

Thinking about the way we think...

Practice Framework Development –
Assessments

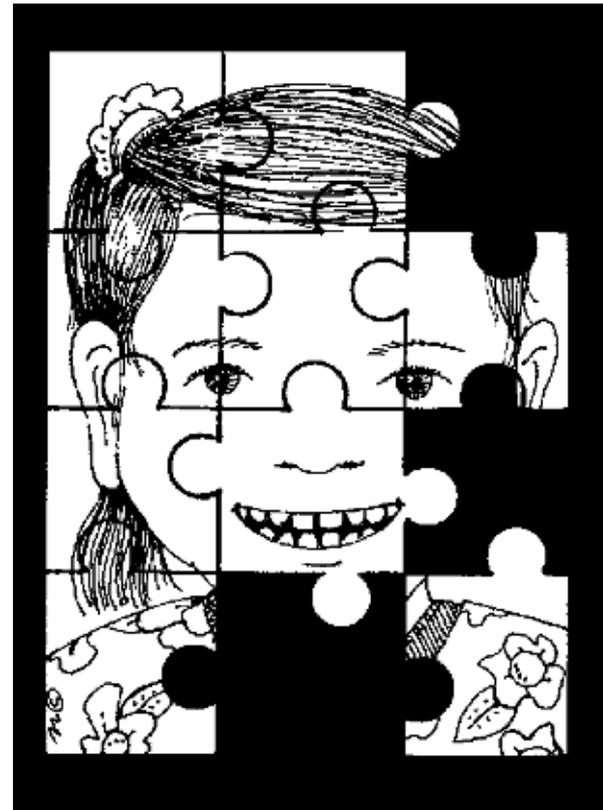


Dealing with the Unknown

- Child protection work inevitably involves uncertainty, ambiguity and fallibility due to an imperfect knowledge base.
- The public have high standards in safeguarding children but achieving them is becoming more problematic.

Putting the pieces together....

- In assessing a child's safety, accuracy is a crucial goal.
- The aim is to correctly identify parents who are abusive and minimise distress to those who are not.

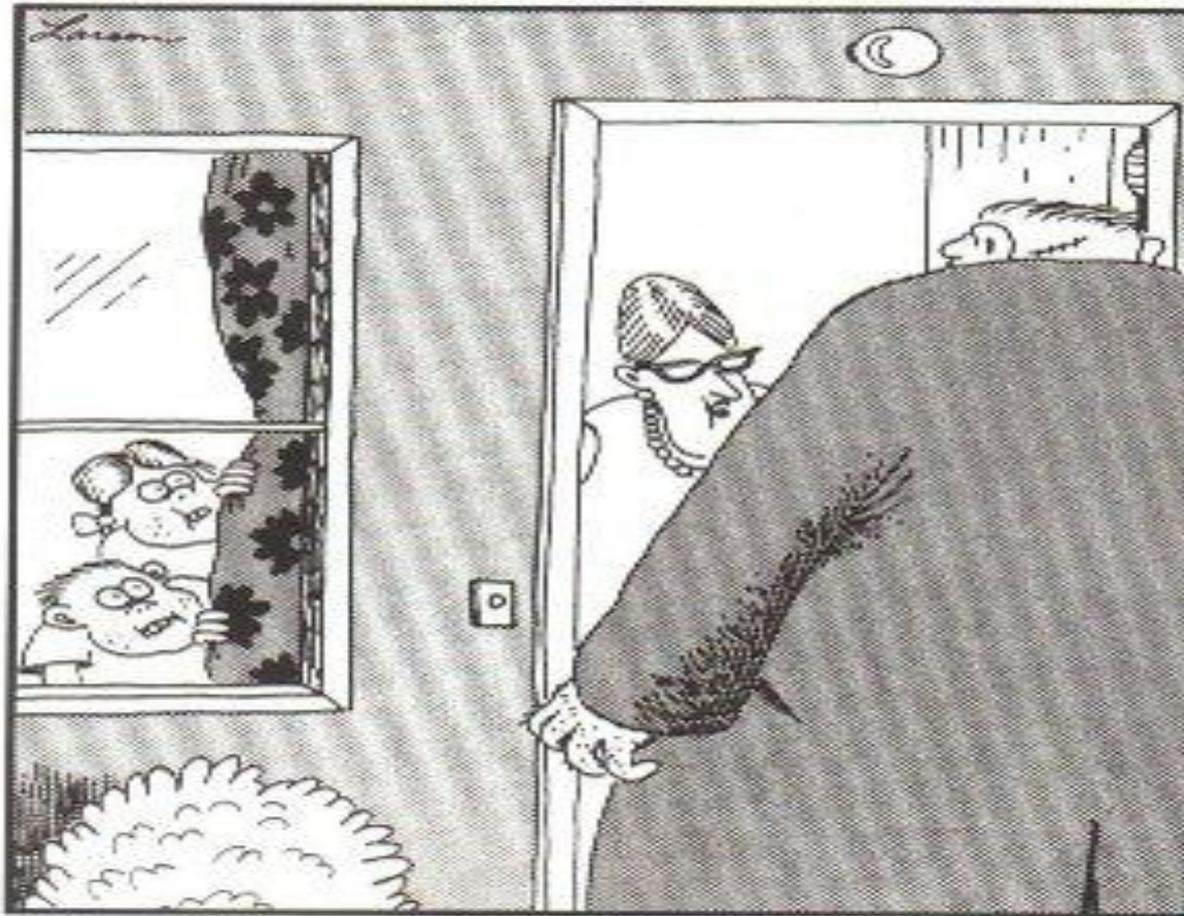


The Dilemma...

- No one wants to leave a vulnerable child suffering harm; and...



...No family (including yours and mine) wants visits from over powering officials interrogating families on personal issues.



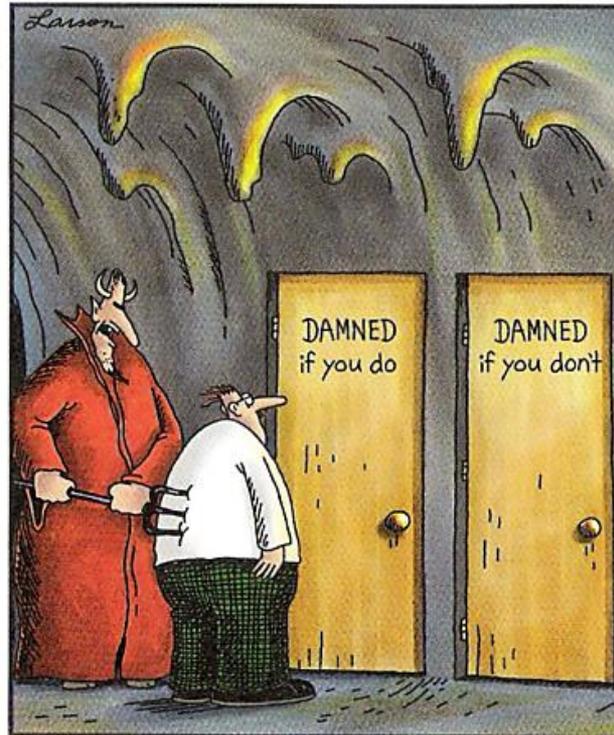
"Why, yes ... we do have two children who won't eat their vegetables."



Is there a greater challenge to reasoning skills?

- Limited knowledge
- High emotions
- Time pressures
- Conflicting values

It's little wonder why we feel like this..

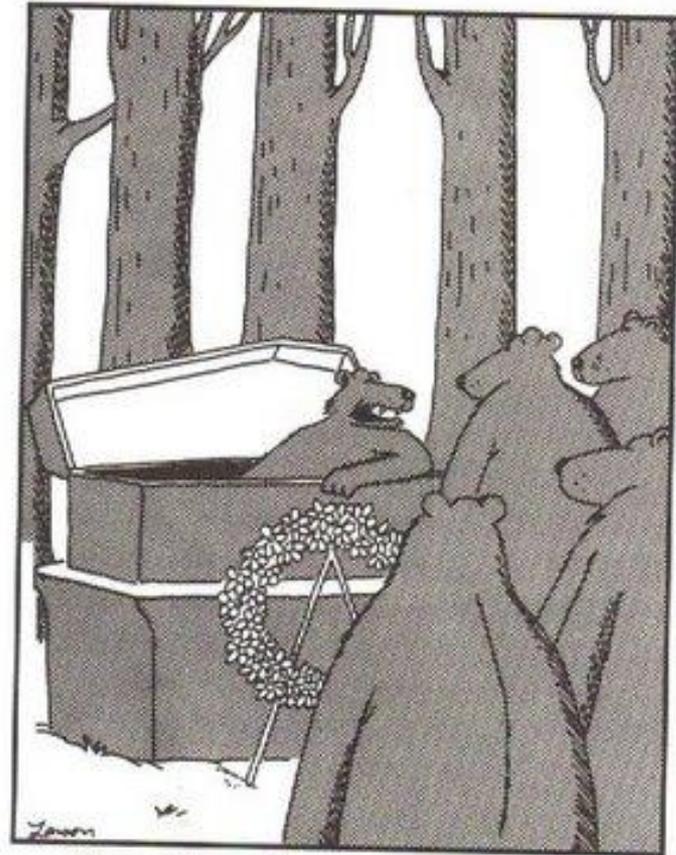


"C'mon, c'mon—it's either one or the other."

What influences our assessments?

- **Formal knowledge**
 - Professional training, policy, legislation
- **Practice wisdom**
 - Understanding through experience, (self and peers)
- **Emotional wisdom**
 - Self awareness, empathy
- **Reasoning skills**
 - Critically reflect on practice
- **Values**
 - Own ethics / values

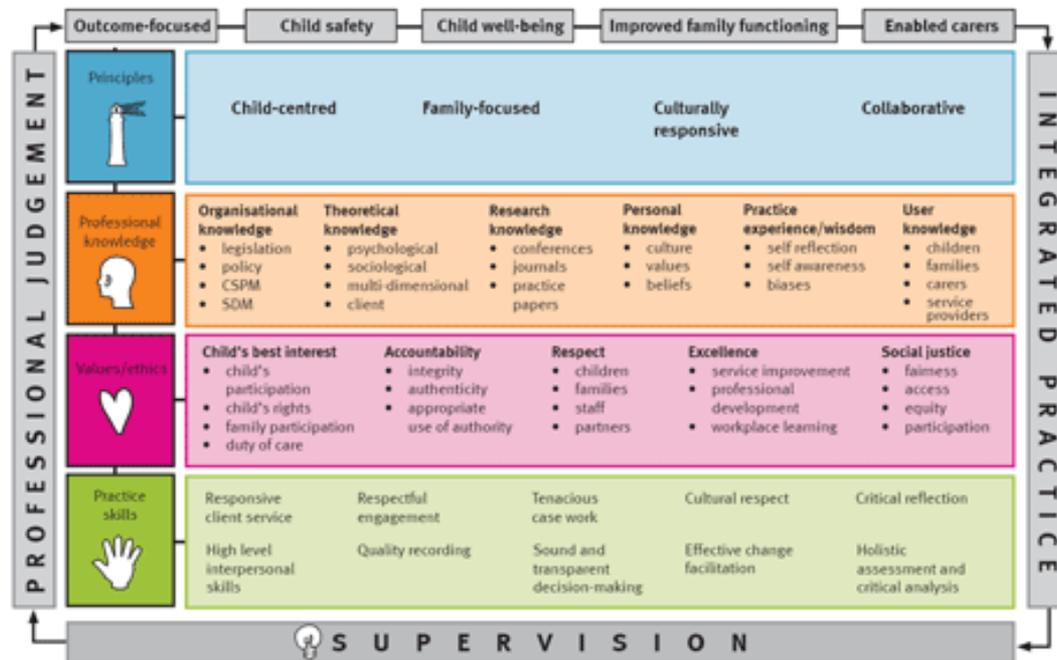
(Munro 2002)



“For crying out loud, I was *hibernating!* ...
Don't you guys ever take a pulse?”

Thinking clearly

- Thinking and decision making in child protection is influenced by emotions, values, reasoning skills, practice wisdom and formal knowledge.
- “Thinking clearly” means that practitioners will try to identify these influences so their practice is of a high quality, fair, ethical and transparent.
- A practice framework is simply *“a model for thinking about how we think”* (cited Vic Govt 2009)





There are many factors that influence our assessments..

- How does your understanding of relevant child, family and environmental factors impact on your assessment?
- How do your own values and beliefs impact?
- **Ask yourself...**

How would you report this?



Or this....



Or this....

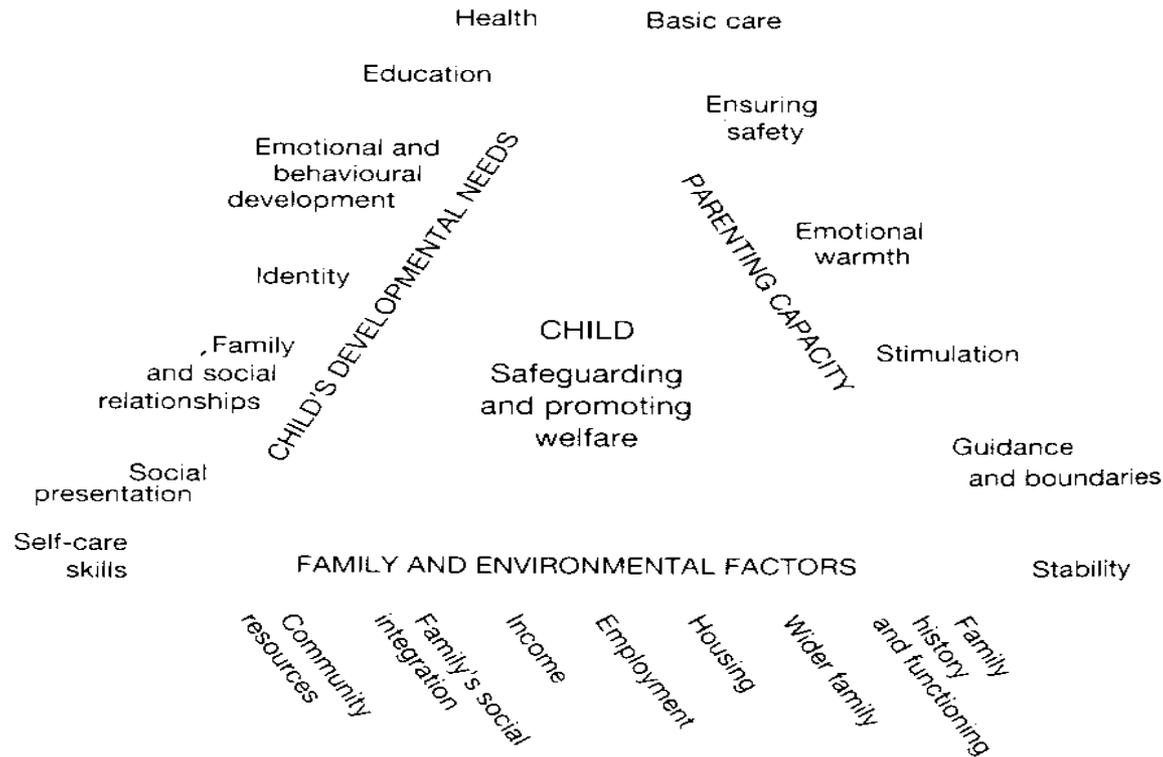


Or something closer to home?



A Risk Assessment Framework

Dept of Health, London





What is Harm ?

(Are you aware of any harm to the child)

- Harm is any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing.
- When considering your awareness of any harm to the child, look to categorise the harm into physical, emotional or psychological and link it to that of an abuse or neglect type from the parent.



Risk

(Are you aware of any risk of harm to the child)

- Risk of harm is to predict the likelihood of harm occurring in the future.
- Factors to consider when thinking of risk include:
 - Possibility vs. Probability of the harm occurring in the future
 - Vulnerability of the child – think of the child’s dependency on the parent to have their needs met
 - If harm were to occur, what impact will it have on the child? (severity)



Details of Parental Capacity

(What needs does the child require a parent to meet for them and what is the parent's capacity to meet the protective needs of the child?)

- Parental capacity to meet the care and protection needs of the child may be impacted by numerous factors.
 - Mental health
 - Drug and alcohol use
 - Domestic violence
 - Childhood experience/ history
 - Intellectual ability

- It is important to keep in mind that the presence of these factors do not necessarily mean that a child has been harmed.

- For child safety services to intervene, a link between parental action/inaction and the resulting harm or risk must be established.



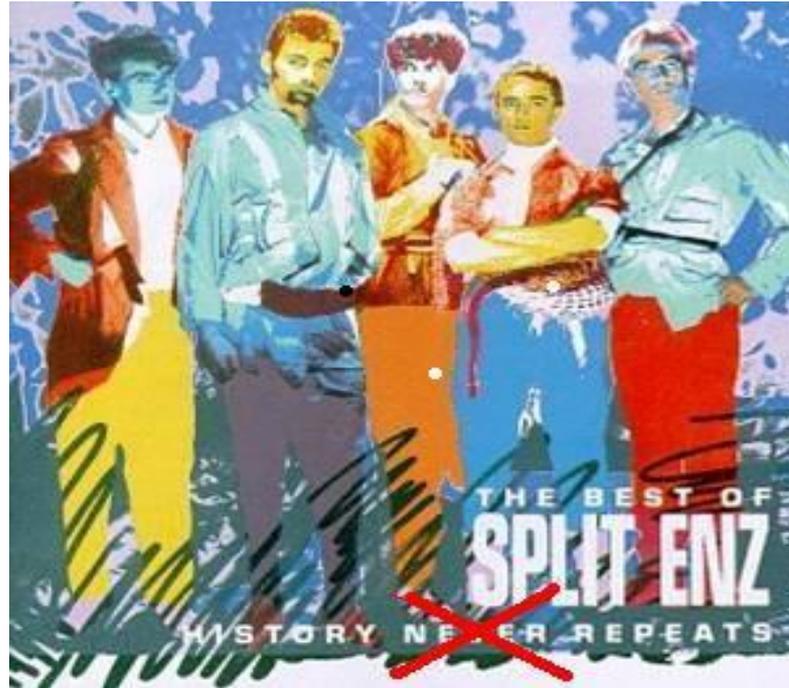
Family and Environmental Factors

(How does the interplay between the family and their environment serve to meet the needs of the child?)

- Parents' capacity to meet the children's care needs are impacted by family and environmental factors.
- These factors can serve as either a risk or protective factor for the children.

History

Who said history never repeats!



- History gives us a our best indicators of future harms; as well as better context in which to make a current assessment.



The challenge

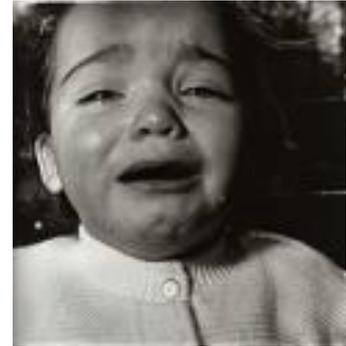
- Children who have experienced harm will demonstrate a range of behavioural issues.
- We need to be conscious of all behaviours that may indicate suspicion of abuse or neglect

What is Reasonable Suspicion?

- *Definition* - an objectively justifiable suspicion that is based on specific facts or circumstances.



What feelings are evoked?



What feelings are evoked?



Scenario



Information received from Child Protection Liaison Officer – Health Department

- Parents have failed to attend the last three scheduled paediatric appointments for child, Chloe, aged six, who has cerebral palsy and suffers from significant delay in emotional, cognitive, and social attainments.
- 3 letters have been sent to the parents, Michael and Karen Smith, to attend but the parents have failed to respond.

On the basis of this information:

- **What's the Harm? (As a result of abuse or neglect)**
- **What's the risk of harm? (As a result of abuse or neglect)**
- **Can you provide details of the parents/ carer's circumstances? (Parental capacity & characteristics)**
- **Are you aware of any relevant environmental factors? (Supports; stressors)**
- **Are you aware of any protective factors and/or family/child strengths? (Family's response to concerns; vulnerability of child)**
- **Are you aware of any relevant history of service**

Info received from School

- Concerns are raised for 6 yo Chloe, who has cerebral palsy. Last week, Chloe failed to come to school with lunch on one day and had tuckshop every other day of that week. She also came to school smelling and wearing the same unwashed uniform.
- Chloe has limited self care skills and is assessed as average intelligence. Although the cerebral palsy contributes to her developmental delay, concerns are raised that her mother's level of care is also a significant factor. The family dismisses these concerns and despite being offered a range of services, the parents have declined this support.
- Chloe has a brother Cody, who is 4 months old and the school is aware that Chloe's parents have recently had some relationship difficulties. The school is aware that Chloe has recently moved out of the home with her mother and brother.

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Info received from Child Health Nurse

- Lisa, the CHN, attended the home for the first time in a month - as the last appointment was cancelled due to the family moving house. On the most recent visit to the home, Lisa could hear from the street the mother yelling, "Shut up, I'm getting it!". When she got to the front door, she noticed baby Cody in his bouncer in front of the television, crying. Karen answered the door and the CHN noticed her to appear dishevelled. She had a bottle in her hand and it appeared as if she had just woken from a sleep. The house was untidy, which is unusual for Karen, and Lisa also noticed a hole in the wall. When asked about this, Karen said it was already there when she moved in.
- Karen roughly grabbed Cody out of the bouncer to feed him and when asked about how she was going, mother reported that she was "fine, just a little tired". She appeared flat in her affect. She said that her mother was coming up from Lismore tomorrow to stay for a week and that should help her get back on top of things. Most of her family are in New South Wales so she hasn't got anybody close by to help her out, apart from a sister, who she doesn't get along with.
- Lisa noted no concerns for Cody's health and weight and he was in the normal range of development.
- Lisa is aware that Karen has a daughter Chloe, who has Cerebral Palsy.
- Lisa is aware that health case notes commented that Cody was an unplanned pregnancy and Karen had contemplated termination.
- Upon her doctor's advice, Karen also ceased taking Zoloft during the pregnancy.

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Info received from Social Worker - Cerebral Palsy League

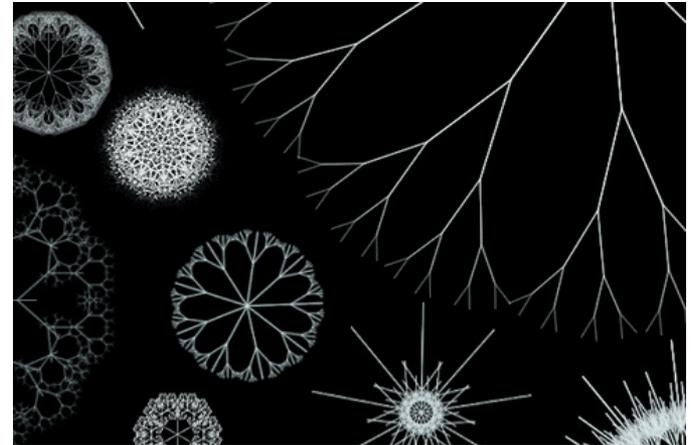
- Amanda, Social worker CPL, has concerns for Karen's emotional wellbeing and the welfare of the children. She has only visited Karen twice before and when she visited her yesterday and she was talking her through her recent separation from her husband. Karen indicated that they had been arguing about money and Michael had become angry. She said that he didn't hit her but that he hit the wall. (The hole in the wall was noticed in the kitchen about the size of a fist). He left the home after that. She said that she had never seen Michael angry like that before. Karen said that Cody was asleep at the time and Chloe was in her wheelchair watching television.
- Karen's mother was up from Lismore staying at the home staying from Lismore to help out. She said she had to go back tomorrow but would be back again next month as there is no other family nearby.
- Case history indicates that the previous worker at the CPL had said to Amanda as part of her handover; that despite making statements about being devoted to her daughter Chloe, Karen she does not seem to spend much time in contact with her.
- Chloe has a care package of 15 hours family assistance per week. Karen has repeatedly sabotaged or ended service provision by taking a personal dislike to the staff involved and making formal complaints about them. She is sometimes extremely complimentary about one staff member and very disparaging of another. She frequently expresses her belief, in very emotive and extreme terms, that she is being attacked or persecuted by professionals. At times, she has asked that Chloe be removed from her care as she "cannot cope", however, after venting, she has always recommitted herself to care for her in home.
- Tom, the CPL Occupational Therapist, also advised that although the cerebral palsy contributes to Chloe's developmental delay, they have concluded that her mother's level of care is also a significant factor. Chloe has difficulty in walking and uses a wheelchair most of the time, however, Chloe has got potential to do more but it may be that the treatment plan is not being followed.

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Key messages

- **Realise that your framework for practice like a snowflake.....there are no two in this world that are the same!**



- **Understand how the interplay between your formal knowledge; practice wisdom; emotional wisdom; reasoning skills and values shapes your practice framework....and indeed your practice!**
- **Understand that you are often entrusted with a child's only chance of a childhood.....**

SO.....

- Lets ensure that all children feel safe, confident and valued.....





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