

### **Social, environmental, and cultural influences and networks**

- Presence of a person able **and** willing to protect the child
- Access to the child by the alleged person responsible / exposure to harm
- Physical environment (condition of the child's home - safe / hazards?)
- Household composition and quality of relationships including age and number of children in family
- Does the family receive supportive intervention from other agencies (counselling and community support agencies), have contact with other professionals (police, health, education)
- Social environment/isolation - is the child/parent able to access out-of-home supports?
- Ability to access infrastructure - transport, schools, child care, parks
- Mobility of family - housing related issues
- Financial / economic security, employment, income
- Cultural and ethnic influences - ability to maintain positive links in a respectful community environment; beliefs impacting on parenting

**\* May be an indicator of cumulative harm – current harm and all previous history should be reviewed**

### Appendix 3: Risk factors relating to harm; the child; the parent; the family context; and the environment

Tables compiled from Tilbury et al (2007); Victorian Risk Framework (1999); NSW Research to practice notes; Miller (2007); Dorsey et al (2008); Sidebotham et al (2006); Dixon et al (2005); Howe et al (2000); Dale et al (2005); Frederico et al (2008); Perry (1997); Whitaker et al (2008:530);

#### 3.1 Risk factors relating to harm and risk of future harm

<b>Risk Factors – Harm and future risk of harm</b> <i>Harm is the detrimental effect of abuse / neglect on the child - what is actually experienced or likely to be experienced by the child through the actions / inactions or behaviours of the parent.</i>		
<b>Harm risk factor</b>	<b>Explanation</b>	<b>Example of resulting harm</b>
<b>The current injury / harm / condition is severe</b>	<ul style="list-style-type: none"> <li>• The more severe an injury, the greater the harm to the child and the greater likelihood of re-occurrence.</li> <li>• Multiple injuries indicate significant harm and further risk of harm.</li> <li>• The age of the child needs to be considered, with increased vulnerability of significant harm occurring to infants.</li> </ul>	<p>The location of certain injuries can increase the severity of the harm:</p> <ul style="list-style-type: none"> <li>• head/face injuries are more serious due to the potential for permanent brain, eye and ear damage</li> <li>• injuries to the abdomen may indicate hidden internal bleeding</li> <li>• in an infant, any evidence of shaking / other signs of injury / failure to thrive is significant.</li> </ul>
<b>The pattern of harm is escalating</b>	<ul style="list-style-type: none"> <li>• Harm escalating over time, increasing in severity and/or frequency, indicates cumulative harm and related trauma.</li> <li>• All child protection history and information from other sources (police, medical practitioners, school) is to be considered.</li> <li>• Previous concerns may have related to a different harm type.</li> </ul>	<p>The child may experience:</p> <ul style="list-style-type: none"> <li>• emotional harm - parent criticising child, escalating to scapegoating to rejection of child</li> <li>• physical harm - increasing severity of inappropriate disciplinary techniques as child matures.</li> </ul>
<b>The pattern of harm is continuing but not escalating</b>	<ul style="list-style-type: none"> <li>• The more often harm has occurred in the past the more likely it is to occur in the future.</li> <li>• Reports of harm should not be viewed as unconnected events. Cumulative harm is identified if the pattern of harm over time is considered.</li> </ul>	<p>The child may experience cumulative effects of emotional harm through parent's attitude to child, with resultant harm indicators of:</p> <ul style="list-style-type: none"> <li>• attachment disorders</li> <li>• low self esteem</li> <li>• self-harming behaviours.</li> </ul>

**Risk Factors – Harm and future risk of harm**

***Harm is the detrimental effect of abuse / neglect on the child - what is actually experienced or likely to be experienced by the child through the actions / inactions or behaviours of the parent.***

<b>Harm risk factor</b>	<b>Explanation</b>	<b>Example of resulting harm</b>
<p><b>The parent has made a threat to cause serious harm to the child</b></p>	<ul style="list-style-type: none"> <li>• Threats following an incident of actual physical harm can have a cumulative emotional impact on the child.</li> <li>• The threat may be to harm the child, another family member or a pet.</li> <li>• Threats involving the use of weapons or implements, where those weapons / implements are accessible, increases the likelihood of emotional and physical harm, including death, occurring.</li> <li>• Following disclosure of abuse, a child’s fear in returning home needs to be further explored.</li> </ul>	<p>Living in a fearful environment may cause emotional harm. The child may experience:</p> <ul style="list-style-type: none"> <li>• bedwetting and soiling</li> <li>• sleep disturbances, nightmares</li> <li>• fear response to person responsible</li> <li>• anxiety, agitation, and hypervigilance</li> <li>• self harming / suicidal behaviours and substance misuse.</li> </ul>
<p><b>Accessibility of the perpetrator to the child</b></p>	<ul style="list-style-type: none"> <li>• Probability of further harm occurring increases if the alleged person responsible has unlimited access to the child.</li> <li>• Research suggests that sexual abuse is a compulsive or addictive behaviour - people with a history of sexual offences against children have a high rate of recidivism.</li> </ul>	<p>The child may experience cumulative harm as:</p> <ul style="list-style-type: none"> <li>• incidents of harm continue until the child is able to disclose to a protective person, or until the incidents meet the threshold for intervention.</li> </ul>
<p><b>Chronic neglect is identified</b></p>	<ul style="list-style-type: none"> <li>• The chronic nature of neglect has a cumulative impact on a child’s functioning and their future emotional, behavioural, cognitive, social and physical development and well-being.</li> </ul>	<p>Neglect may occur due to:</p> <ul style="list-style-type: none"> <li>• inadequate supervision, resulting in death or injury</li> <li>• failure to meet medical needs, with untreated medical conditions resulting in lifelong health problems</li> <li>• failure to protect, leading to psychological damage.</li> </ul>
<p><b>There is previous departmental history</b></p>	<ul style="list-style-type: none"> <li>• All previous history including child concern reports, and unsubstantiated and substantiated investigation and assessments should be considered and critically reviewed - any reports may indicate cumulative harm.</li> <li>• Risk of further harm increases if harm has previously been substantiated.</li> </ul>	<p>The child may experience cumulative harm indicated by the child exhibiting:</p> <ul style="list-style-type: none"> <li>• shy, withdrawn, uncommunicative behaviours</li> <li>• hyperactive, aggressive, regressive behaviours.</li> </ul>

### 3.2 Risk factors relating to the child

Risk Factors – Child		
Child risk factor	Explanation	Example of resulting harm
<p><b>Harm to an infant aged under 12 months</b></p>	<p>An infant is more vulnerable due to their age and dependency on their carer. Risk of harm increases if the infant -</p> <ul style="list-style-type: none"> <li>• has been the subject child in a notification</li> <li>• was the result of an unwanted pregnancy</li> <li>• was born prematurely/drug dependent/subject to birth complications</li> <li>• was of low birth weight</li> <li>• has poor sleeping and / or feeding patterns; and/or</li> <li>• has an illness or disability.</li> </ul>	<ul style="list-style-type: none"> <li>• Physical harm can result from slapping, kicking, pinching or shaking. Any physical harm to an infant is significant.</li> <li>• Any shaking of an infant may result in brain damage without any external signs of injury.</li> <li>• Neglect may occur through failure to thrive or failure to obtain medical attention.</li> <li>• Physical and / or emotional harm may be the result of poor attachment and bonding.</li> </ul>
<p><b>Unsafe sleeping practices</b></p>	<p>Unsafe sleeping practices have been linked to infant deaths. Unsafe practices include:</p> <ul style="list-style-type: none"> <li>• co-sleeping with a parent on medication/under the influence of drugs or alcohol</li> <li>• ill-fitting mattress and bedding</li> <li>• cluttered cots - soft toys and pillows that can cover an infant's face.</li> </ul>	<ul style="list-style-type: none"> <li>• Neglect may occur due to parent's use of drugs, alcohol or specific sedatives / medications, impacting on their awareness and ability to meet an infant's needs; for example, waken to the infant's cry.</li> <li>• Physical harm may occur through injuries to limbs and suffocation if a parent's body or arms lie over an infant's face / nose).</li> </ul>
<p><b>Child aged under 3 years increases vulnerability</b></p> <p>Also refer to Resource - <a href="#">'Infant and toddler mental health: emotional risk indicators' Factsheet series 10.2</a>, Child Safety Unit, Queensland Health 2008</p>	<p>Children aged under 3 years are more vulnerable to harm as they are:</p> <ul style="list-style-type: none"> <li>• unable to protect themselves</li> <li>• are reliant on their parent to attend to their needs</li> <li>• have limited verbal ability</li> <li>• may display challenging toddler behaviours</li> <li>• may be isolated from others who may act protectively - unless attending regular child care.</li> </ul>	<p>The child may experience:</p> <ul style="list-style-type: none"> <li>• physical harm via shaking, failure to thrive</li> <li>• psychological harm resulting in developmental delays; attachment disorders; neurological changes to the developing brain</li> <li>• emotional harm, indicated by severe anxiety; fearfulness; post-traumatic stress indicators.</li> </ul>

Risk Factors – Child		
Child risk factor	Explanation	Example of resulting harm
<p><b>The child has special needs which increases their vulnerability:</b></p> <ul style="list-style-type: none"> <li>• <b>developmental delays</b></li> <li>• <b>physical / intellectual disability</b></li> <li>• <b>chronic illness</b></li> <li>• <b>challenging behaviours.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Stresses from managing daily care needs can affect the parent's ability to meet the needs of the child, impacting on parent - child attachment; communication; mobility and ability to access basic needs or supports both inside and outside the home.</li> <li>• A child with more than one disability is at greater risk of harm, with the level of harm likely to be more severe and chronic.</li> <li>• A child with challenging behaviours may have a higher likelihood of being harmed due to the greater potential for disruption to parent - child attachment, increased parental stressors from managing difficult behaviours and resulting conflict with the child.</li> </ul>	<p>Emotional harm may be the result of:</p> <ul style="list-style-type: none"> <li>• rejection; scapegoating, isolation from lack of social interaction</li> <li>• abandonment.</li> </ul> <p>Neglect may be due to:</p> <ul style="list-style-type: none"> <li>• parents failure to meet medical and educational needs; failure to thrive.</li> </ul> <p>Physical harm may be the result of:</p> <ul style="list-style-type: none"> <li>• excessively harsh discipline; use of excessive physical force.</li> </ul> <p>Physical harm may also occur to siblings if caught in a violent incident.</p>
<p><b>The child / young person is engaging in 'at risk' behaviours including:</b></p> <ul style="list-style-type: none"> <li>• <b>self-harm</b></li> <li>• <b>substance misuse</b></li> <li>• <b>harmful sexual behaviour.</b></li> </ul>	<p>At-risk behaviours may be indicators of all harm types, with the behaviour being an attempt to cope with the impacts of the harm. At risk behaviours include:</p> <ul style="list-style-type: none"> <li>• verbal and actual threats to suicide / self-harm</li> <li>• substance misuse</li> <li>• age-inappropriate sexualised behaviour</li> <li>• sexual activity / sexual exploitation by others.</li> </ul> <p>The parent may be willing to protect the child / young person but not be able to as:</p> <ul style="list-style-type: none"> <li>• the risk behaviours may occur outside the home</li> <li>• the young person's physical strength, or violent or threatening behaviours may preclude the parent from being able to protect.</li> </ul>	<p>Physical harm may occur due to:</p> <ul style="list-style-type: none"> <li>• severe injuries or death as a result of self-harm and suicide; overdosing; sexually transmitted infections.</li> </ul> <p>Emotional harm may be cumulative and include:</p> <ul style="list-style-type: none"> <li>• low self-esteem and self-worth; withdrawal and isolation from social networks; depression and anxiety.</li> </ul> <p>Signs of depression, self harm, accident proneness, recklessness, and ongoing personality changes should be considered significant and action taken to address these.</p>

### 3.3 Risk factors relating to the parent / carer

Risk factors: Parent / primary carer		
Parent / carer risk factor	Explanation	Example of resulting harm
<b>A parent has been responsible for harm to a child in the past</b>	<p>If a parent has previously been identified as a 'person responsible' for harm to a child in the past, there is an increased likelihood that harm to that child will reoccur or another child will be harmed, <b>unless significant positive changes</b> have occurred in:</p> <ul style="list-style-type: none"> <li>• the relationship between the child and parent</li> <li>• the relationship between the parent and any other children in the family</li> <li>• the parent's behaviour / parenting skills</li> <li>• their environment.</li> </ul> <p>Harm may be cumulative in nature - the history and pattern of harm should be considered to assess impacts of cumulative harm.</p>	<p>Established parenting patterns fail to meet the child's needs and results in:</p> <ul style="list-style-type: none"> <li>• Physical harm - from the parent's poor impulse control, low tolerance thresholds, anger management difficulties, or reactive rather than responsive parenting practices indicated by excessive discipline.</li> <li>• Emotional harm - as a result of parent's chronic scapegoating and rejection.</li> <li>• Chronic neglect - as a result of the parent's ongoing failure to meet daily care needs.</li> </ul>
<b>Inconsistent explanations, denial and / or minimisation of harm by a parent</b>	<ul style="list-style-type: none"> <li>• Inconsistent explanations (a sequence of different accounts) by parents for the current injury may suggest a non-accidental injury.</li> <li>• A parent minimising current harm, justifying the behaviour that led to harm or not recognising / denying responsibility for the harm may lead to higher risk in the future.</li> </ul>	<ul style="list-style-type: none"> <li>• Physical harm may occur if the parent minimises physical injuries, failing to seek medical attention.</li> <li>• Emotional harm may escalate and have a cumulative impact if a parent continues to deny their actions have caused harm.</li> </ul>
<b>A parent is refusing access to the child, the family is likely to flee or the family is highly mobile</b>	<ul style="list-style-type: none"> <li>• If parents are refusing access to a child, it may be to avoid further assessment of notified harms.</li> <li>• A highly mobile family decreases the opportunity for effective interventions to be established, increasing the likelihood of future harm to the child.</li> <li>• Tracking of families can be difficult if highly mobile, with previous child protection history not being identified or readily accessible.</li> </ul>	<p>Harms from high mobility may include:</p> <ul style="list-style-type: none"> <li>• neglect through a child's disrupted education, leading to developmental delays</li> <li>• emotional harm through isolation and disruption to peer and family relationships</li> <li>• neglect when needs for basic shelter are unmet.</li> </ul>

<b>Risk factors: Parent / primary carer</b>		
<b>Parent / carer risk factor</b>	<b>Explanation</b>	<b>Example of resulting harm</b>
<b>Lack of willingness or ability to prioritise the child's needs over their own</b>	<ul style="list-style-type: none"> <li>• Immaturity and psychological and cognitive issues can impact on a parent's ability to tend to the needs of a child over their own needs for security, affection and attention.</li> <li>• Substance dependency may impact on the ability to provide basic care to a child as the parent's need to use a substance is a higher priority.</li> </ul>	<ul style="list-style-type: none"> <li>• Neglect can occur due to unmet basic needs: food, clothing, shelter, hygiene, supervision and lack of stimulus within the environment.</li> </ul>
<b>Parental expectations of the child are unrealistic</b>	<ul style="list-style-type: none"> <li>• A parent may be unaware of childhood developmental milestones and appropriate behaviour and disciplining techniques consistent with the age and developmental phase of the child.</li> <li>• A child may be given responsibility to care for themselves and younger siblings at an inappropriate age; or is restricted from participating in age appropriate activities.</li> </ul>	<p>Physical harm may occur through:</p> <ul style="list-style-type: none"> <li>• harsh physical discipline or inattention to physical and hygiene needs of a young child.</li> </ul> <p>Emotional harm may occur if:</p> <ul style="list-style-type: none"> <li>• older children are placed in the role of surrogate parent, affecting their ability to develop healthy sibling and peer relationships.</li> </ul>
<b>Insecure or disorganised attachment between the parent and child</b>  Also refer to resource - <a href="#">'Attachment' Fact sheet Series 10.1</a> , Child Safety Unit, Queensland Health 2006	<ul style="list-style-type: none"> <li>• Secure attachment occurs when a parent provides consistent care and is responsive to the needs of the child - with the significant time for the development of primary attachment being from around six to eighteen months of age.</li> <li>• If a parent does not, or is unable to, respond to the child's needs, insecure attachment results, with a child showing avoidant or ambivalent behaviour towards the parent and others.</li> <li>• Disorganised attachment is evident in some children who have suffered harm through impacts of chronic family violence, or whose parents misuse substances.</li> <li>• Disorganised attachment in infancy has been linked to complex trauma and a higher risk of behaviour problems in later childhood, adolescence and adulthood.</li> <li>• Impacts may result in multiple placements of children, further</li> </ul>	<p>Insecure or disorganised attachment may lead to:</p> <ul style="list-style-type: none"> <li>• emotional harm due to rejection and scapegoating</li> <li>• sexual abuse can result as a child may exhibit indiscriminate friendliness with adults, misinterpreting boundaries and placing them in high risk situations.</li> </ul> <p>By adolescence, emotional harm due to disorganised attachment may be identified by:</p> <ul style="list-style-type: none"> <li>• truancy</li> <li>• self-harm</li> <li>• chronic attention seeking behaviours</li> <li>• substance abuse.</li> </ul>

Risk factors: Parent / primary carer		
Parent / carer risk factor	Explanation	Example of resulting harm
	impacting on their sense of self and ability to experience healthy relationships with others.	
<b>Young parental age – under 20 years at birth of first child; or immaturity</b>	<ul style="list-style-type: none"> <li>• Risk of harm generally increases for mothers of a younger age as it may indicate immaturity, a lack of acquired parenting knowledge, and an inability to tolerate stress given a less mature developmental phase.</li> <li>• Young parental age may also link to lower educational achievement, lower self-esteem, substance misuse and housing and financial pressures. If these multiple factors exist together the risk of harm is increased.</li> </ul>	<p>Neglect, physical and emotional harm may result if the parent has insufficient knowledge and ability to meet a child's:</p> <ul style="list-style-type: none"> <li>• dietary, physical care and hygiene needs</li> <li>• emotional attachment needs for warmth and care.</li> </ul>
<p><b>A parent's behaviour is violent or lacks control</b></p> <p>Also refer to Child Safety Practice Manual practice paper: Domestic and family violence and its relationship to child protection</p>	<ul style="list-style-type: none"> <li>• A person who uses violence (physical force) in any context is more likely to use violence with a child.</li> <li>• Use of violence links to the ability to exert ongoing power and control over family members.</li> <li>• Threats of violence towards a child or another person in the household may also indicate a likelihood of actual violence in the future.</li> <li>• Threat of further violence may be based on one incident of actual violence that occurred in the past; however the resulting harm from ongoing fear can be cumulative.</li> </ul>	<ul style="list-style-type: none"> <li>• Physical harm may occur deliberately by the child being pushed or hit; or accidentally, by objects or implements being thrown. Death can result.</li> <li>• Emotional harm may result as the child lives in a fearful environment - being wary of adults; overly compliant.</li> </ul>
<p><b>A parent has:</b></p> <ul style="list-style-type: none"> <li>• <b>an intellectual or physical disability</b></li> <li>• <b>mental health concerns now or in the past</b></li> <li>• <b>a substance</b></li> </ul>	<ul style="list-style-type: none"> <li>• Disability, mental health concerns or substance misuse may impact on a parent's ability to provide care to their child and respond to their child's emotional and physical needs.</li> <li>• Parental behaviours may include disinhibition, mood swings and poor impulse control - leading to low tolerance, agitation, frustration, or an inability to control emotional outbursts.</li> </ul> <p>If treatment for a mental health condition or addiction is ceased without medical supervision any risks to the child are significantly</p>	<p>A parent's inability to meet a child's needs can result in neglect, physical and emotional harm through:</p> <ul style="list-style-type: none"> <li>• inability to meet the child's care and supervision needs - the child being left with an inappropriate carer, or unsupervised; risk of needle stick injuries or ingesting drugs and resulting medical concerns</li> <li>• isolation of the child from their social environment</li> <li>• progressively violent parental behaviours due to attributing the child with negative characteristics (may</li> </ul>

Risk factors: Parent / primary carer		
Parent / carer risk factor	Explanation	Example of resulting harm
<p><b>misuse problem</b></p> <ul style="list-style-type: none"> <li><b>past or current criminal history (including as a juvenile)</b></li> </ul> <p>Also refer to Child Safety Practice Manual practice paper: <a href="#">Parental substance misuse and child protection: Overview, indicators, impacts, risk and protective factors</a></p>	<p>increased. Further information and assessment is warranted about medical management, treatment and impacts if treatment is stopped.</p> <p><b>If another household member</b> has a diagnosed disorder or known history this should also be taken into account when assessing immediate safety and risk of further harm.</p> <ul style="list-style-type: none"> <li>Criminal history may relate to violence, intimidation, substance misuse, theft, or prostitution and indicate a parent with intergenerational abuse issues, low self esteem, poor impulse control, aggression, or addictions (gambling, substances).</li> </ul>	<p>be linked to psychosis).</p> <p>In unborn children, harm relating to foetal alcohol syndrome and chemical dependency at birth needs to be considered.</p>
<p><b>Single parent status</b></p>	<ul style="list-style-type: none"> <li>Research has identified single parents face increased financial pressures, higher stress levels and isolation, with less access to emotional and social supports.</li> <li>The status of single parent may have arisen from separation, divorce or death of a partner, placing further stresses on the family through loss and grief.</li> <li>Single parent status is not in itself a risk factor but may be when other factors are present in the family.</li> </ul>	<ul style="list-style-type: none"> <li>The child may experience emotional and physical harm and neglect if parent stressors lead to anxiety, depression and emotional issues, impacting on the ability to appropriately care and meet the needs of a child.</li> <li>Emotional harm may result if single parents of infants are sleep deprived or experience undiagnosed post natal depression.</li> </ul>
<p><b>Male in household as partner of parent</b></p>	<ul style="list-style-type: none"> <li>Presence of a step-parent or person undertaking a parenting role with a non-biological child has been identified as a risk factor.</li> <li>Causative factors may relate to bonding and attachment issues, less sensitive care giving, poorer quality of interactions, and viewing parenting as burdensome or not their role of choice in a relationship.</li> </ul>	<p>All harm types can be exacerbated by this factor, with strong links to:</p> <ul style="list-style-type: none"> <li>physical assaults by a male towards an unrelated infant/child</li> <li>sexual abuse by a step-parent</li> <li>emotional abuse due to scapegoating and rejection.</li> </ul>

### 3.4 Risk factors relating to the family context and interactions

Risk factors: Family context and interactions		
Family context risk factor	Explanation	Example of resulting harm
<p><b>The parent has experienced childhood abuse</b></p>	<ul style="list-style-type: none"> <li>Parenting skills are believed to be learned/modelled from childhood experiences. The intergenerational transmission of abuse occurs when parents who have been physically, emotionally or psychologically harmed as children use the same harmful parenting behaviours on their own children.</li> <li>Research indicates there is a risk that a person may become a perpetrator of sexual abuse if they experienced sexual abuse as a child and have normalised this experience over time.</li> </ul> <p>Intergenerational transmission of abuse needs to be assessed prior to deciding on a kinship care placement with extended family.</p>	<p>Previous childhood abuse correlates to all forms of harm including:</p> <ul style="list-style-type: none"> <li>physical harm through excessive or inappropriate discipline, learned from prior family interactions</li> <li>emotional harm and neglect through disorganised attachment and enmeshment issues, perpetuated by poor family relationships</li> <li>sexual abuse as parent minimises or fails to recognise harm from sexually abusive incidents; inappropriate touching; lack of appropriate boundaries.</li> </ul>
<p><b>There is domestic and family violence occurring in the household</b></p> <p>Also refer to Child Safety Practice Manual <a href="#">practice paper: Domestic and family violence and its relationship to child protection</a></p>	<ul style="list-style-type: none"> <li>A parents' ability to protect and to meet a child's needs can be impacted by chronic and significant levels of violence and threats to use violence. Violence may be between partners or other family members.</li> <li>A parent may feel unable to act protectively as the violent partner may have threatened murder / suicide if partner attempts to leave with the children.</li> <li>A non-abusive parent may over-discipline a child in an attempt to control the child's behaviour and protect them from the perpetrator's temper / violence.</li> </ul>	<p>A parent may be willing but unable to protect their child from:</p> <ul style="list-style-type: none"> <li>emotional harm - child living in fear; anxiety over safety of family; 'walking on eggshells' due to volatile environment.</li> <li>physical harm - being injured in the conflict, whether deliberate or accidental; being threatened with violence.</li> </ul>
<p><b>The family is experiencing a high degree of stress</b></p>	<ul style="list-style-type: none"> <li>Research indicates that the greater the stress for a parent the greater the likelihood of future harm for a child.</li> <li>Stressors may include separation/divorce; financial issues; physical or emotional isolation; health issues; and grief and loss.</li> <li>Larger numbers of children in a family or multiple births may also lead to increased stresses.</li> </ul>	<ul style="list-style-type: none"> <li>Physical harm may result due to poor impulse control when stressed</li> <li>Emotional harm may occur as a parent takes out frustrations verbally on a child or distances themselves from the child as a coping mechanism or as a consequence of depression.</li> </ul>

### 3.5 Risk factors relating to the environment

Risk factors: Environmental context		
Environmental risk factor	Explanation	Example of resulting harm
<p><b>The physical and social environment is chaotic, hazardous and unsafe</b></p>	<ul style="list-style-type: none"> <li>• A chaotic, unhygienic, unsafe physical environment can pose a risk to a child's health.</li> <li>• The behaviour and ability of the parent to protect the child within the environment should be assessed to ascertain whether: the parent's functioning contributes to the environment being unsafe, unhygienic or chaotic; any safety strategies have been provided to protect the child in this environment.</li> <li>• A family's social environment may be considered chaotic or hazardous due to lifestyle choices made by the parent, for example, as a member of a peer group using illegal substances or involved in criminal or violent behaviours.</li> </ul>	<p>Physical harm and neglect may occur through:</p> <ul style="list-style-type: none"> <li>• exposure to bacteria / disease</li> <li>• exposure to hazards such as hot water, stairs, swimming pools and heights (for example, windows and balconies in disrepair).</li> <li>• A chaotic environment may result in emotional harm and sexual abuse through exposure to multiple unknown adults if there is inadequate parental supervision.</li> </ul>
<p><b>Poor social networks and isolation from services</b></p>	<ul style="list-style-type: none"> <li>• A lack of support services; inability to access infrastructure such as parks, transport, shops, schools and child care; and low levels of family and social support can heighten the probability of harm occurring as the child may not be visible in the community and supportive intervention is not available.</li> <li>• Social isolation may be more prevalent in rural and remote areas, and for families of minority cultural groups.</li> </ul>	<p>Social isolation can increase the likelihood of harm occurring to the child through:</p> <ul style="list-style-type: none"> <li>• neglect, as post-natal care and educational and child care facilities cannot be accessed - leading to possible developmental delays</li> <li>• physical harm, as child is isolated and not visible to protective support agencies.</li> </ul>
<p><b>Poverty impacting on:</b></p> <ul style="list-style-type: none"> <li>• <b>employment opportunities</b></li> <li>• <b>housing stability and homelessness</b></li> </ul>	<ul style="list-style-type: none"> <li>• Poverty and unemployment may be linked to residing in a disadvantaged community, with associated inability to access services and locate and afford adequate housing.</li> <li>• Linked to low family income and other stressors, housing instability can impact on the child's learning, social and developmental needs.</li> <li>• Housing instability may be the result of a parent leaving a violent household - an action taken to protect the child.</li> </ul>	<p>Disadvantage may lead to neglect and emotional harm through:</p> <ul style="list-style-type: none"> <li>• poor medical, nutritional and dental care</li> <li>• unsafe housing standards for children's needs</li> <li>• disrupted education - impacting on cognitive and social development</li> <li>• increased mobility.</li> </ul>

Risk factors: Environmental context		
Environmental risk factor	Explanation	Example of resulting harm
<p><b>Cultural context</b></p> <p>Also refer to Child Safety Practice Manual <u>practice papers: Working with Aboriginal and Torres Strait Islander people</u> and <u>Working with people from culturally and linguistically diverse backgrounds</u>.</p>	<ul style="list-style-type: none"> <li>• Cultural significance can be placed on families with regard to gender of children, family values about supervision, the provision of types of medical care, and the role of children within the family. These cultural values and rituals may conflict with the predominant culture and statutory child protection thresholds.</li> <li>• When assessing cultural considerations, information about the culture, beliefs, values and practices should be obtained from a recognised entity or service provider representing that culture.</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional harm may occur as the child is of unwanted gender, leading to rejection by parents / extended family.</li> <li>• Physical harm may occur through rituals that are not accepted in wider society e.g. female genital mutilation.</li> </ul>

## Appendix 4: Protective factors to consider when assessing harm and risk of harm

Compiled from Research to Practice Notes: Risk, Protection and Resilience in children and families NSW; Tilbury et al (2007); Child Development and Trauma Guide Vic (2007); Howe et al (2000); Dale et al (2005); Frederico et al (2008); Perry (1997); Bolger and Patterson (2003).

### 4.1 Child based protective factors

Protective factors: Child based		
Child Protective factor	Explanation	Example
<p><b>The child has skills and abilities that may provide a degree of self protection</b></p>	<ul style="list-style-type: none"> <li>The child's ability to escape / seek assistance may be considered a protective factor in relation to physical harm. While this may help protect them from immediate physical injury, <b>it is not the child's responsibility to protect themselves from harm.</b></li> <li>It is a misconception that young people can protect themselves from all forms of harm as it is difficult for any person to predict the behaviour of others. To assess skills and abilities as a protective factor, the impact of the overall harm to the child, needs to be considered.</li> <li>While children aged 10 years and over are more likely to have problem solving skills and social skills and abilities, the impact of any special needs e.g. developmental delays, learning disability or intellectual / physical disability must be considered.</li> </ul>	<p>Some measure of safety may be provided if the child:</p> <ul style="list-style-type: none"> <li>is able to use the telephone</li> <li>can leave a potentially volatile situation, and request police assistance in domestic and family violence circumstances</li> <li>can go to the home of supportive others</li> <li>has the verbal ability and opportunity to disclose harm.</li> </ul>
<p><b>The child has:</b></p> <ul style="list-style-type: none"> <li><b>access to effective supports</b></li> <li><b>is able to be</b></li> </ul>	<ul style="list-style-type: none"> <li>Where the child is seen on a regular basis by a school, day care centre, health centre and/or knows that they can talk about their current circumstances, a measure of safety may be provided for the child.</li> <li>The protective factor is the presence of an effective supportive network able to adequately respond to the child's needs.</li> </ul>	<ul style="list-style-type: none"> <li>A child may only seek support if there is a positive relationship within the social system and has a sense of belonging to that environment.</li> <li>Encouraging positive relationships and supporting this contact may counteract risk of harm as it assists the child in accessing already available supports.</li> </ul>

<b>Protective factors: Child based</b>		
<b>Child Protective factor</b>	<b>Explanation</b>	<b>Example</b>
<p><b>monitored through these support systems</b></p> <ul style="list-style-type: none"> <li>• <b>has positive relationships with significant others.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Open clear communication about expectations, roles and responsibilities is necessary if the support system is to undertake a monitoring role.</li> </ul>	
<p><b>Child with a strong sense of personal control</b></p>	<ul style="list-style-type: none"> <li>• A child may demonstrate a belief that they can control the impact of harm that has occurred, rather than the harm controlling them.</li> <li>• Characteristics of resiliency within a child may act to prevent the internalisation of the impacts of harm such as depression and anxiety.</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of harm may be mitigated if the child presents as autonomous, mature, can plan ahead, and is not dependent on others to find solutions to problems.</li> </ul>

## 4.2 Parent based protective factors

Protective factors: Parent based		
Parental Protective factor	Explanation	Example
<b>Appropriate treatment or assistance for the child has been sought</b>	<ul style="list-style-type: none"> <li>If the parent is providing an accurate account of how the injury or condition occurred and is concerned about treatment and support for the child, this may indicate parental awareness of the significance of the harm and risk of harm.</li> </ul>	<ul style="list-style-type: none"> <li>A parent may act against the wishes of the other parent / person responsible and access medical attention for a child who has been physically harmed or sexually abused.</li> </ul>
<b>The parent acknowledges harm to the child, takes responsibility for change and / or has the capacity to prevent future harm</b>	<ul style="list-style-type: none"> <li>A parent who acknowledges their role in a harmful incident / condition and takes responsibility for their actions, may be more willing to engage with appropriate supports and work to change the harmful circumstances to ensure the future safety of the child.</li> <li>In assessing a parent's actual capacity to prevent future harm, their ability to protect must be assessed with particular emphasis on any impediments to that ability (for example, substance misuse, domestic and family violence, Family Court residency and contact orders).</li> </ul>	<ul style="list-style-type: none"> <li>A parent may begin legal action to apply for a domestic and family violence protection order, or change current Family Court orders to prevent access to the child by the person responsible for the harm.</li> <li>Court orders <b>do not</b> guarantee the child's safety but a level of protection may be provided.</li> </ul>
<b>A parent who has secure relationships with others</b>	<ul style="list-style-type: none"> <li>Secure and supportive relationships with other significant people may buffer against the effects of stress and facilitate positive coping strategies.</li> </ul>	<ul style="list-style-type: none"> <li>Where parent - adolescent conflict exists, a parent who has a positive relationship with extended family members may be able to access support and assistance prior to conflict occurring, including arranging a placement for the young person.</li> </ul>

### 4.3 Family based protective factors

Protective factors: Family based		
Family based protective factor	Explanation	Example
<p><b>There is a person present who is able and willing to protect the child, including extended family members</b></p>	<p>A protective person is someone who:</p> <ul style="list-style-type: none"> <li>• is aware of the harm and wants to protect the child</li> <li>• understands how harm occurred and acknowledges any likelihood of future harm</li> <li>• does not pose a risk to the child themselves</li> <li>• possesses significant influence with the child and their parent</li> <li>• will be able to effectively protect the child from the identified harm or risk of harm by their presence.</li> </ul> <p>In assessing if risk of harm may be reduced, the frequency and regularity of contact with the protective person should be considered.</p>	<ul style="list-style-type: none"> <li>• A person's immediate presence may decrease the risk of physical harm and provide a positive role model for the person responsible for harm.</li> <li>• The crucial question to ask is, "is the presence of this person going to reduce the risk of harm, and will they be present / accessible to be able to?"</li> <li>• Extended family members may be able to immediately intervene and provide food, shelter, child care when the parent cannot.</li> <li>• Respite arrangements may also be arranged through protective extended family.</li> </ul>
<p><b>There are clear household boundaries, routines and structure</b></p>	<ul style="list-style-type: none"> <li>• Predictable routines can mitigate against chaotic stress and provide a sense of security to the child.</li> </ul>	<ul style="list-style-type: none"> <li>• Family boundaries where parent and child relationships are delineated may decrease the likelihood of sexual abuse occurring.</li> <li>• Clear boundaries may counteract the influences that place a child in a parental role.</li> </ul>

#### 4.4 Environmental based protective factors

Protective factors: Environmental based		
Environmental based protective factor	Explanation	Example
<b>The family is supported by a professional network</b>	<ul style="list-style-type: none"> <li>• Contact with another professional or community agency may reduce parental stress and increase their ability to cope.</li> <li>• A professional support network may act to improve the family's functioning and reduce the likelihood and severity of future harm by enabling access to housing, income and support services.</li> </ul>	<ul style="list-style-type: none"> <li>• A domestic and family violence service may offer a variety of programs for the family - a perpetrator program; housing assistance for the mother; counselling and support group for the child.</li> </ul>
<b>Adequate income and housing</b>	<ul style="list-style-type: none"> <li>• By having basic income and housing needs met, stresses may be mitigated.</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer stresses can decrease anxiety, increase self-worth and promote healthier parent - child relationships, buffering emotional harm and neglect.</li> </ul>