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| Good Practice Bulletin |
| Spotlight on cumulative harm  Office of Professional Practice, Issue 3, June 2017 |

# Chief Practitioner’s welcome

# https://pbs.twimg.com/media/CT_R-HeUwAArKqK.jpg Tracy Beaton

Since our last edition I’ve been pleased to hear feedback about how the Good Practice Bulletin is making a contribution to our professional learning. The case study featured in the second edition raised important questions about the need to challenge assumptions that may be held relating to culture when considering perpetrators of family violence.

In this edition, we turn our minds to cumulative harm. Over the last decade, child protection legislation and policy in this area has evolved, now recognising the profound impact which multiple adverse or harmful circumstances or events can have on a child. As practitioners, we bring a cumulative harm lens to our practice when we look beyond reported concerns and seek to understand what is happening in a child’s daily life and known history. A critical analysis of previous reports supports our ability to recognise patterns of cumulative harm, putting us in a stronger position to identify and interrupt these patterns and move towards recovery.

Evidence continues to grow which documents the impact of early adversity on children’s development. As practitioners, we can draw on this evidence to effectively articulate the need for early intervention where children are exposed to cumulative harm. This short [video](http://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development-video/) provides an overview of current research and includes some of the significant results from the Adverse Childhood Experiences study which has uncovered links between adverse experiences in childhood and health outcomes in adulthood.

## Focus on describing impact and taking action

In this edition we focus on the action component of the Best Interests Case Practice Model. In the action phase we might consider our approach where parents can’t or won’t change, or are unable to demonstrate sufficient change within the developmental timeframes required by the child.

## Case study

*The following exercise can be used to prompt discussion within supervision, peer supervision and reflective practice sessions.*

Laura, aged 14, is the eldest in a sibling group of three. Laura stopped attending school six months ago. She is harming herself by cutting her upper arm with a pocket knife. This seems to be getting worse, and she recently overdosed on her mum’s medication. Over the past three years she has attended three secondary schools, three hospitals as the result of suicide attempts and four mental health services for treatment. Mental health professionals have suggested Laura meets diagnostic criteria for a number of mental health disorders including borderline personality disorder (BPD), post-traumatic stress disorder (PTSD) and depression.

Six reports have been made to child protection regarding Laura, the first when she was 18 months of age. Four were closed at intake and two were closed following investigations.

A new report has been received by child protection after Laura presented at the emergency department with a deep laceration to her arm. A review of the file found the following:

* At 18 months of age Laura was observed in the front yard inadequately dressed for cool weather and playing unsupervised close to broken glass after the front window was smashed the previous week.
* When Laura was nine years of age, her mother attempted suicide twice. In the second instance, Laura called the ambulance and accompanied her mother to hospital following an overdose. Child protection closed the case following an investigation.
* At 12 years of age, Laura reported to her aunt that she had been sexually assaulted by an adult neighbor.
* At 13 years of age, Laura went to stay with a school friend’s family after telling them that her mother and her step father frequently slapped her. The school friend’s mother called child protection.
* At age 13, concerns were raised that Laura was having contact with her maternal uncle, a registered sex offender. The case was closed following an investigation which assessed Laura’s mother as protective.

## Discussion prompts

The discussion prompts below may be transferred to other cases to assist with case formulation

Summarise Laura’s experience:

Frequency – number of incidents or events in her life

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Type – number and description of the different types of negative life events

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Severity – how severe was the behaviour of the adults in relation to Laura

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Perpetrators – how many adults place Laura at risk of harm?

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Duration – period of time over which the negative life events occurred

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Strengths

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## Focus on *Action* in the Best interests case practice model

An intake worker became concerned about cumulative harm following the receipt of the seventh report about Laura. A decision was made to investigate.

*Who would you invite to attend a case conference and what additional information or outcomes would you seek?*

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*How might you discover Laura’s perspective of her childhood?*

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*Based on the information above write a paragraph about the impact of the events in Laura’s life. This risk assessment summary could be used as preparation for a discussion in supervision or a case planning meeting or as part of a court report). Include information on the actual and likely* ***impact*** *on Laura across all areas of her development including: physical, emotional, psychological, and social.*

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| Email: [*officeofprofessionalpractice@dhhs.vic.gov.au*](mailto:officeofprofessionalpractice@dhhs.vic.gov.au)to request an example paragraph |

## Would you like more information or guidance? See the following resources:

Child Protection Practice Manual, specifically

* + Early years science – brain development

Specialist practice resources including

* + Best interests case practice model summary guide
  + Cumulative harm
  + Child development and trauma guide

**Effects of stress on the developing brain**

Watch or listen to this [16 minute TED talk](https://www.youtube.com/watch?v=95ovIJ3dsNk), where paediatrician, Nadine Burke Harris discusses the tangible effects of repeated stress on the developing brain. She highlights the importance of early identification and intervention in order to mitigate against significant health risks.

## Cumulative harm, learnings from recent reviews and significant incidents

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| Ok, Check, Todo, Agenda, Icon, Symbol, Tick, To Do, Gui | Best practice occurs when you work collaboratively in a child focused way |
| Ok, Check, Todo, Agenda, Icon, Symbol, Tick, To Do, Gui | Timely case conferences are key to good information sharing and planning |
| Ok, Check, Todo, Agenda, Icon, Symbol, Tick, To Do, Gui | Identify a lead case manager at case closure |
| Ok, Check, Todo, Agenda, Icon, Symbol, Tick, To Do, Gui | Where sexual abuse or exploitation is a protective concern, remain alert to other risk factors including cumulative harm |
| **Please see updated practice advice, including practitioner tasks regarding closing a case** | |

On behalf of the Office of Professional Practice, we hope you have found this issue of the Good Practice Bulletin useful. If you have any feedback or ideas about what you would find useful to include, email *officeofprofessionalpractice@dhhs.vic.gov.au*

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