

# **Victorian Risk Framework**

## **A Guided Professional Judgement Approach to Risk Assessment in Child Protection**

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**(Version Two)**

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# 1. Introduction

## 1.1 The Goals of the Victorian Risk Framework

- To guide the key activities of information gathering, analysis and judgement.
- To adapt the risk assessment process across the different phases of Protective Services action and recording/accountability requirements.
- To provide access to comprehensive knowledge to promote thorough and informed assessment of risk as well as the assessment of health, welfare and development needs where appropriate.

'Ideal features' of a risk framework were identified by the child protection field (protective workers and allied legal, welfare and health professionals) as part of an extensive consultation process, which has continued throughout the Risk Framework Project. These have become the terms of reference for the development of the framework.

### **Ideal Features of a Risk Framework**

- Assist assessment of immediate concerns and safety.
- Enable interpretation of seriousness or significance of concerns.
- Provide for uniform case overview and holistic assessment clearly related to risk issues.
- Enable and make transparent the process for analysis of information and decision making and planning - that is, the rationale for action.
- Build upon day to day assessments with mandatory re-assessment points at critical decision making points.
- Provide for specialist assessment requirements in relation to different client groups, different problem types, different phases of protective involvement and significant decision making points.
- Provide an authorised, standard framework as the basis for rationale for intervention within protective services and in respect to evidence presented at Court.
- Provide clear guidance regarding expectations based upon legislation, policy advice and guidelines, research, theory and practice wisdom (interpretive cues).
- Be understandable to families.
- Be culturally sensitive.
- Provide basis for shared understanding and assessment practices between protective services and other child, family and youth services engaged in risk assessment and case management roles.
- Be embedded within a culture of supervision, professional development and ongoing training.
- Promote a practice style which builds on family strengths and is sensitive and respectful.

## 1.2 Selecting an Approach to Risk Assessment

The major approaches to risk assessment are commonly divided into three categories (Strathern, 1995).

*Actuarial models* select items for inclusion in their scales through statistical procedures.

*Consensus models* generate items through sources such as theory, research and practice wisdom and some, such as the Manitoba Risk Estimation System (MRES), subsequently test for statistical properties prior to inclusion in their instruments.

*Professional judgement* models are based on individual or collective practitioner judgement, sometimes supported by a decision making framework, and informed by professional knowledge, values and skills.

In developing the VRF, these three approaches to risk assessment were considered and contrasted against the requirements for a risk framework identified by the Victorian child protection field.

No single model was found to meet the requirements of a risk framework identified through the consultation process. No sole instrument, no matter how detailed, had the breadth of content or application to relate to clients of all different ages and problem types across all the phases of protective involvement. At the same time, the benefits to practice of recognising statistically significant indicators of risk of harm are acknowledged, as is the role for statistical risk assessment tools within a broader overarching decision making framework

For these reasons the Victorian Risk Framework provides a *guided professional judgment approach* to risk assessment. This approach reflects current directions within Victorian Protective Services by acknowledging the significance of professional knowledge, skills and values to quality child protection practice.

## 1.3 Major theoretical influences

The Victorian Risk Framework (VRF) combines major theories and research relating to risk assessment in child protection. It has been particularly influenced by the work of Brearly (1982); Meddin (1985); Hemsworth, MacNamara and McPherson (1997); Reid and Sigurdson (1990); Sigurdson, Reid, Christianson-Wood and Wright (1995); Dalgleish (1997) and Turnell and Edwards (1997). The work of the Victorian Child Protection and Juvenile Justice Branch (DHS) – the high risk indicators and other practice guidelines - has also been incorporated.

## 2. Components Of The Victorian Risk Framework

The Victorian Risk Framework consists of three components:

- The Theory of Risk Assessment
- The Practice Principles
- The Assessment Guides

### 2.1 The Theory of Risk Assessment

#### 2.1.1 Definition of Risk

The VRF is based on a theory of risk assessment in which risk is defined as the *relationship between the degree of harm and the probability of the believed harm occurring (or of protection being provided)*. This definition is adapted from the work of Paul Brearly (1982). Brearly states that risk assessment must consider the dual components of evaluation and probability. Probability includes factors which increase and decrease likelihood.

#### 2.1.2 Harm and the Need for Protection

The first consideration of risk assessment is the type and degree of harm. Harm for the purpose of child protection intervention is legislatively defined within s.63 of the Children and Young Persons Act (CYPA) 1989 as a necessary condition of the need for protection

##### **s.63 When is a child in need of protection?**

For the purposes of this Act a child is in need of protection if any of the following grounds exist:

- (a) The child has been abandoned by his or her parents and after reasonable inquiries
  - (i) the parents cannot be found; and
  - (ii) no other suitable person can be found who is willing and able to care for the child;
- (b) The child's parents are dead or incapacitated and there is no other suitable person willing and able to care for the child;
- (c) The child has suffered, or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
- (d) The child has suffered, or is likely to suffer, significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
- (e) The child has suffered, or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional or intellectual development is, or is likely to

be, significantly damaged and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;

- (f) The child's physical development or health has been, or is likely to be, significantly harmed and the child's parents have not provided, arranged or allow the provision of, or are unlikely to provide, arrange or allow the provision of, basic care or effective medical, surgical or other remedial care.

There must be a belief of the (s63) need for protection, confirmed through the substantiation decisions for child protection to have a mandate for assessment and intervention in the life of the child, young person and the family. Harm, therefore, is not seen as the sole domain of child protection.

It is the purpose of risk assessment within child protection to determine the need for protection throughout the protective process.

### **2.1.3 Risk Assessment Processes**

There are three, overlapping risk assessment processes:

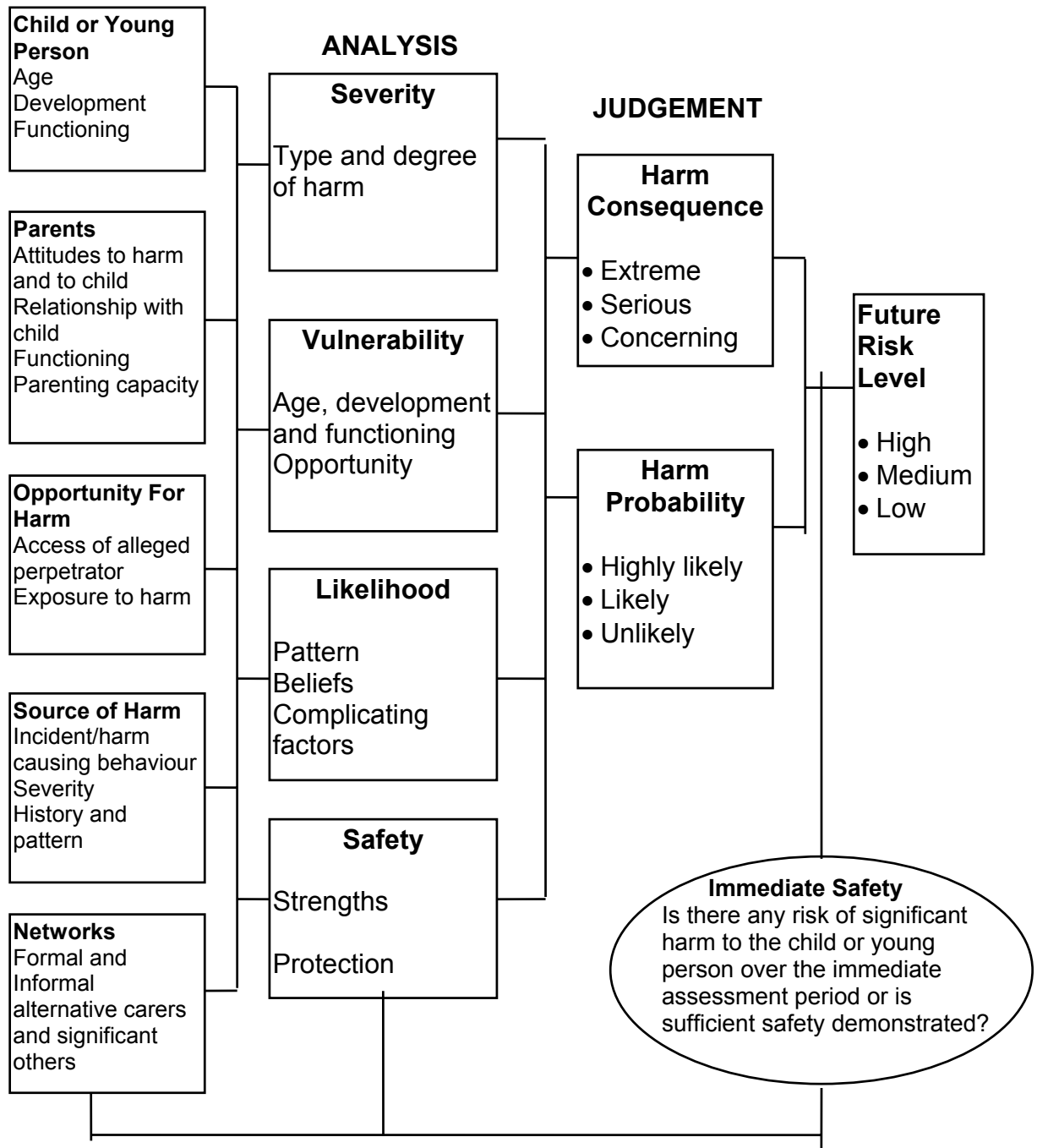
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|--|
| <ol style="list-style-type: none"><li>1. Gathering information</li><li>2. Analysis of information</li><li>3. Judgement of risk</li></ol> |
|--|

all for the purpose of *risk management*.

The VRF provides means of gathering and sorting information in order to reach judgements at various points of the protective process about the risk of significant harm to, or safety for, the child or young person.

The theory of risk assessment is diagrammatically represented on the following page.

# RISK ASSESSMENT IN THE VICTORIAN RISK FRAMEWORK



## 2.1.4 The Essential Information Categories

At any phase of the protective or risk assessment process, a worker is required to gather, analyse and judge information in relation to what the VRF refers to as five essential information categories. The information categories have been derived from the research of Meddin (1985). Meddin's model has been trained within the Victorian child protection service for a number of years. Workers have found it logical, fitting with their understanding of practice, and easy to remember. At the same time, workers were aware of limitations in the model - particularly in its failure to provide a framework for the analysis of information or to specifically address factors relating to the child or young person's networks, both formal (services) and informal (family and community). For this reason, an additional category, 'the networks' has been added.

**The five essential information categories are:**

### 1. The Child or Young Person

- age
- development
- functioning

### 2. The Parents

- attitudes to harm and to the child
- relationship with the child
- functioning
- parenting capacity

### 3. The Source of the Harm

- incident or harm causing behaviour
- severity
- history and pattern (recency and frequency)

### 4. The Opportunity for Harm

- access of alleged perpetrator
- exposure to harm

### 5. The Networks

- informal and formal
- alternative carers and significant others

At any stage of the protective process, or at any phase of the risk assessment process, workers are required to gather and think about information in relation to these five essential categories. The differences are in the amount and depth of information available to workers or the manner in which the information is organised in the different phases of the risk assessment process.

### 2.1.5 Analysis

For the purpose of analysis, information relating to the essential information categories is re-organised to focus on the degree and probability of harm to reach a judgement of the level of risk.

Through the process of development of the VRF, protective workers identified key dimensions they consider to analyse information to move from assessment to action. These dimensions were found to share considerable commonality with those identified through the research which underpinned the development of *the Manitoba Risk Estimation System (MRES: eg Reid, Sigurdson and associates, 1990; Sigurdson, Reid, Christianson-Wood and Wright, 1995)*. The MRES theory has, therefore, been utilised as the primary rationale for analysis within the Victorian Risk Framework.

Elaborating on this theory, the Victorian Risk Framework directs workers to analyse the collected information according to **four key dimensions**. These are:

1. The *severity* of believed harm.
2. The child or young person's *vulnerability* to harm.
3. The *likelihood* of the believed harm occurring (continuing/recurring/cumulating).
4. The degree of *safety* for the child or young person.

Consideration of information relating to these four dimensions is essential to achieve the goal of the risk assessment process: a judgement regarding overall risk founded on clear statements about the *degree* of believed harm and the *probability* of the believed harm occurring.

**Severity** refers to the type and degree of harm which has, is or is likely to be suffered. It takes into account factors relating to the child or young persons vulnerability to harm and pattern of past harm as relevant to the estimation of severity of any believed future harm.

**Vulnerability** refers to factors relating to the age and aspects of the child or young person's development or functioning, as well as the opportunity for harm or for protection.

**Likelihood** refers to those factors which increase the probability of harm (cf Brearly 1982). For guidance as to the most salient of these factors, the Victorian Risk Framework draws heavily upon the prediction theory described by Reid, Sigurdson Christianson-Wood and Wright (1995):

*(A) single measure of an attitude or intended behaviour is highly limited in its capacity to predict. However, a series of related measures which address differing aspects of the attitudes and intended behaviours will produce a much more reliable result. 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)*

Based on examination of file records and other data relating to over 1500 children, Reid et al (1995) identified three important organising principles consistently associated with occurrences or recurrences of child abuse or neglect for children. These authors regard risk as residing in characteristics of the caregiver and state:

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.

**Safety** within the VRF refers to factors which decrease the probability of harm and are differentiated as either *strengths* or the demonstration of *protection* (cf Hemsworth, McNamara and McPherson 1997). For instance, it is a strength that parents express love for and show attachment to their child, but this only equates with protection when demonstrated as providing adequate basic care.

Strengths are positive attributes in relationships, skills and personality. Within the Risk Analysis these attributes are considered as they act to support, enhance or develop capacity, motivation or competence to protect and care.

Protection is action demonstrated as keeping the child or young person from harm.

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)

### **Young People and the VRF**

While the MRES is an adult responsibility model of risk assessment, the VRF incorporates factors directly relating to the child or young person in both the vulnerability and likelihood dimensions. To explicitly extend the prediction theory of the MRES to young people living independently of parental care, or where the source of harm is the behaviour of the young person themselves, the VRF considers key dimensions for estimating likelihood of harm as equally relating to:

- The young person's history and pattern of harm;
- The beliefs of the young person about themselves, the harm and seeking help; and
- Factors which decrease the young person's capacity to protect or care for themselves.

### **The Client Perspective**

In the analysis of risk it is essential to consider both worker *and family* knowledge relating to the nature of harm and safety (Turnell and Edwards, 1999). Similarities and differences between the worker and family perspective's provides valuable information regarding the safety of the child or young person, and ensures attention to the overarching practice principles of the Client Perspective and Child Centred Family Focused Practice within the VRF.

#### **2.1.6 Judgement**

##### **Focus of Judgement**

Judgement of risk level requires an evaluation of the degree and probability of harm. At any point in the protective process, however, the worker's assessment focus is balanced between actions to secure safety over the immediate assessment period and actions to reduce any future need for protection.

For example, in intake, if action is taken to ensure immediate safety and likelihood of future harm is acceptably low then the case can be closed. Conversely, a child may be safe over the immediate assessment period but the likelihood of future harm remains so ongoing protective action is required. The tension recurs throughout the protective process.

Risk analysis must lead workers to a judgement of risk or safety over the *immediate assessment period* as well as to a judgement about risk of *future harm* relating to the child's ongoing need for protection.

The degree of safety for the child or young person must also be considered in relation to these two separate foci of judgement.

Over the immediate assessment period sufficient safety is demonstrated when the child or young person is safe to continue in their current circumstances. Sufficient safety is demonstrated in the long term when the degree of safety is judged as adequate to enable child protection to close the case.

The different foci of the Risk Judgement within the VRF reflects the fact that any assessment of risk is always specific to the time frame and context in which the judgement is made (Dalglish 1997).

### **Immediate Safety**

The VRF requires workers to answer a question about the child or young person's safety over the immediate assessment period. 'The immediate assessment period' varies depending on the degree of supervision, monitoring or support required by the case phase and/or context. For instance, in initial investigation or for a high risk adolescent, the immediate assessment period may be one day until the next planned contact with the child, young person or family; while for a child in a stable, long term placement, the immediate assessment period may be that until the next scheduled review.

#### **Safety Question**

Is there any risk of significant harm to the child or young person over the immediate assessment period or is sufficient safety demonstrated?

#### **Safety Statement**

### **Future Risk Levels**

The focus of assessment for the future risk level is the degree of risk to the child if protective services was to be no longer involved - that is, where sufficient safety is demonstrated to close the case. Within the VRF, the formal level of risk assigned to a case always relates to the ongoing need for protection.

The future risk levels within the VRF are

- *high*,
- *medium* or
- *low* risk.

These are the worker's judgement of the relationship between the consequences of the assessed significant harm and the probability of the harm occurring (recurring/continuing/cumulating)

### **Consequences of Significant Harm**

Harm consequence considers the impact or effect of actual or believed harm on the child or young person. It is based upon the severity dimension of the Risk Analysis. Harm consequence does not consider the probability of harm as this is considered separately.

To determine the level of risk, descriptors are provided of harm types indicative of

- **extreme**,
  - **serious** and
  - **concerning**
- significant harm.

For the purpose of the Future Risk judgement, it is important to note that these harm levels all relate to **harm that has already been substantiated as significant** within the protective process as prior to the point of substantiation the worker is still undecided about whether or not this is a child in need of protection. For this reason, the first Future Risk Level is not assigned until after the matter is substantiated.

A definition of 'significant' forwarded in the Supreme Court, Victoria (1992) is:

'... More than trivial or insignificant but need not be as high as serious' and '... "important" or "of consequence" to the child's...development and it is irrelevant that the evidence may not prove some lasting permanent effect or that the condition could be treated'

In considering different levels of harm consequences, however, the more permanent the effect of harm, the greater the severity<sup>1</sup>.

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1. <sup>1</sup> Harm consequences need to be distinguished from abuse types. The abuse type is the source of harm, the consequence is the outcome. The difference is not always a totally clear one - for instance, scapegoating or rejection may describe both the source and experience of harm. Further, there are certain abuse types which have socially (and individually) ascribed levels of severity, independent of any observable consequences for a particular child. Examples of these are many physical and sexual abuse types. For these reasons, abuses of these types are included in the examples of harm types provided as descriptors of the harm consequence levels of extreme, serious, and concerning (see s2.3.5 below).

## ***Harm Probability***

The other component to judging the level of risk is a measure of the probability of the harm occurring and therefore considers factors which both increase or decrease the probability of harm (Brearley 1982). Factors which increase the probability of harm are vulnerability factors and the likelihood factors identified within the prediction theory of the MRES, relating to the pattern of maltreatment, beliefs, and 'complicating factors' demonstrated as impacting upon parenting capacity. These factors are offset by safety factors which decrease the probability of harm.

Estimation of capacity to change is also important. The VRF draws upon the prediction theory of the MRES to consider capacity to change. This considers the pattern of engaging with services and of sustained demonstration of protective factors; a positive attitude toward the child and to help; and strengths and, resources which positively impact upon the capacity to protect or care.

## ***Thresholds***

Within the VRF it is believed important to provide indicative descriptors of the different judgement ranges as a means of providing a degree of consistency between workers and regions across the Victorian child protection service. The issue of different threshold levels for judgements, however, is one that can only be partly addressed within the VRF as it relates to a complex inter-play of personal, professional, organisational and social-political values and expectations. The primary contribution to the VRF is in making more transparent, and facilitating communication regarding, the terms of both analysis and judgement contributing to workers decisions.

## ***Substantiation***

The substantiation decision is the judgement made by the protective worker following a period of initial investigation which reflects the worker's opinion about:

- the significance of harm;
- the child has suffered or is likely to suffer harm;
- the lack of protection or care provided by the parent(s).

The substantiation decision confirms that a child is in need of protection as defined by s.63 CYPA 1989. This decision therefore provides the mandate for any ongoing child protection intervention.

The substantiation decision is a one-off decision within the child protection process. It relates to matters arising through the notification and investigation, independent of any subsequent alleviation in harm by family or service system intervention. It is important to permanently record this confirmation of s.63 harm because the occurrences of past harm help to predict any future harm and acknowledging past harm may be important for the ongoing protection of the child or young person.

The harm considered through the substantiation decision can therefore be one of the following:

1. Significant harm (s63) which the protective worker believes has been suffered and though protection or care has now been provided, at the time of the harm, a parent has not protected or provided care for the child or young person
2. Significant harm (s63) which the protective worker believes has been suffered by the child or young person where a parent has not or is unlikely to protect or provide care to the child or young person and which is believed likely to continue or recur in the future
3. Significant harm (s63) that a protective worker believes a child is likely to suffer in the future and from which the parent is unlikely to protect or provide care for the child or young person

The substantiation decision is a separate decision to the decision about future risk of harm to the child or young person (ie. the Future Risk Level). Any need for ongoing protective service involvement is on the basis of the level of future risk, not the fact that the case was substantiated.

## **2.2 The Practice Principles**

Risk assessment occurs within the boundaries of the Children and Young Persons Act 1989. The CYPA defines when a child is in need of protection (s.63). It also provides clear expectations that the case planning process place the best interests of the child as paramount and emphasises minimum intervention, the importance of family relationships, and of consensual and understandable processes which take into special account the needs of ethnic and indigenous groups (s.119).

In taking action, the Court is required to ensure that a child is only separated from family if there is an unacceptable risk of harm and that reunification is planned for wherever practicable (s.87). Continuity in relationships, education and employment are emphasised as is giving expression and due weighting to the wishes of the child (s.87). When placing children, provision must be made

“for the physical, intellectual, emotional and spiritual development of the child in the same way as a good parent would” (s.124)

The practice principles of the VRF are congruent with the principles and values of the CYPA. These principles provide the fundamental underpinning to all child protection assessment. They are:

***The Child or Young Person***

Promotes an holistic approach to the development-welfare-protection needs of the child or young person within the child protection mandate to best ensure safety and well-being.

***Child Centred Family Focused Practice***

A strengths based, partnership approach to practice with families, which places the child or young person's safety and best interests as paramount.

***Client Perspective's***

Values the client voice by promoting clear and honest practice, enabling client choice and involvement.

***Inter-Agency Relationships***

Places child protection within a continuum of youth and family welfare services and enables collaboration and shared responsibility for protecting children.

***Professional Practice***

Views professional judgement as essential to comprehensive assessment and partnership based practice which engages both families and other service providers. Supervision, training and ongoing professional development are essential.

The assessment guides of the VRF promote practice consistent with both these principles and the 'Ideal Features of a Risk Framework' as identified by child protection workers.

## **2.3 The Assessment Guides**

As a professional judgment approach, the VRF provides:

- a way of thinking about risk assessment at any stage of the child protection process
- concrete prompts within the assessment guides to assist information gathering, analysis and judgment, as well as prompt practice styles consistent with the underpinning Practice Principles
- specific recording expectations consistent with program guidelines and wider accountability obligations of the Child Protection service.

The assessment guides provided by the VRF are:

1. The Risk Profile
2. Specialist Assessment Guides.
3. Risk Factor Warning List.
4. Risk Analysis Guide.
5. Case and Risk Assessment Summaries.

These will be described below.

### 2.3.1 The Risk Profile

The Risk Profile guides the worker's gathering of information. It includes

- Initial Screening Questions,
  - Risk Factors and
  - Comprehensive Assessment Questions
- about the five essential information categories (see Appendix One).

The *Initial Screening Questions*, have been adapted from current intake guidelines for Victorian child protection workers (Protecting Children, Volume One, DHS). The *Comprehensive Assessment Questions* have been adapted from the Risk Management Model (Hemsworth, MacNamara and McPherson).

The *Risk Factors* have been derived from Responding to High Risk Guidelines (Protecting Children, Volume Three) and the Overview of High Risk Adolescents in Placement and Support Services (April 1997) and from the lists of indicators commonly included in statistical risk assessment instruments.

The format and idea of the Risk Profile was developed through workers description of the mental processes involved in developing and expanding profile of risk to children and young people. This was seen as dependent upon the depth of information available and the stage of case progression within the protective process. At all stages this was regarded as guided by the five essential information categories. A further distinction was made between initial screening and validating of information in relation to general knowledge about risk as summarised by the risk factors, and advanced assessment based on comprehensive knowledge of the particular child and family.

### 2.3.2 Specialist Assessments Guides

Specialist assessments have been included in the VRF to support the risk assessment and management functions across the full range of client situations and decision making responsibilities. The guides:

- Provide prompts as to important information when interviewing children, young people or their families.
- Assist in assessing the thoroughness and appropriateness of gathered information.
- Provide a valuable basis to practice quality and knowledge development in supervision and
- Provide information relevant to formulating the most appropriate supports and services.

Examples of specialist assessment tools to be included within the VRF include:

- Infant risk assessment guide.
- Child and adolescent developmental assessments.
- Assessments of parenting capacity: substance abuse.
- Assessments of parenting capacity: family violence.
- Assessments of parenting capacity: mental illness.
- Assessments of parenting capacity: intellectual disability.
- General Assessment Parenting Capacity.
- Assessment of adolescent: Risk.
- Assessment of adolescent: suicide potential.
- Assessment of adolescent: substance abuse.
- Assessment of adolescent: sexual offending.
- Assessment for reunification.

### **2.3.3 Risk Factor Warning List**

A *Risk Factors Warning List* is included within the VRF to signal caution to the worker in analysis and decision making. The *Risk Factors* warning list is an abbreviated version of the extended *Risk Factors* included within the *Risk Profile*. Risk Factors were selected from the extended list when they overlapped with items included within statistical risk assessment models or on the basis of practice experience from the field.

It is emphasised to workers that the Risk Factor warning list is not a stand alone assessment tool and any factor identified must be explained by the worker in the analysis component of the framework. Within the VRF the significance of any risk factor depends therefore on its demonstration in relation to the child, young person and family.

### **2.3.4 Risk Analysis Guide**

The *Risk Analysis Guide* provides a structure to help workers to reorganise and analyse the information into a new set of categories relating to the degree and probability of harm.

Each item within the Risk Analysis Guide is included because it contributes to the worker's understanding of the key analytical dimensions of the VRF: severity, vulnerability, likelihood and safety.

The Risk Analysis Guide concludes with a question about the child or young person's immediate risk or safety. Different judgements may however arise from information included within the analysis depending upon whether the worker is considering immediate or future risk levels. The worker must therefore be clear about the decision making purpose of their analysis. The Safety Statement will provide the rationale for decisions relating to the immediate assessment (or decision making) period. Further information about how to use the Risk Analysis guide is provided as Appendix 7.

The Risk Analysis Guide is presented in two forms within the VRF. These are the Risk Analysis Matrix and the narrative version, Risk Analysis Questions.

## Risk Analysis Questions

The Risk Analysis Questions<sup>2</sup> lead the workers through the dimensions of the risk analysis to enable a narrative description of Harm Consequence and Harm Probability. These components of the Risk Judgment are combined to answer the Safety Question.

Risk Analysis Questions can be used at any point of intervention by the worker within their case notes, consistent with where workers would currently complete the “Risk Assessment” heading in current case note proformas.

Providing descriptions of Harm Consequence and Harm Probability through the Risk Analysis Questions will provide the minimal file evidence that the worker is applying the thinking of the VRF in their daily practice.

The Risk Analysis Questions are:

### **Harm Consequence**

What is the actual or believed harm to the child or young person?

### **Harm Probability**

What are the factors that increase or decrease the probability of this harm occurring or recurring? (Consider vulnerability, likelihood and safety factors).

### **Safety Statement**

Is there any risk of significant harm to the child or young person over the immediate assessment period or is sufficient safety demonstrated ?

## Risk Analysis Matrix

The Risk Analysis Matrix is provided as the more structured version of the Risk Analysis Guide. It can be used within case notes for complex decision making, or where there is a lot of new information to consider. It is compulsory within the Case and Risk Assessment Summaries. It is a valuable tool for debriefing after visits and for use in supervision.

**1. Describe the actual or believed harm to the child or young person, including observations, opinions and indicators (update as necessary as analysis proceeds):**

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<sup>2</sup> Narrative format of the Risk Analysis Matrix and referred to in Version One as the Case Note Risk Assessment Questions

**2a. Pattern And History Of Harm**

Detail history of all significant harm suffered by *child* or *young person* including severity and pattern (ie is the harm escalating/ constant/ diminishing?). Include information about any prior notifications to protective services and any court involvement:

**2b.**Detail history of all significant harm caused by the *carer(s)* to any children or young people including severity and pattern. Include information about any prior notifications to protective services and any court involvement:

**3. Child or Young Person**

- age; development; functioning (For young people, include factors which impact upon capacity to protect /care for self)

**Describe factors which increase vulnerability to harm**

**Describe factors which increase safety**

**Strengths**

**Protection**

**4. Opportunity for Harm**

- access of alleged perpetrator, exposure to harm

**Describe factors which increase vulnerability to harm**

**Describe factors which increase safety**

**Strengths**

**Protection**

**5. Relationship and Beliefs**

- attachment, quality of relationship and attitudes to harm and child (for young people consider significant relationships and attitudes to harm and self).

**Describe factors which increase likelihood of harm**

**Describe factors which increase Safety**

**Strengths**

**Protection**

**6. Factors which impact upon Parenting**

- functioning, relationships, stressors: history /violence /psychiatric illness /intellectual disability /substance abuse/socioeconomic

**Describe factors which increase likelihood of harm**

**Describe factors which increase Safety**

**Strengths**

**Protection**

**7. Supports and Services**

- family /friendship /community supports & attitudes to children /isolation; use of /co-operation /engagability with professional services; alternate carers /household members/significant others

**Describe factors which increase likelihood of harm**

**Describe factors which increase safety**

**Strengths**

**Protection**

**8. SAFETY QUESTION: Is there any risk of significant harm to the child or young person over the immediate assessment period or is sufficient safety demonstrated?**

**SAFETY STATEMENT:**

**2.3.5 Case and Risk Assessment Summaries (CARAS)**

**Risk, Needs and the Wider Assessment Process**

Within the VRF, risk assessment is viewed as a specialised component of the comprehensive process of psycho-social assessment. Risk assessment specifically requires the worker to consider the information known about the child and family in terms of what it tells us about the degree of harm and the probability of that harm occurring.

Other aspects of functioning, strengths and resources can, however, be identified through the psycho-social assessment process which may not be illuminated through the tightly focused risk analysis. These need to be incorporated in the worker's assessment to ensure the child protection assessment is comprehensive and true to the legislated mandate to best ensure the safety and well being of children and young people.

From this comprehensive assessment, goals and needs, including the need for protection can be identified which provide the basis for safety and wellbeing action plans.

The Case and Risk Assessment Summaries within the VRF are designed to provide a summary of the information critical to assessment and planning at major decision making points and at to enable regular case and risk assessment overview across the case life. In doing so the Case and Risk Assessment Summaries put into practice a number of the 'Ideal Features of a Risk Framework' identified by the child protection field:

- Provide for uniform case overview and holistic assessment clearly related to risk issues.
- Build upon day to day assessments with mandatory re-assessment points at critical decision making points.
- Provide basis for shared understanding and assessment practices between protective services and other child, family and youth services engaged in risk assessment and case management roles.
- Promote a practice style which builds on family strengths and is sensitive and respectful.

### **Format of the Case and Risk Assessment Summaries (CARAS)**

The *CARAS* provide a basic format to record the information critical to risk assessment and management , as well as the wider child, young person and family assessment requirements, in order to make decisions and develop plans best able to ensure safety and well being. The most comprehensive *CARAS* will include information about:

- Family Characteristics;
- Risk Analysis;
- Risk Judgement;
- Wider Child/Young Person and Family Needs and Strengths;
- Action Decisions, Goals and Plans.

As a family proceeds through the protective process, assessment and intervention increasingly focus on wider needs and well being, as well as safety. This broadening emphasis is reflected through the different *CARAS*. There are therefore three different *CARAS* formats:

1. Intake *CARAS*;
2. Initial Investigation *CARAS*
3. Case Progress *CARAS*.

Before any *CARAS* is completed, workers are required to complete the *Risk Factor Warning List* to signal caution in analysis and decision making. The significance of any risk factor depends on its demonstration in relation to the child/young person/family through the Risk Analysis.

*The Intake CARAS* - focuses primarily on the risk analysis (see Appendix 3).

*The Initial Investigation CARAS* - is broadened to include the Future Risk Level following substantiation as well as attention to wider needs and strengths (see Appendix 4).

*The Case Progress CARAS* - also includes the Future Risk Level and adds to the assessment base of the earlier CARAS by incorporating the seven important health and welfare dimensions identified by the Looking After Children model. These have been elaborated through subsequent U.K. research to provide the basis to a general needs assessment format for children and young people. Particularly for children on statutory orders or in out of home care, assessment and case management must address the wider health, welfare and functioning aspects identified in the CARAS. However, the basis for ongoing protective intervention will always be determined by demonstrating an ongoing need for protection through the future risk level (see Appendix 5).

### ***Risk Judgments within the Case and Risk Assessment Summaries***

Risk Judgment within the CARAS is reached through both the Safety Statement - focusing on immediate risk and safety issues - and the Future Risk Level, focusing on the ongoing need for protection.

The judgment of Future Risk Level follows the substantiation decision and is guided through the provision of descriptors of different degrees of consequences of assessed significant harm and different levels of harm probability.

Currently within the Victorian Child Protection service, the risk level is only assigned at the point of substantiation and is permanently recorded on the client file. Within the VRF, it is acknowledged that the level of risk can change at each new assessment period, as recorded within the relevant CARAS. Capacity will now exist, therefore, to review and record updated Risk Levels throughout the case life.

While the Risk Level descriptors are only provided within the CARAS, workers may use them more broadly to think through their judgment of risk within the Safety Statement.

The descriptors of the different degrees of harm consequence and harm probability are set out below. The examples listed are not definitive.

## Consequences of Harm

<p><b>Significant Harm is Extreme:</b> <i>Impact on child/young person is extreme, enduring or deteriorating and likely to result in permanent consequences</i></p> <p>Examples for workers use only: Extensive or life threatening injuries; head injury or multiple injuries; other injury or physical condition requiring medical intervention (eg pregnancy, STD); any injury or shaking to an infant; abandonment; suicide attempts/ thoughts; dangerous self-harm/risk taking/ substance abuse/ situations; repeated sexual harm; sexual penetration ; developmental delay/ failure to thrive/extreme lack of food, fluids, supervision, medical or basic care associated with ongoing caregiver omissions; experiences of trauma/panic/ terror; enduring, severe or permanent psychological impairment or condition; extreme lack of attachment or detachment; extreme humiliation/ rejection</p>	<p><b>Significant Harm is Serious:</b> <i>Impact on child/young person is observable, ongoing and/or intrusive to functioning or health</i></p> <p>Examples for workers use only: observable injury or condition (eg welt, bruise, strap-mark/eating disorder, conduct disorder, soiling, school refusal); sexual harm/exposure (including lower tariff sexual offences); deterioration in cognition/attention; continuous inadequate provision of food/fluids/supervision/ medical or basis care;; fearful/anxious; lengthy/ continuous absconding; repeated exposure to/potential for physical harm from family violence; scapegoat/ threatened; ambivalent/inconsistent/ inadequate attachment or caring relationships; altered or negative impact to self-esteem/self-confidence/self-esteem/peer relationships.</p>	<p><b>Significant Harm is Concerning:</b> <i>Impact of harm is immediate, isolated and not persisting</i></p> <p>Examples for workers use only: no injury; minor injury not requiring medical intervention (eg slap mark on bottom); inappropriate/minimal sexual exposure (activity or material); isolated/minor/ chronic low-level lack of basic care, stimulation or supervision; occasional and/or minor substance misuse; emotional or psychological harm limited to timeframe of incident; no effective guardian-some self-sufficiency; tense/conflictual relationships; apprehensive/fretful; limited truanting; non-dangerous acting-out/attention seeking; minor alterations in affect/mood/ behaviour/ confidence.</p>
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<b>Harm Probability</b>		
<p><b>Highly Likely:</b> (At least one of the following is present at a high level or a number are present at moderate levels)</p> <ul style="list-style-type: none"> <li>• Presence of immediate significant harm</li> <li>• Pattern of escalating harm causing behaviour</li> <li>• Vulnerability (age/ opportunity for harm/unable or unwilling to protect self)</li> <li>• Beliefs: poor view of child/ lack of acknowledgment</li> <li>• Aspect(s) of carer/ young person functioning which acts against providing sufficient protection or care</li> <li>• Lack of capacity, willingness or pattern of engaging with supports or services</li> </ul>	<p><b>Likely:</b></p> <ul style="list-style-type: none"> <li>• As for highly likely but at moderate to low levels</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• Protective factors present but untested or insufficiently tested</li> </ul>	<p><b>Unlikely:</b> (Multiple of the following indicators are present)</p> <ul style="list-style-type: none"> <li>• No pattern of escalating harm causing behaviour</li> <li>• Lack of vulnerability: age/ presence of protective adult/able and willing to protect self</li> <li>• Beliefs: good view of child/ acknowledging of problem</li> <li>• Family strengths and resources demonstrated as protection</li> <li>• Capable and willing to engage with services</li> <li>• Pattern of approaching or engaging with supports/services</li> <li>• Protective factors operating and sustained over time</li> </ul>

**Future Risk Level:**

**High** ( Very Severe/Significant)

**Medium** (Significant/Moderate)

**Low** (Moderate/NFR).

Brackets relate to current computer system (CASIS) risk level categories.

**Action Planning**

The Initial Investigation and Case Progress CARAS conclude with statements of the Action Decision - to Continue Intervention or Close. Either decision is supported by an action plan - the Safety and Wellbeing Plan or Closure Plan respectively.

Decisions recorded within the CARAS are part of the wider case planning process. Any major change in case direction requires the approval of the responsible case planning chairperson. The CARAS will inform the purpose of the case planning meeting and provide the basis to any report required or discussion in the meeting.

Action plans lead directly from the information compiled by the worker within the Risk Analysis and wider assessment dimensions (health and welfare; other aspects of

functioning and strengths) of the CARAS. The worker must reflect back on factors described in the Risk Analysis, under each of the harm and vulnerability, likelihood and safety headings, in order to identify child, young person and family *goals* and *needs*.

Goals focus on outcomes and are a measure of success. Needs specifically address issues arising in the analysis as requiring change to realise the goals.

Strategies lead directly from needs. Strategies must be achievable, address the identified need, and in doing so, improve the safety and well being of the child or young person.

Responsibilities and timelines should also be included.

When completing the Risk Analysis and Action Plan with the child/young person/family, useful questions may be ‘How can we change this?’; ‘What would it take to make you/your child safe?’; or ‘How can you/we turn this strength into protection?’ It is useful to include what changes in vulnerability, likelihood or safety would lead to the need to change the action plan (ie. increase or decrease safety).

Prior to completing the Action Plan workers must identify, in consultation with the child, young person and family, the goals for the current decision making period. The Action Plan is presented as a table within the CARAS.

<b>Safety and Wellbeing Action Plan</b>			
<b>NEEDS</b>	<b>STRATEGIES</b>	<b>RESPONSIBILITIES</b>	<b>TIMELINES</b>

## **2.4 Using the Assessment Guides**

In practice, applications of the assessment guides of the VRF will be evidenced by:

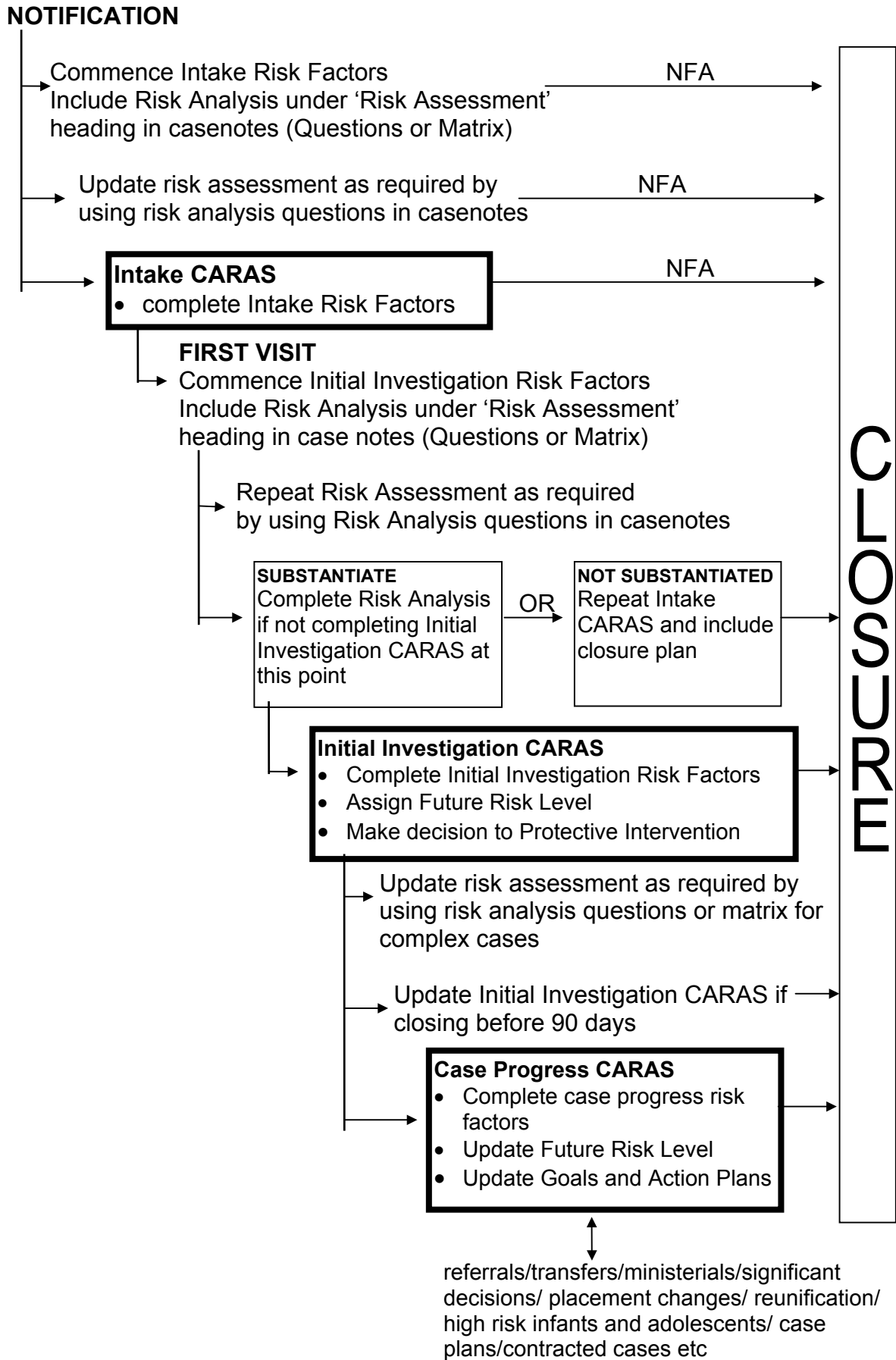
1. Case and Risk Assessment Summaries completed on client files to communicate important decisions within the child protection and case planning processes. This includes providing:
  - the rationale for intake outcomes.
  - the rationale for the decision to continue protective intervention (or not) following the substantiation decision.
  - points of review and accountability throughout the case life. These will relate wherever possible to necessary decision making points within the case planning process, or otherwise at three monthly intervals. It is anticipated that CARAS provide the basis for Case Planning and Court reports.

Pending finalisation of ‘rules of use’ of the VRF over the first twelve months of implementation, expectations for CARAS completion will be in accord with regional Implementation Plans (developed as part of each region’s training and implementation preparation).

2. An overall requirement to demonstrate evidence of risk assessment throughout the client file. In practice, this means that at any phase of intervention, a manager, audit process or evaluator will be able to locate on file evidence of:
  - Risk Factor warning lists
  - Risk Analysis guides within casenotes, and
  - CARAS at important decision making or review points.
3. Minimal evidence of risk analysis within case notes, will be use of the Risk Analysis Questions to make statements of Harm Consequence, Harm Probability and Safety under current 'Risk Assessment' headings within case notes.
4. Use of the Risk Analysis Matrix within case notes to process complex, new information, or as a means of guiding the worker through complex decision making. Workers and supervisors reports of using the Risk Analysis guide to debrief after visits and as part of supervision will also be important.
5. Workers reports of using the Risk Profile and Specialist Assessment Guides to prepare themselves for interviews; to check the quality and thoroughness of information gathered following interviews; and more broadly, to develop their knowledge in relation to the specialist domains covered by the assessment guides.
6. Workers report use of the Risk Analysis Matrix and CARAS with children, young people and families. Item comparing worker and family perspective's within CARAS is regularly completed.
7. Workers report use of Risk Analysis and CARAS with agencies. This can include as the basis of referral processes; case conferences; and in explaining the rationale for action to allied professionals and agencies. Use as the basis of case contracting reports will be at region's discretion and is dependent upon education and training availability.
8. Use of the VFR as the basis of Court reports and the presentation of evidence.

The uses of the VRF at different phases of the child protection process is summarised by the following diagram:

## VRF throughout the Child Protection Process



# Appendix

## GLOSSARY

The following definitions are for the purpose of defining terms as they are applied within the Victorian Risk Framework (VRF).

### **A child in need of protection**

- as per s63 CYPA.

### **Harm**

- of a type specified in s63.

### **Actual Harm**

- harm of a type specified in s63 which can be demonstrated as having been suffered by a child or young person.

### **Believed Harm**

- a reasonable belief that harm of a type specified in s63 has been suffered or is likely to be suffered in the future.

### **Significant Harm**

- Harm to the child that is more than trivial or insignificant, but need not be as high as serious.
- 'Important' or 'of consequence' to the child's development.
- Need not have lasting or permanent effect, nor necessarily be treatable.  
(Supreme Court, Victoria (1992) Justice O'Brien.)

### **Substantiate**

- confirmation that, at the time of the decision, the child or young person is in need of protection as defined by s63 CYPA. This can relate to:
  - a) Significant harm (s.63) which the protective worker believes has been suffered and though protection or care has now been provided, at the time of the harm a parent was unwilling or unable to protect the child or young person from harm of that type
  - b) Significant harm (s.63) which the protective worker believes has been suffered by the child or young person where a parent was unable or unwilling to protect or provide care to the child or young person and which is believed likely to continue or recur in the future
  - c) Significant harm (s.63) that a protective worker believes a child is likely to suffer in the future and from which the parent is unlikely to protect the child or young person.

### **Risk**

- the relationship between the degree of harm and the probability of the believed harm occurring (or of protection being provided).

## **Risk Assessment Processes**

### **Essential Information**

- five categories identified as underpinning the risk assessment processes of information gathering, analysis, and judgement -
  - the child or young person
  - the parents
  - the source of harm
  - the opportunity for harm
  - the networks.
- presented as the basis for information gathering within the Risk Profile assessment guide of the VRF.

### **Risk Analysis**

- the process of synthesising (or sorting) gathered information for the purpose of judging risk.
- provides dimensions for estimating -
  - the severity of harm,
  - the child or young persons vulnerability to harm
  - the likelihood of harm, and
  - the safety from harm
- these dimensions underpin the risk analysis process.

### **Severity**

- considers the type and degree of harm which has, is or is likely to be suffered.
- takes into account factors relating to the child or young persons vulnerability to harm and pattern of past harm as relevant to the estimation of severity of any believed future harm.

### **Vulnerability**

- considers factors relating to the age and aspects of the child or young person's development or functioning, as well as the opportunity for harm or for protection.

### **Likelihood**

- factors which increase the probability of harm. These are:
  - pattern and history of harm,
  - beliefs and relationships and,
  - “complicating factors”<sup>3</sup> which impact upon the capacity to protect and care.

### **Safety**

- factors which decrease the probability of harm.
- within the VRF considers both strengths and protection.

### **Strengths**

- positive attributes in relationships, skills and personality.
- within the Risk Analysis these attributes as they act to support, enhance or develop capacity, motivation or competence to protect and care.

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<sup>3</sup> Term used within the Manitoba Risk Estimation System (MRES) eg Sigurdson, Reid, Christianson-Wood, Wright 1995.

**Protection**

- actions demonstrated as keeping the child or young person from harm.

**Harm Consequence**

- impact or effect of actual or believed harm on the child or young person.
- considers risk analysis dimension of severity.

**Harm Probability**

- factors which increase or decrease the possibility that significant harm has been or is likely to be suffered.
- combines risk analysis dimensions of vulnerability, likelihood and safety.

**Risk Judgement**

- the determination of the relationship between harm consequence and harm probability.
- reported within the VRF as either the Safety Statement or Future Risk Level depending on the decision making purpose of the judgement.

**Safety Statement**

- a narrative statement of the risk of significant harm or sufficient safety for the child or young person over the immediate assessment period.
- provides the rationale for action in daily practice pending a decision of the need, or the ongoing need, of protection.

**Sufficient Safety**

- that which is demonstrated to best ensure the safety of the child or young person over the immediate assessment period.
- in the longer term, the degree of safety judged as adequate to enable child protection to close the case.

**Immediate Assessment Period**

- varies depending on the degree of supervision, monitoring or support required by the case phase and/or context
- usually the time until the next planned contact or review as relevant to the decision making scope of the Risk Analysis.

**Future Risk Level**

- the level of risk assigned by the worker as an outcome of the future risk judgement within the Case and Risk Assessment Summary (CARAS).
- relates to the child or young persons ongoing need for protection and underpins the decision to continue protective involvement (intervention or order).

## **Risk Assessment Guides**

### **Risk Profile**

- a guide for use in investigative interviews at any stage of the child protection process.
- provides initial screening and comprehensive assessment questions as well as an extended list of risk factors.
- organised according to the five essential information categories.

### **Risk Factors Warning List**

- characteristics associated with heightened risk of harm to children and young people.
- provided as a warning list within the VRF to signal caution to workers in their analysis.

### **Risk Analysis Guide**

- operationalises the risk analysis process within the VRF.
- provided within the VRF as either a matrix (Risk Analysis Matrix) or narrative (Risk Analysis Questions) assessment guide.

### **Case and Risk Assessment Summaries (CARAS)**

- an overview of assessment and planning processes at major decision making points across the protective process.
- used to communicate major decisions and for purposes of accountability and review.
- the three types of CARAS are Intake CARAS, Initial Investigation CARAS and Case Progress CARAS.

### **Specialist Assessment Guides**

- a range of different assessment guides.
- contain foundation knowledge for comprehensive assessment across core domains of child protection practice.

## RISK PROFILE

Information Categories	Initial Screening Questions	Risk Factors	Comprehensive Assessment Questions
<p><b>THE CHILD OR YOUNG PERSON</b></p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Development</li> <li>• Functioning</li> </ul>	<ul style="list-style-type: none"> <li>• Name, age, sex, aboriginality, ethnic background and address</li> <li>• Current state of the child's custody</li> </ul>	<p><u>Under 2</u></p> <ul style="list-style-type: none"> <li>• Newborn or infant</li> <li>• Premature or underweight at birth</li> <li>• Born drug dependent</li> <li>• Underweight now</li> <li>• Feeding/sleeping difficulties</li> <li>• Prolonged and frequent crying</li> <li>• Special significance or meaning to mother</li> <li>• Seen as problematic or over demanding by a parent</li> </ul> <p><u>Older Children</u></p> <ul style="list-style-type: none"> <li>• Previously abused or neglected</li> <li>• Under five years when first abused</li> <li>• Developmental delay</li> <li>• Separations from mother</li> <li>• Previously removed</li> </ul> <p><u>Adolescents</u></p> <ul style="list-style-type: none"> <li>• No regular day program or school involvement</li> <li>• Young people from recent refugee groups</li> <li>• Juvenile Justice, Drug and Alcohol, Psychiatric Services, Disability Services</li> <li>• Lengthy involvement with the Department (2 yrs plus)</li> </ul>	<p><u>The Child's Age and Development</u></p> <ul style="list-style-type: none"> <li>• Whether the child was prem, has a birth defect, chronic illness or developmental delay?</li> <li>• Was the child born drug dependent?</li> <li>• Does the child cry frequently or is difficult to comfort?</li> <li>• Does the child have difficulty feeding, toileting or a difficult temperament?</li> <li>• Has the child reached their developmental milestones?</li> <li>• Are there any concerns regarding the child/young persons psychological health?</li> <li>• Are there family life-cycle issues: adolescence/divorce/death/unemployment?</li> <li>• Is there evidence of acting-out behaviour: running away, risk-taking and rule breaking? (<u>High Risk Adolescents</u> - see Harm Causing Behaviours below)</li> </ul> <p><u>The Child's Wishes/Behaviour</u></p> <ul style="list-style-type: none"> <li>• What are the child's wishes in regard to the situation?</li> <li>• Are the child's wishes important to the carers?</li> <li>• Can the child articulate a personal protection plan?</li> <li>• Does the child's wishes place them at greater risk?</li> <li>• How do you assess the child's non-verbal behaviour?</li> </ul>

Information Categories	Initial Screening Questions	Risk Factors	Comprehensive Assessment Questions
<p><b>PARENTS/ PRIMARY CARE GIVERS</b></p> <ul style="list-style-type: none"> <li>• Attitudes to harm, help and to child</li> <li>• Relation-ship to child</li> <li>• Functioning and Parenting Capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Family composition - siblings and parents</li> <li>• Marital status of parent(s)</li> <li>• Name of person/s responsible for the care of the child</li> <li>• Have any efforts been made to resolve the situation and with what results?</li> <li>• What is the families reaction to Protective Services likely to be? Will it be hostile?</li> </ul>	<p><u>Parents / Carer</u></p> <ul style="list-style-type: none"> <li>• Under 20 yrs now</li> <li>• Under 20 years at birth of first child</li> <li>• Prior abuse or neglect of child/ren</li> <li>• Pregnancy/birth complications</li> <li>• Current/past substance abuse</li> <li>• Current/past domestic violence</li> <li>• History of childhood abuse/ neglect/ state care</li> <li>• Other child removed or died</li> <li>• History of mental illness, post-partum disorder, depression, suicide attempts</li> <li>• Single parent/partner not birth father</li> <li>• History of unstable relationships</li> <li>• Poor or absent understanding and capacity in caring for baby or young child</li> <li>• History of criminal/assaultive behaviour</li> <li>• Evidence of poor impulse control, low tolerance thresholds or anger management difficulties</li> <li>• Past/current intervention orders</li> <li>• Major life stressors</li> <li>• Lack of capacity to prioritise needs of child</li> </ul>	<p><u>Functioning of Carer(s)</u></p> <ul style="list-style-type: none"> <li>• Can a primary carer be identified?</li> <li>• Is there a physical/emotional/intellectual disability impacting on ability to meet child's basic needs?</li> <li>• Is there evidence of current alcohol/drug abuse or a history of alcohol/drug abuse?</li> <li>• Does the carer demonstrate an inability to control their impulses and anger?</li> <li>• What does the carer do when they get angry at the child/ren?</li> <li>• Does the carer have a bad temper?</li> <li>• Is there evidence that carer is victim of violence: physical, emotional or sexual?</li> <li>• Are there current family stressors: relationship, accommodation, financial, medical?</li> <li>• Who does the carer view as the victim?</li> <li>• What is the carer's view of their relationship with their partner?</li> <li>• Are there cultural or religious factors?</li> <li>• How does the carer/s discipline the child/ren?</li> <li>• Have other children been subject to protective orders/removed/died in their care?</li> <li>• Are the carers biologically-linked to the child?</li> <li>• Is there evidence of psychiatric illness in the primary/secondary carer?</li> <li>• Are the parent/s less than 20 years old?</li> <li>• Does either carer have a history of institutional care, abuse or neglect as a child?</li> </ul> <p><u>Cooperation of Primary Carer</u></p> <ul style="list-style-type: none"> <li>• Is the explanation of the injuries/behaviour/observations consistent with the facts?</li> <li>• How have they demonstrated their openness to consider alternative ways of dealing with the difficulties they are facing? - accepting of services/support?</li> <li>• How dependent is the carer on the perpetrator: emotionally/physically/financially?</li> </ul> <p><u>Beliefs about and relationship with child</u></p> <ul style="list-style-type: none"> <li>• What meaning does the child have for the carers? Is there evidence of scapegoating?</li> <li>• Has positive interaction been observed? Is the environment child-friendly?</li> <li>• Does the child display aggressive behaviours towards the carers?</li> <li>• Is the carer's view of the child's ability consistent with their developmental stage?</li> <li>• Does the carer expect the child to provide them with emotional support.</li> <li>• How do the carers and the child describe their relationship?</li> <li>• Does the investigation place the child at further risk from the perpetrator?</li> <li>• Did the child have a prolonged separation from the carers?</li> </ul>

Information Categories	Initial Screening Questions	Risk Factors	Comprehensive Assessment Questions
<p><b>SOURCE OF HARM</b></p> <ul style="list-style-type: none"> <li>• Incident/harm causing behaviour</li> <li>• Severity</li> <li>• History and Pattern</li> </ul>	<ul style="list-style-type: none"> <li>• Details of the reported abuse and identifying information on all those involved</li> <li>• Did the notifier witness incidents or hear about them from others?</li> <li>• Has the child disclosed abuse or is the report based on physical and/or behavioural indicators?</li> <li>• If the child disclosed abuse to whom and under what circumstances?</li> <li>• If the notification is based on indicators, what are they?</li> <li>• How long has the abuse been going on; has it increased or decreased?</li> <li>• Have there been previous incidents of abuse or neglect known to the notifier?</li> <li>• Does the notifier know where the child is now and what condition they are in?</li> <li>• Why is the notifier referring at this time?</li> </ul>	<ul style="list-style-type: none"> <li>• Pattern of escalating harm</li> <li>• Any prior incident of maltreatment</li> </ul> <p><u>Under 2</u></p> <ul style="list-style-type: none"> <li>• All indicators of physical abuse</li> <li>• Any evidence of shaking</li> <li>• Refer to risk factors under 'child'</li> </ul> <p><u>Adolescents</u></p> <ul style="list-style-type: none"> <li>• Frequent instances of challenging behaviour at home, in placement, at school</li> <li>• Substance abuse, suicidal tendencies, aggression, running away or chronic, continual absences without permission</li> <li>• prostitution, association with paedophiles, inappropriate/dangerous sexual relationships</li> <li>• Presence of diagnosed psychiatric disorder or major psychological disorder</li> <li>• Pattern of consistent, escalating offending</li> <li>• Withdrawn/aggressive as a result of sexual abuse</li> </ul>	<p><u>Severity and Recency of Incident</u></p> <ul style="list-style-type: none"> <li>• Did the abuse result in physical injury to the child/ren?</li> <li>• Was medical help sought in a timely way?</li> <li>• Have there been previous incidents or allegations of abuse or neglect?</li> </ul> <p><u>Previous Contact with Services Regarding Abuse or Neglect</u></p> <ul style="list-style-type: none"> <li>• Are there prior notifications?</li> <li>• How many?</li> <li>• What was the nature of these contacts?</li> <li>• What was the outcome?</li> <li>• Viewed together does the picture change?</li> </ul> <p><u>High Risk Adolescents</u></p> <ul style="list-style-type: none"> <li>• Does the young person have a history of abuse and/or neglect?</li> <li>• Is there evidence of substance abuse?</li> <li>• Is there evidence of violent behaviour?</li> <li>• Is the young person within the education system/work?</li> <li>• Is the young person involved in offending behaviour?</li> <li>• Has the young person talked of suicide/attempted suicide?</li> <li>• Has the young person been diagnosed with a mental illness?</li> <li>• Does the young person have stable accommodation?</li> <li>• Has the young person's behaviour significantly changed recently?</li> <li>• Is the young person placing themselves at risk in their choice of living environment?</li> <li>• Is the young person involved with known/suspected sex offenders?</li> </ul>

Information Categories	Initial Screening Questions	Risk Factors	Comprehensive Assessment Questions
<p><b>OPPORTUNITY FOR HARM</b></p> <ul style="list-style-type: none"> <li>• Further access of alleged perpetrator</li> <li>• Exposure to harm</li> </ul>	<ul style="list-style-type: none"> <li>• Name and address of person/s alleged to be responsible for the child's circumstances</li> </ul>	<ul style="list-style-type: none"> <li>• Alleged perpetrator has access to child</li> <li>• Alleged perpetrator has been investigated/charged/convicted of violent behaviour</li> <li>• Alleged perpetrator is denying/minimising/otherwise not taking responsibility for abuse</li> <li>• Constant or escalating exposure of child or young person to inadequate protection or care in the family home.</li> <li>• Adolescent self harm or risk taking behaviour (See also `Source Risk Factors`)</li> </ul>	<p><u>Further Access of Alleged Perpetrator</u></p> <ul style="list-style-type: none"> <li>• Is the alleged perpetrator the primary carer for the child/ren?</li> <li>• Does the alleged perpetrator accept responsibility for their role in the abuse?</li> <li>• How do they demonstrate this?</li> <li>• Is the primary carer (if not the perpetrator) able to accept their parental responsibility towards the child/ren?</li> <li>• Are there alternative carers within the family systems?</li> <li>• Has the alleged perpetrator ever been investigated/charged/convicted of violent behaviour?</li> <li>• Describe the relationship between the alleged perpetrator and the child/ren.</li> </ul> <p><u>Intent of Alleged Perpetrator</u></p> <ul style="list-style-type: none"> <li>• How does the alleged perpetrator view their role in the abusive episode/s?</li> <li>• Who does the alleged perpetrator view as the victim?</li> <li>• Is the alleged perpetrators view of the child's abilities consistent with their developmental stage?</li> <li>• Does the alleged perpetrator have alternative strategies for dealing with situations?</li> <li>• Is there evidence of current alcohol/drug abuse or a history of alcohol/drug abuse?</li> <li>• Are there indicators of psychological or intellectual problems?</li> <li>• Are there cultural or religious factors?</li> </ul> <p><u>Exposure to Harm</u></p> <ul style="list-style-type: none"> <li>• Are there frequent reports of exposure to environmental neglect/substance abuse / violence or other factors which impact upon parenting capacity?</li> <li>• Is the child or young person constantly criticised, scapegoated or verbally abused by the primary carer?</li> <li>• Is the child or young person engaging in self harming or risk taking behaviours?</li> <li>• Is the child or young person's primary peer or social groups engaged in risk taking or other dangerous behaviours?</li> </ul>

Information Categories	Initial Screening Questions	Risk Factors		Comprehensive Assessment Questions
<p><b>NETWORKS</b></p> <ul style="list-style-type: none"> <li>• Informal Network</li> <li>• Formal Services</li> <li>• Alternate carers/other members of household/significant others</li> </ul>	<ul style="list-style-type: none"> <li>• Are any other agencies involved with the family?</li> <li>• In the case of an Aboriginal child, is Victorian Aboriginal Child Care Agency (VACCA) involved with the family?</li> <li>• What is the notifier's relationship to the child and family?</li> <li>• Does the notifier stand to gain anything from having the report validated custody of the child?</li> <li>• Does the family know of the referral? If not, is the family willing to inform the family of the referral?</li> </ul>	<p><u>Informal</u></p> <p>Family</p> <ul style="list-style-type: none"> <li>• Isolated/fragmented</li> <li>• Complex and disrupted structure</li> <li>• History of Protective Services or extensive welfare involvement</li> <li>• Intolerance of children</li> <li>• Chaotic/unstable</li> <li>• Frequent moves/homelessness</li> <li>• Poverty/material crises</li> </ul> <p><u>Adolescent</u></p> <ul style="list-style-type: none"> <li>• Single young person in long term placement</li> <li>• Isolated - no 'significant other' in network</li> <li>• Parents estranged from children and the department</li> <li>• parents emotionally and physically absent</li> <li>• strained relationships and very limited or no contact</li> </ul>	<p><u>Formal</u></p> <p>Professional/Agency</p> <ul style="list-style-type: none"> <li>• Agency or individual role confusion</li> <li>• Risk assessment incomplete</li> <li>• Multi-agency issues</li> <li>• Agency fragmentation or conflict</li> <li>• Case conference not held, postponed, inadequate</li> <li>• Protective plan needs clarification or review</li> <li>• Parents not party to protective plan</li> <li>• Critical decisions not confirmed</li> </ul> <p><u>Adolescents</u></p> <ul style="list-style-type: none"> <li>• Case planning directions not clear</li> <li>• Specialist supports not engaged or available</li> <li>• In care more than 2 years and placed prior to adolescence</li> <li>• First time in care as adolescent, but case plan is for long term out-of-home care, or preparation for independent living</li> </ul>	<p><u>Social Isolation</u></p> <ul style="list-style-type: none"> <li>• Does the family have formal (agencies) or informal (kin and friends) support system?</li> <li>• Are the support systems enacted?</li> <li>• Do the children have any allies in the system?</li> <li>• What does the family do for fun?</li> <li>• What is a typical day like for the family?</li> <li>• With whom do they spend most of their time?</li> <li>• Are the carers isolated or supported?</li> </ul> <p><u>Formal Networks</u></p> <ul style="list-style-type: none"> <li>• factors relating to the functioning/coordination of the professional network (refer risk factors)</li> </ul> <p><u>Informal Networks</u></p> <ul style="list-style-type: none"> <li>• factors relating to extended family/friendship and community systems and dynamics</li> <li>• refer to Networks Assessment Guide</li> </ul> <p><u>Alternate Carers/Household Members/Significant Others</u></p> <ul style="list-style-type: none"> <li>• Is the child or young person in out-of-home care? If so, assess relationship with carer and risk of safety issues in that household as per 'Parent' category</li> <li>• Are there other adults in the household or network with carer-type responsibilities for the child or young person? If so, assess safety issues as per 'Parent' category</li> </ul>

## INTAKE CASE AND RISK ASSESSMENT SUMMARY

### Risk Factors Warning List

Combinations of the following factors have been found through research and experience to be commonly associated with heightened risk to children or young people. Any factor, however, is only meaningful for a particular family when its occurrence can be demonstrated as effecting the safety of the child or young person. The purpose of the Risk Factor warning list within the VRF is to signal warning to the worker and any identified risk factor must be explained within the worker's subsequent Risk Analysis.

Mark each of the following factors as Alleged, Confirmed, Not Known or No.

Alleged Confirmed Not Known No		Alleged Confirmed Not Known No	
	<p><b>Prior child protection history:</b></p> <ul style="list-style-type: none"> <li>• Prior substantiated abuse reports</li> <li>• Escalating concern/pattern of contact with child protection service</li> </ul> <p><b>Child:</b></p> <ul style="list-style-type: none"> <li>• Child under 2 years</li> <li>• Any evidence of physical abuse/shaking</li> <li>• Premature, disabled, chronically ill</li> <li>• Difficulty feeding, sleeping, cries a lot</li> <li>• Born underweight or drug dependent</li> </ul> <p><b>Any child or young person in the home has:</b></p> <ul style="list-style-type: none"> <li>• A developmental/other disability</li> <li>• History of self-harm/suicide (talk or attempt)</li> <li>• Offending</li> <li>• Violent Behaviour</li> <li>• Mental health issue</li> <li>• Substance abuse problems</li> <li>• Recent significant behaviour change</li> </ul>		<p><b>Carer(s)*:</b></p> <ul style="list-style-type: none"> <li>• Under 20 at birth of first child</li> <li>• Carer(s) abused as child(ren)</li> <li>• Carer is not biological parent</li> <li>• Carer(s) have intellectual disability</li> <li>• Family is socially isolated or severely fragmented</li> </ul> <p><b>Carer(s)* response to investigation/ incident:</b></p> <ul style="list-style-type: none"> <li>• Viewed less seriously than child protection worker</li> <li>• Failed to co-operate satisfactorily</li> </ul> <p><b>Carer(s)* have history of violent relationships:</b></p> <ul style="list-style-type: none"> <li>• Has physically abused child (past or present)</li> <li>• As perpetrator of domestic violence</li> <li>• As victim of domestic violence</li> <li>• Other violence</li> </ul>

Alleged Confirmed Not Known No		Alleged Confirmed Not Known No	
	<ul style="list-style-type: none"> <li>• History of multiple separations /no stable placement</li> <li>• No stable day program (education /employment /other)</li> </ul> <p><b>Carer(s)* parenting skills:</b></p> <ul style="list-style-type: none"> <li>• Use of excessive or inappropriate discipline</li> <li>• Domineering (high criticism /low warmth family type)</li> <li>• Unmotivated or unrealistic re: improving parenting skills</li> </ul>		<p><b>Carer(s)* have current:</b></p> <ul style="list-style-type: none"> <li>• Alcohol only</li> <li>• Other drugs (with or without alcohol)</li> </ul> <p><b>Carer(s)* have mental health problems:</b></p> <ul style="list-style-type: none"> <li>• Psychiatric illness</li> <li>• Self-esteem issues</li> <li>• Apathetic or depressed</li> </ul> <p><b>Carer(s)* beliefs about the child:</b></p> <ul style="list-style-type: none"> <li>• Describes or acts toward child predominantly negative</li> <li>• Unrealistic expectations</li> </ul> <p><b>Carer(s)* have history of perpetrating sexual assault:</b></p> <ul style="list-style-type: none"> <li>• Of child(ren)</li> <li>• Of adult(s)</li> </ul>
<p>* Carers can include any parent, carer or adult in the household.</p>			

# Intake Case and Risk Assessment Summary

## 1 FAMILY DETAILS

Name	Age	Relationship to Child

## 2 RISK ANALYSIS

**2.1 Describe the actual or believed harm to the child or young person as alleged within the notification and follow up phone calls, including observations, opinions and indicators:**

**2.2. PATTERN AND HISTORY OF HARM**

**2.2.1. Detail history of all significant harm suffered by *child or young person* including severity and pattern (i.e. is the harm escalating/ constant/ diminishing?). Include information about any prior notifications to protective serves and any court involvement:**

**2.2.2. Detail history of all significant harm caused by the *carer(s)* to any children or young people including severity and pattern. Include information about any prior notifications protective services and any court involvement:**

**2.3 Child or Young Person**

- age; development; functioning (For young people, include factors which impact upon capacity to protect/care for self)

**Describe factors which increase vulnerability to harm**

**Describe factors which increase safety**

**Strengths**

**Protection**

**2.4 Opportunity for Harm**

- access of alleged perpetrator, exposure to harm

**Describe factors which increase vulnerability to harm**

**Describe factors which increase safety**

**Strengths**

**Protection**

<p><b>2.5 Relationship with and Beliefs about Child/ Harm to Child</b></p> <ul style="list-style-type: none"> <li>attachment, quality of relationship and attitudes to harm and child (for young people consider significant relationships and attitudes to harm and self)</li> </ul>
<p><b>Describe factors which increase likelihood of harm</b></p>
<p><b>Describe factors which increase safety</b></p> <p><b>Strengths</b></p> <p><b>Protection</b></p>

<p><b>2.6 Factors which Impact upon Parenting</b></p> <ul style="list-style-type: none"> <li>functioning, relationships, stressors: history/ violence/ psychiatric illness/ intellectual disability/ substance abuse/ socioeconomic</li> </ul>
<p><b>Describe factors which increase likelihood of harm</b></p>
<p><b>Describe factors which increase safety</b></p> <p><b>Strengths</b></p> <p><b>Protection</b></p>

<p><b>2.7 Supports and Services</b></p> <ul style="list-style-type: none"> <li>family/friends/community supports &amp; attitudes to children/isolation; use of/ cooperation/ engagability with professional services; alternate carers/ household members/ significant others</li> </ul>
<p><b>Describe factors which increase likelihood of harm</b></p>
<p><b>Describe factors which increase safety</b></p> <p><b>Strengths</b></p> <p><b>Protection</b></p>

- Describe further (missing) information you require to complete a comprehensive assessment
- SAFETY QUESTION: Is there any risk of significant harm to the child or young person over the immediate assessment period or is sufficient safety demonstrated?**

**SAFETY STATEMENT:**

- ACTION DECISION:**
  - Closure
  - Continue Intervention

## INITIAL INVESTIGATION - CASE AND RISK ASSESSMENT SUMMARY

### Risk Factors Warning list

Combinations of the following factors have been found through research and experience to be commonly associated with heightened risk to children or young people. Any factor, however, is only meaningful for a particular family when its occurrence can be demonstrated as effecting the safety of the child or young person. The purpose of the Risk Factor warning list within the VRF is to signal warning to the worker and any identified risk factor must be explained within the worker's subsequent Risk Analysis.

Mark each of the following factors as Alleged, Confirmed, Not Known or No.

Alleged Confirmed Not Known No		Alleged Confirmed Not Known No	
	<p><b>Prior child protection history:</b></p> <ul style="list-style-type: none"> <li>• Prior substantiated abuse reports</li> <li>• Escalating concern/pattern of contact with child protection service</li> </ul> <p><b>Child:</b></p> <ul style="list-style-type: none"> <li>• Child under 2 years</li> <li>• Any evidence of physical abuse/shaking</li> <li>• Premature, disabled, chronically ill</li> <li>• Difficulty feeding, sleeping, cries a lot</li> <li>• Born underweight or drug dependent</li> </ul> <p><b>Any child or young person in the home has:</b></p> <ul style="list-style-type: none"> <li>• A developmental/other disability</li> <li>• History of self-harm/suicide (talk or attempt)</li> <li>• Offending</li> <li>• Violent Behaviour</li> <li>• Mental health issue</li> </ul>		<p><b>Carer(s)*:</b></p> <ul style="list-style-type: none"> <li>• Under 20 at birth of first child</li> <li>• Carer(s) abused as child(ren)</li> <li>• Carer is not biological parent</li> <li>• Carer(s) have intellectual disability</li> <li>• Family is socially isolated or severely fragmented</li> </ul> <p><b>Carer(s)* response to investigation/ incident:</b></p> <ul style="list-style-type: none"> <li>• Viewed less seriously than child protection worker</li> <li>• Failed to co-operate satisfactorily</li> </ul> <p><b>Carer(s)* have history of violent relationships:</b></p> <ul style="list-style-type: none"> <li>• Has physically abused child (past or present)</li> <li>• As perpetrator of domestic violence</li> <li>• As victim of domestic</li> </ul>

	• Substance abuse problems		violence
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Alleged Confirmed Not Known No		Alleged Confirmed Not Known No	
	<ul style="list-style-type: none"> <li>• Recent significant behaviour change</li> <li>• History of multiple separations /no stable placement</li> <li>• No stable day program(education /employment /other)</li> </ul> <p><b>Carer(s)* parenting skills:</b></p> <ul style="list-style-type: none"> <li>• Use of excessive or inappropriate discipline</li> <li>• Domineering (high criticism /low warmth family type)</li> <li>• Unmotivated or unrealistic re: improving parenting skills</li> </ul>		<ul style="list-style-type: none"> <li>• Other violence</li> </ul> <p><b>Carer(s)* have current:</b></p> <ul style="list-style-type: none"> <li>• Alcohol only</li> <li>• Other drugs (with or without alcohol)</li> </ul> <p><b>Carer(s)* have mental health problems:</b></p> <ul style="list-style-type: none"> <li>• Psychiatric illness</li> <li>• Self-esteem issues</li> <li>• Apathetic or depressed</li> </ul> <p><b>Carer(s)* beliefs about the child:</b></p> <ul style="list-style-type: none"> <li>• Describes or acts toward child predominantly negative</li> <li>• Unrealistic expectations</li> </ul> <p><b>Carer(s)* have history of perpetrating sexual assault:</b></p> <ul style="list-style-type: none"> <li>• Of child(ren)</li> <li>• Of adult(s)</li> </ul>
<p>* Carers can include any parent, carer or adult in the household.</p>			

## Initial Investigation CARA Summary

### 1 FAMILY DETAILS

Name	Age	Relationship to Child

### 2 RESPONSE TYPE: Select One Only

- Case Conference involving the family.
- Appropriate self-notifications (for example, young person or parent phoning or attending the Department of Human Services office).
- Arrange first meeting at venue other than parents' home with other party (for example, agency or notifier or relative).
- Arrange first visit to parents' home - protective worker(s) only.
- Unannounced first visit (no police unless for worker safety reasons).
- Joint protective/police investigation.

### 3 RISK ANALYSIS

Workers are advised to complete the Risk Analysis Guide from the perspective of the 'immediate assessment period'. This most notably affects the description of protective factors. For instance an intervention order may provide immediate protection, but not sufficient safety to close the case without period of testing. Workers may therefore distinguish between 'immediate' and 'ongoing' protection.

**3.1. Describe the actual or believed harm to the child or young person as assessed by the protective worker, including observations, opinions and indicators.**

#### 3.2. PATTERN AND HISTORY OF HARM

**3.2.1 Detail history of all significant harm suffered by *child or young person* including severity and pattern (i.e. is the harm escalating/ constant/ diminishing?). Include information about any prior notifications to protective serves and any court involvement:**

**3.2.2 Detail history of all significant harm caused by the *carer(s)* to any children or young people including severity and pattern. Include information about any prior notifications protective services and any court involvement:**

**3.3 Child or Young Person**

- age; development; functioning (For young people, include factors which impact upon capacity to protect/care for self)

**Describe factors which increase vulnerability to harm****Describe factors which increase safety****Strengths****Protection****3.4 Opportunity for Harm**

- access of alleged perpetrator, exposure to harm

**Describe factors which increase vulnerability to harm****Describe factors which increase safety****Strengths****Protection****3.5 Relationship with and Beliefs about Child/Harm to Child**

- attachment, quality of relationship and attitudes to harm and child (for young people consider significant relationships and attitudes to harm and self)

**Describe factors which increase likelihood of harm****Describe factors which increase safety****Strengths****Protection****3.6 Factors which Impact upon Parenting**

- functioning, relationships, stressors: history/ violence/ psychiatric illness/ intellectual disability/ substance abuse/ socioeconomic

**Describe factors which increase likelihood of harm****Describe factors which increase safety****Strengths****Protection**

### 3.7 Supports and Services

- family/friends/community supports & attitudes to children/isolation; use of/ cooperation/ engagability with professional services; alternative carers/ household members/ significant others

**Describe factors which increase likelihood of harm**

**Describe factors which increase safety**

**Strengths**

**Protection**

4. **Describe further information (missing information) you require to complete a comprehensive assessment**
5. **Describe other child/young person/family needs, aspects of functioning or circumstances not included in the Risk Analysis**
6. **Describe child/young person/family strengths and resources not included in the Risk Analysis**
7. **Describe any differences between the protective worker's assessment and the child/young person/family's perspective?**
8. **List all placement changes for the child or young person during this current notification:**

Start Date	End Date	Type	Comment

### 9. Substantiation Decision

Given the above, are there reasonable grounds for:

- a) Significant harm (s.63) which the protective worker believes has been suffered and though protection and care has now been provided, at the time of the harm a parent was unwilling or unable to protect the child or young person from harm of that type.
- b) Significant harm (s.63) which the protective worker believes has been suffered by the child or young person where a parent was unable or unwilling to protect or provide care to the child or young person and which is believed likely to continue or recur in the future.
- c) Significant harm (s.63) that a protective worker believes a child is likely to suffer in the future and from which the parent is unlikely to protect the child or young person.
- d) Not substantiated.

## 10. FUTURE RISK JUDGEMENT

(Substantiated Cases Only) Considers future need for protection

**Caution:** When rating harm consequence levels professional judgment *must* always be applied. For example combinations of different harm types or vulnerability factors (e.g. age) can increase severity levels.

### 10a. Consequences of Significant Harm

<p><b>Significant Harm is</b>  <input type="checkbox"/> <b>Extreme:</b> Impact on child/ young person is extreme, enduring or deteriorating and likely to result in permanent consequences</p>	<p><b>Significant Harm is</b>  <input type="checkbox"/> <b>Serious:</b> Impact on child/young person is observable, ongoing and/or intrusive to functioning or health</p>	<p><b>Significant Harm is</b>  <input type="checkbox"/> <b>Concerning:</b> If harm is immediate, isolated and not persisting</p>
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Harm Probability		
<p><b>Highly Likely:</b> <input type="checkbox"/>            (At least one of the following is present at a high level or a number are present at moderate levels)</p> <ul style="list-style-type: none"> <li>• Presence of immediate significant harm</li> <li>• Pattern of escalating harm causing behaviour</li> <li>• Vulnerability (age/ opportunity for harm/unable or unwilling to protect self)</li> <li>• Beliefs: poor view of child/ lack of acknowledgment</li> <li>• Aspect(s) of carer/ young person functioning which acts against providing sufficient protection or care</li> <li>• Lack of capacity, willingness or pattern of engaging with supports or services</li> </ul>	<p><b>Likely:</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• As for highly likely but at moderate to low levels</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• Protective factors present but untested or insufficiently tested</li> </ul>	<p><b>Unlikely:</b> <input type="checkbox"/>            (Multiple of the following indicators are present)</p> <ul style="list-style-type: none"> <li>• No pattern of escalating harm causing behaviour</li> <li>• Lack of vulnerability: age/ presence of protective adult/able and willing to protect self</li> <li>• Beliefs: good view of child/ acknowledging of problem</li> <li>• Family strengths and resources demonstrated as protection</li> <li>• Capable and willing to engage with services</li> <li>• Pattern of approaching or engaging with supports/services</li> <li>• Protective factors operating and sustained over time</li> </ul>

- 10b FUTURE RISK LEVEL:**
- HIGH (Very Severe/Significant)**
  - MEDIUM (Significant/Moderate)**
  - LOW (Moderate/No Further Risk)**

Brackets refer to current computer system (CASIS)  
risk level categories

**10c RATIONALE FOR FUTURE RISK JUDGEMENT**

**11. SAFETY QUESTION: Is there any risk of significant harm to the child or young person over the immediate assessment period or is sufficient safety demonstrated?**

**SAFETY STATEMENT:**

**12. ACTION DECISION:**       Closure (to 13a)  
    Continue Intervention (to 13b)

**13a. CLOSURE PLAN**  
(include closure plan and complete CASIS closure screen)

**13b. SAFETY AND WELLBEING GOALS AND PLAN**

**GOALS**  
(for current decision making period: include the perspective of the child/young person, family and protective worker)

<b>Safety and Well-being Action Plan</b>			
<b>Needs</b>	<b>Strategies</b>	<b>Responsibilities</b>	<b>Timelines</b>

## CASE PROGRESS - CASE AND RISK ASSESSMENT SUMMARY

### Risk Factors Warning List

Combinations of the following factors have been found through research and experience to be commonly associated with heightened risk to children or young people. Any factor, however, is only meaningful for a particular family when its occurrence can be demonstrated as effecting the safety of the child or young person. The purpose of the Risk Factor warning list within the VRF is to signal warning to the worker and any identified risk factor must be explained within the worker's subsequent Risk Analysis.

Mark each of the following factors as Alleged, Confirmed, Not Known or No.

Alleged Confirmed Not Known No		Alleged Confirmed Not Known No	
	<p><b>Prior child protection history:</b></p> <ul style="list-style-type: none"> <li>• Prior substantiated abuse reports</li> <li>• Escalating concern/pattern of contact with child protection service</li> </ul> <p><b>Child:</b></p> <ul style="list-style-type: none"> <li>• Child under 2 years</li> <li>• Any evidence of physical abuse/shaking</li> <li>• Premature, disabled, chronically ill</li> <li>• Difficulty feeding, sleeping, cries a lot</li> <li>• Born underweight or drug dependent</li> </ul> <p><b>Any child or young person in the home has:</b></p> <ul style="list-style-type: none"> <li>• A developmental/other disability</li> <li>• History of self-harm/suicide (talk or attempt)</li> <li>• Offending</li> <li>• Violent Behaviour</li> <li>• Mental health issue</li> <li>• Substance abuse problems</li> <li>• Recent significant behaviour change</li> </ul>		<p><b>Carer(s)*:</b></p> <ul style="list-style-type: none"> <li>• Under 20 at birth of first child</li> <li>• Carer(s) abused as child(ren)</li> <li>• Carer is not biological parent</li> <li>• Carer(s) have intellectual disability</li> <li>• Family is socially isolated or severely fragmented</li> </ul> <p><b>Carer(s)* response to investigation/ incident:</b></p> <ul style="list-style-type: none"> <li>• Viewed less seriously than child protection worker</li> <li>• Failed to co-operate satisfactorily</li> </ul> <p><b>Carer(s)* have history of violent relationships:</b></p> <ul style="list-style-type: none"> <li>• Has physically abused child (past or present)</li> <li>• As perpetrator of domestic violence</li> <li>• As victim of domestic violence</li> <li>• Other violence</li> </ul>

Alleged Confirmed Not Known No		Alleged Confirmed Not Known No	
	<ul style="list-style-type: none"> <li>• History of multiple separations /no stable placement</li> <li>• No stable day program(education /employment /other)</li> </ul> <p><b>Carer(s)* parenting skills:</b></p> <ul style="list-style-type: none"> <li>• Use of excessive or inappropriate discipline</li> <li>• Domineering (high criticism /low warmth family type)</li> <li>• Unmotivated or unrealistic re: improving parenting skills</li> </ul>		<p><b>Carer(s)* have current:</b></p> <ul style="list-style-type: none"> <li>• Alcohol only</li> <li>• Other drugs (with or without alcohol)</li> </ul> <p><b>Carer(s)* have mental health problems:</b></p> <ul style="list-style-type: none"> <li>• Psychiatric illness</li> <li>• Self-esteem issues</li> <li>• Apathetic or depressed</li> </ul> <p><b>Carer(s)* beliefs about the child:</b></p> <ul style="list-style-type: none"> <li>• Describes or acts toward child predominantly negative</li> <li>• Unrealistic expectations</li> </ul> <p><b>Carer(s)* have history of perpetrating sexual assault:</b></p> <ul style="list-style-type: none"> <li>• Of child(ren)</li> <li>• Of adult(s)</li> </ul>
<p>* Carers can include any parent, carer or adult in the household.</p>			

## 1 FAMILY DETAILS [Include Genogram on last page]

Name	Age	Relationship to Child

## 2. RECORD HEALTH AND WELFARE DIMENSIONS FOR THE CHILD OR YOUNG PERSON

Looking After Children is a set of British materials which are designed to assess the outcomes of out-of-home care for individual children by examining in detail the various developmental gains to be achieved. The 7 key developmental dimensions have subsequently been adopted in the UK as the foundation of a wider needs assessment framework for children and young people. Within the VRF the health and welfare dimensions are incorporated therefore as the basis for needs assessment for all children and young people in or out of home.

- Health
- Education
- Identity
- Family and social relationships
- Social presentation
- Emotional and behavioural development
- Self-care skills

## 3 RISK ANALYSIS

3.1. Describe the updated assessment of the actual or believed harm to the child or young person, including observations, opinions and indicators.

### 3.2. PATTERN AND HISTORY OF HARM

3.2.1 Detail history of all significant harm suffered by *child or young person* including severity and pattern (ie. is the harm escalating/ constant/ diminishing?). Include information about any prior notifications to protective serves and any court involvement:

3.2.2 Detail history of all significant harm caused by the *carer(s)* to any children or young people including severity and pattern. Include information about any prior notifications protective services and any court involvement:

**3.3 Child or Young Person**

- age; development; functioning (For young people factors which impact upon capacity to protect/care for self)

**Describe factors which increase vulnerability to harm****Describe factors which increase safety****Strengths****Protection****3.4 Opportunity for Harm**

- access of alleged perpetrator, exposure to harm

**Describe factors which increase vulnerability to harm****Describe factors which increase safety****Strengths****Protection****3.5 Relationship with and Beliefs about Child/Harm to Child**

- attachment, quality of relationship and attitudes to harm and child (for young people consider significant relationships and attitudes to harm and self)

**Describe factors which increase likelihood of harm****Describe factors which increase safety****Strengths****Protection****3.6 Factors which Impact upon Parenting**

- functioning, relationships, stressors: history/ violence/ psychiatric illness/ intellectual disability/ substance abuse / socioeconomic

**Describe factors which increase likelihood of harm****Describe factors which increase safety****Strengths****Protection**

**3.7 Supports and Services**

- family/friends/community supports & attitudes to children/isolation; use of/ cooperation/ engagability with professional services; alternative carers/ household members/ significant others

**Describe factors which increase likelihood of harm**

**Describe factors which increase safety**

**Strengths**

**Protection**

4. Describe any other aspects of risk to the child or young person which are relevant to the current decision making which have not been included in the above risk analysis
5. Describe other child/young person/family needs or aspects of functioning not included in the Risk Analysis
6. Describe child/young person/family strengths and resources not included in the Risk Analysis
7. Describe any differences between the protective worker’s assessment and the child/young person/family’s perspective
8. List all placement changes for the child or young person during this current notification:

Start Date	End Date	Type	Comment

**9. FUTURE RISK JUDGEMENT**

Considers future need for protection

**Caution:** When rating harm consequence levels professional judgment *must* always be applied. For example combinations of different harm types or vulnerability factors (e.g. age) can increase severity levels.

**9a. Consequences of Significant Harm**

<p><b>Significant Harm is</b>  <input type="checkbox"/> <b>Extreme:</b> Impact on child/ young person is extreme, enduring or deteriorating and likely to result in permanent consequences</p>	<p><b>Significant Harm is</b>  <input type="checkbox"/> <b>Serious:</b> Impact on child/young person is observable, ongoing and/or intrusive to functioning or health</p>	<p><b>Significant Harm is</b>  <input type="checkbox"/> <b>Concerning:</b> If harm is immediate, isolated and not persisting</p>
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<b>Harm Probability</b>		
<p><b>Highly Likely:</b>      <input type="checkbox"/></p> <p>(At least one of the following is present at a high level or a number are present at moderate levels)</p> <ul style="list-style-type: none"> <li>• Presence of immediate significant harm</li> <li>• Pattern of escalating harm causing behaviour</li> <li>• Vulnerability (age/ opportunity for harm/unable or unwilling to protect self)</li> <li>• Beliefs: poor view of child/ lack of acknowledgment</li> <li>• Aspect(s) of carer/ young person functioning which acts against providing sufficient protection or care</li> <li>• Lack of capacity, willingness or pattern of engaging with supports or services</li> </ul>	<p><b>Likely:</b>      <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• As for highly likely but at moderate to low levels</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Protective factors present but untested or insufficiently tested</li> </ul>	<p><b>Unlikely:</b>      <input type="checkbox"/></p> <p>(Multiple of the following indicators are present)</p> <ul style="list-style-type: none"> <li>• No pattern of escalating harm causing behaviour</li> <li>• Lack of vulnerability: age/ presence of protective adult/able and willing to protect self</li> <li>• Beliefs: good view of child/ acknowledging of problem</li> <li>• Family strengths and resources demonstrated as protection</li> <li>• Capable and willing to engage with services</li> <li>• Pattern of approaching or engaging with supports/services</li> <li>• Protective factors operating and sustained over time</li> </ul>

- 9b FUTURE RISK LEVEL:**       **HIGH (Very Severe/Significant)**  
 **MEDIUM (Significant/Moderate)**  
 **LOW (Moderate/No Further Risk)**  
 Brackets refer to current computer system (CASIS) risk level categories

**9c RATIONALE FOR FUTURE RISK JUDGEMENT**

**10. SAFETY QUESTION: Is there any risk of significant harm to the child or young person over the immediate assessment period or is sufficient safety demonstrated?**

**SAFETY STATEMENT:**

**11. ACTION DECISION:**

- Closure (to 12a)
- Continue Intervention (to 12b)

**12a. CLOSURE PLAN**

(include closure plan and complete CASIS closure screen)

**12b. SAFETY AND WELLBEING GOALS AND PLAN**

**GOALS**

(for current decision making period: include the perspective of the child/young person, family and protective worker)

<b>Safety and Wellbeing Action Plan</b>			
<b>Needs</b>	<b>Strategies</b>	<b>Responsibilities</b>	<b>Timelines</b>

## **EXPLANATORY NOTES - CASE AND RISK ASSESSMENT SUMMARIES**

**(These explanatory notes relate to items within the Initial Investigation and Case Progress CARAS.)**

### **Describe other child/ young person/family needs, aspects of functioning or circumstances not included in the Risk Analysis**

A risk analysis is only one perspective from which to assess the child/young person/family. Include here wider needs, aspects of functioning and circumstances as assessed through comprehensive psycho-social assessment.

### **Describe child/young person/family strengths and resources not included in the Risk Analysis.**

Strengths include positive attributes in relationships, skills and personality. Strengths within a risk analysis relate specifically to capacity and willingness to protect and care. Record here other strengths and resources evident from a wider assessment focus of the child/young person/family.

### **Describe any differences between the protective worker's assessment and the child/young person/family's perspective.**

Recording differences between protective workers and child/young person/family perspective's is important firstly to ensure the child/young person/family perspective is actively sought by the protective worker and secondly because any differences between the worker and the family in the degree of perceived seriousness may influence the level of assessed risk.

### **Goals**

Goals focus on outcomes and are a measure of success. Prior to completing the Action Plan workers must identify, in consultation with the family, the goals for the current decision making period (ie same time period as immediate assessment period). The worker is requested to specify the goals of each participant - child/young person/family as well as worker.

### **Safety and Wellbeing Action Plans**

Action plans lead directly from the information compiled by the worker within the Risk Analysis and wider assessment dimensions (health and welfare; other aspects of functioning and strengths) of the CARAS. The worker must reflect back on factors described in the Risk Analysis, under each of the harm and increase vulnerability, likelihood and safety headings, in order to identify child, young person and family *goals and needs*.

Needs specifically address issues arising in the analysis as requiring change to realise the goals.

Strategies lead directly from needs. Strategies must be achievable, address the identified need, and in doing so, improve the safety and well being of the child or young person.

Responsibilities and timelines should also be included.

When completing the Risk Analysis and Action Plan with the child/young person/family, useful questions may be 'How can we change this?'; 'What would it take to make you/your child safe?'; or 'How can you/we turn this strength into protection?' It is useful to include what changes in vulnerability, likelihood or safety would lead to the need to change the action plan (ie. increase or decrease safety).

## **Health and Welfare Dimensions (Case Progress CARAS)**

The health and welfare dimensions are derived from the Looking After Children package. Looking After Children is a set of British materials which are designed to assess the outcomes of out-of-home care for individual children by examining in detail the various developmental tasks of the child or young person and the parental task which are necessary for the developmental gains to be achieved.

There are 7 key developmental dimensions which provide a useful framework for assisting child protection workers in their task of assessing the needs of the child or young person along a continuum of needs.

### **1. Health**

It is possible that children coming into the care of the Department may have many unmet health needs. The child or young person's physical health needs to be assessed and plans made to ensure health needs are addressed. This dimension also recognises that poor health impacts negatively on many other aspects of a child or young person's development. A poorly nourished child may experience learning difficulties for instance.

### **2. Education**

The Looking After Children project identified that a child or young person's education needs may not be adequately met once they enter care. Attention must be paid to not only the child's attendance but also the child or young person's academic progress. Children who are not in care but under a statutory order also require consideration of their educational opportunities as part of a complete assessment of their wellbeing.

### **3. Identity**

Issues of poor self esteem and lack of self identity are frequently cited as issues of concern for children who are in out of home care or who experience ongoing issues in relation to their general care and safety. Attention needs to be paid to the child or young persons self esteem and strategies developed to promote positive self image.

### **4. Family and Social Relationships**

If children are not in the care of their family, it is crucial that positive links with family and friends are maintained wherever possible. Remembering that most children return to their family environment even if removed for some years, efforts must be made to build, or create if not evident, positive family connections. Consideration can be given to programs such as Family Group Conferencing to assist with this work.

### **5. Social Presentation**

If social presentation is poor, negative impacts may be experienced in other aspects of the child or young persons functioning.

### **6. Emotional and Behavioural Development**

As well as addressing physical health, there may be factors within the child's emotional or behavioural development which impact on their capacity to develop. It is important that attention is paid to these issues and that caregivers are given support to manage problems which may arise.

### **7. Self-care Skills**

At each developmental stage, children and young people must acquire skills in completing tasks for themselves. These include toileting and dressing for toddlers, through to general hygiene issues and self management issues for young people. In particular young people who are in out of home care may require additional self-care skills if practical and emotional support is not available from family. Self care skills also extend to the young persons capacity to navigate tasks such as banking, income support and housing.

**Descriptors of Harm Consequence levels:**

<b>Consequences of Harm</b>		
<p><b>Significant Harm is Extreme:</b> Impact on child/young person is extreme, enduring or deteriorating and likely to result in permanent consequences</p> <p>Examples for workers use only: Extensive or life threatening injuries; head injury or multiple injuries; other injury or physical condition requiring medical intervention (eg pregnancy, STD); any injury or shaking to an infant; abandonment; suicide attempts/thoughts; dangerous self-harm/risk-taking/substance abuse/situations; repeated sexual harm; sexual penetration ; developmental delay/failure to thrive/extreme lack of food, fluids, supervision, medical or basic care associated with ongoing caregiver omissions; experiences of trauma/panic/ terror; enduring, severe or permanent psychological impairment or condition; extreme lack of attachment or detachment; extreme humiliation/ rejection</p>	<p><b>Significant Harm is Serious:</b> Impact on child/young person is observable, ongoing and/or intrusive to functioning or health</p> <p>Examples for workers use only: observable injury or condition (eg welt, bruise, strap-mark/eating disorder, conduct disorder, soiling, school refusal); sexual harm/exposure (including lower tariff sexual offences); deterioration in cognition/attention; continuous inadequate provision of food/fluids/supervision/ medical or basis care;; fearful/anxious; lengthy/ continuous absconding; repeated exposure to/potential for physical harm from family violence; scapegoat/ threatened; ambivalent/inconsistent/ inadequate attachment or caring relationships; altered or negative impact to self-esteem/self-confidence/self-esteem/peer relationships.</p>	<p><b>Significant Harm is Concerning:</b> Impact of harm is immediate, isolated and not persisting</p> <p>Examples for workers use only: no injury; minor injury not requiring medical intervention (eg slap mark on bottom); inappropriate/minimal sexual exposure (activity or material); isolated/minor/ chronic low-level lack of basic care, stimulation or supervision; occasional and/or minor substance misuse; emotional or psychological harm limited to timeframe of incident; no effective guardian-some self-sufficiency; tense/conflictual relationships; apprehensive/ fretful; limited truanting; non-dangerous acting-out/attention seeking; minor alterations in affect/mood/behaviour/ confidence.</p>

## EXPLANATORY NOTES: RISK ANALYSIS GUIDE

Workers are advised to complete the Risk Analysis Guide from the perspective of the 'immediate assessment period'. This most notably affects the description of protective factors. For instance an intervention order may provide immediate protection, but not sufficient safety to close the case without a period of testing. Workers may therefore distinguish between 'immediate', and 'ongoing' protection.

**1. Describe the actual or believed harm to the child or young person, including observations, opinions and indicators (update as necessary as analysis proceeds): [Estimate of severity]**

Actual harm: Harm of a type specified in s.63 which can be demonstrated as having been suffered by a child or young person.

Believed harm: A reasonable belief that harm of a type specified in s.63 has been suffered, or is likely to be suffered in the future.

Harm should be described in the terms of s.63 CYPA 1989, with observations, opinions and indicators supporting the worker's assessment of described harm(s).

Considers factors relating to the child's vulnerability to harm, and the severity and pattern of past harm, in so far as these factors contribute to estimating the probable severity of any believed harm.

Prior to direct family contact, believed harm is that alleged through the notification and assessed by the protective worker as a reasonable belief.

At each new application of the Risk Analysis over the protective process, the assessment of actual or believed harm is updated relevant to the current assessment period.

It is important that if the harm(s) cannot be agreed to between worker and family, that at least the family clearly understands the rationale for the worker's position.

**2a. PATTERN AND HISTORY OF HARM [Estimates likelihood of harm]  
Detail history of all significant harm suffered by *child or young person* including severity and pattern (ie is the harm escalating/ constant/ diminishing?). Include information about any prior notifications to protective services and any court involvement:**

**2b. Detail history of all significant harm caused by the *carer(s)* to any children or young people including severity and pattern. Include information about any prior notifications to protective services and any court involvement:**

The information in this help button is drawn from: Reid, Sigurdson, Christianson-Wood and Wright (1995). Basic Issues Concerning the Assessment of Risk in Child Welfare Work. Faculty of Social Work and Faculty of Medicine, University of

Manitoba and the Manitoba Risk Estimation System (MRES) Sigurdson, Reid and associates, (1990, 1996).

“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 significant trauma and/or effective therapeutic intervention one would expect past behaviour patterns to be continued into the future.”

In completing this item, the following should be considered (MRES, 1990):

- any occurrence of maltreatment shows the adult is capable of this behaviour - no incident should therefore be considered trivial;
- as the number of occurrences increase, the pattern becomes increasingly difficult to alter, thus the greater the number of instances, the greater the probability of recurrence;
- an increased frequency of occurrence is a significant indicator of an increased probability of occurrence;
- while any instance of maltreatment behaviour is relevant, an event that is in the distant past may indicate that the causes of the behaviour have been resolved. This should not be confused with an absence of opportunity eg. perpetrator in prison or has no access;
- pattern includes consideration of recency, chronicity and frequency summarised as escalating, constant or diminishing harm.

The item also considers the pattern and history of harm to the particular child or young person (as opposed to only caregiver characteristics). As with caregiver characteristics, this impacts on estimation of the probability, and the probable severity of any future harm.

### 3. Child or Young Person

- age; development; functioning (For young people, include factors which impact upon capacity to protect /care for self) **[Estimates vulnerability]**

#### **Describe factors which increase Vulnerability to Harm**

Infancy, sleepless babies; children with a disability, behavioural difficulties; adolescents: risk-taking; substance abuse; sexual offending; suicidal etc.

#### **Describe factors which Increase Safety:**

**Strengths** Child/young person can identify risks in situation; positive peer group; mature; resilient.

**Protection** Protective adult in the home; a young person managing his/her crisis plan.

#### 4. Opportunity for Harm

- access of alleged perpetrator, exposure to harm **[Estimates Vulnerability]**

##### Describe factors which increase Vulnerability to Harm

Easy access of person alleged to have previously / currently harmed child; inadequate supervision; constant demeaning or criticising of child or young person's risk-taking peer group.

##### Describe factors which increase Safety

**Strengths** Adult with strong relationship with child; exceptions to harm.

**Protection** Protective adult in the home; enacted safety plan.

#### 5. Relationship and Beliefs

- attachment, quality of relationship and attitudes to harm and child (for young people consider significant relationships and attitudes to harm and self) **[Estimates Likelihood]**

"If an individual believes they are correct in their opinions ..., they will attempt to continue their behaviour so long as they are not prevented from doing so" (Reid, Sigurdson, Christianson-Wood and Wright (1995))

##### Describe factors which increase Likelihood of Harm

Child not valued; unrealistic expectations; continually criticised; parent concerned more about self than child; shows little concern for injury/circumstances, prognosis, treatment or care; discontinuous/estranged/blaming relationship. Young person with low self esteem/regard for personal safety or values risky peer group activities/reckless indifference.

##### Describe factors which increase Safety

**Strengths** Child or young person is valued by parent; responsive relationship. Young person able to say 'no' to peers and attached to significant adult.

**Protection** Demonstrates protective actions which place child's (or for young person, own) need for safety first; positive interactions and regard for child or self.

## 6. Factors which impact upon Parenting

- functioning, relationships, stressors: history /violence /psychiatric illness /intellectual disability /substance abuse /socioeconomic **[Estimates likelihood]**

'The third (organising) 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. (Reid, Sigurdson, Christianson-Wood and Wright (1995))

\* Relates to item 7 - Supports and services

### Describe factors which increase Likelihood of Harm

Demand to cope exceeds ability; poor understanding of child's basic needs; childhood experiences of abuse or separations; history of violence towards others.

### Describe factors which increase Safety

<b>Strengths</b>	Presence of non-affected carer; places child's needs above own; indicators of prior good parenting.
<b>Protection</b>	Sustained participation in treatment; demonstrated problem solving capacity and resourcefulness.

## 7. Supports and Services

- family /friendship /community supports & attitudes to children /isolation; use of /co-operation /engagability with professional services; alternate carers /household members/significant others **[Estimates likelihood]**

### Describe factors which Increase Likelihood of Harm

Socially isolated; absence of extended family support; dissociation from cultural community and norms; criminal/transient/violent household or social group; unwilling to follow-up services; services unavailable; multiple placements.

### Describe factors which Increase Safety

<b>Strengths</b>	Connected to appropriate social, familial and cultural groups; positive relationship with alternate carer; mentor figure available; involved in developing/understands case plan and goals.
<b>Protection</b>	Sustained contribution to goal setting and enacting of mutually understood plans; sustained use of services; supports and resources enacted at times of crisis.

**8. SAFETY QUESTION: Is there any risk of significant harm to the child or young person over the immediate assessment period or is sufficient safety demonstrated?**

**SAFETY STATEMENT:**

The Safety Statement will provide the rationale for any significant decisions relating to the protection and care of the child or young person.

Risk of significant harm combines the workers assessment of harm consequences (item 1) and harm probability (items 2 -7) in order to reach the judgement of risk.

'Sufficient safety' is the degree of protection which would need to be demonstrated to ensure the safety of the child or young person over the immediate assessment period.

'The immediate assessment period' varies depending on the degree of supervision, monitoring or support required by the case phase and/or context. For instance, in initial investigation or for a high risk adolescent, the immediate assessment period may be one day until the next planned contact with the child, young person or family. For a child at home on a supervision order, the immediate assessment period may be up to one or two weeks until the next planned contact; while for a young person in a stable, long term placement, the immediate assessment period may be that until the next scheduled review. The matter of the ongoing need for protection is dealt with separately through the future risk judgement within the Case and Risk Assessment Summaries.