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| Good Practice Bulletin |
| SAFER Children Risk Assessment Framework  Office of Professional Practice, Issue 1, December 2018 |

Chief Practitioner’s welcome



#### Tracy Beaton

Welcome to this special edition of the Good Practice Bulletin. This is the first in a series of periodic bulletins updating you on the development of the SAFER Children Risk Assessment Framework (SAFER).

The Office of Professional Practice is developing this updated child protection risk assessment framework with and for Victorian child protection practitioners. SAFER will provide practitioners with new tools and resources to guide effective and evidence informed assessment and the management of risk, safety and needs of children involved with the Victorian child protection program.

The project builds on the work from the Victorian Risk Framework (VRF) and Best Interests Case Practice Model (BICPM) and is occurring in parallel to a review and refresh of BICPM.

The SAFER acronym summarises the following key practice activities:

* Seek and share information
* Analyse the information gathered to determine risk of harm
* Formulate a plan of action to address those risks and the child’s needs
* Enact the plan; and
* Review changes and reassess the risks.

However SAFER does more than describe your key practice activities. SAFER is a framework that will include practice guides, tools and templates to support all Victorian child protection practitioners as you work with children and their families, assessing risk and making plans.

SAFER links strongly with the Child Protection Workforce Strategy 2017 - 2020 and the Child Protection Capability Framework. New learning and development opportunities are being designed to build the essential skills and knowledge staff need to move from beginning practitioners through to advanced, leading and expert practitioners.

## SAFER Children Risk Assessment - Pilot

The SAFER tools in development, drawn on contemporary research and evidence-based literature and use a co-design approach with practitioners. Developing templates that are useful in practice and support critical thinking is important as we work to strengthen our risk assessment approach. Since September 2018, practitioners in Barwon have been testing the tools and providing feedback on their experiences. This will assist in further refining the tools prior to statewide implementation in mid-2019.

## Learning and Development

A learning and development strategy is being prepared to ensure you will be well-positioned to implement SAFER next year. This will include a whole of workforce approach to deliver face to face and online training. It will be targeted to practitioners, leaders and managers to assist in the integration of SAFER into practice. Beginning Practice will also be revised to reflect the new approach to assessing and managing risk.

## CRIS Enhancements

We are working on enhancements to embed the SAFER approach and templates into CRIS. This will focus on creating stronger visibility, accessibility, transparency and record keeping about how we assess risk and protective factors.

**Evaluation of SAFER**

The department’s Centre for Evaluation and Research is undertaking an evaluation of the project. The evaluation scope includes the pilot and co-design approach, the framework and state-wide implementation.

The evaluation has four key components:

* To assess improvements during the pilot stages
* To assess the quality of the risk assessment framework
* To understand the quality of implementation and early outcomes; and
* To assess outcomes for children and young people as a result of SAFER.

In the first phase of the evaluation, two focus groups were held in Barwon to evaluate the development of the tools and the pilot.

## Finally…

We hope to build on the good work that happens each and every day in child protection. SAFER provides us with an opportunity to continue to evolve and ensure our approaches to risk assessment are contemporary and informed by the latest research. It also provides us with an opportunity of continuous learning to ensure we provide a high quality service to our most vulnerable children and families in Victoria.

## Case Study

Mark is a two day old baby born at 34 weeks gestation. His mother, Jasmine is a 22 year old woman with limited supports and is estranged from her family. Mark’s father has not been listed on the birthing record and is not known. Jasmine is determined to raise Mark. The hospital identified a number of risks for Mark including his premature birth, Jasmine’s history of severe chronic and debilitating back pain from a car accident and Jasmine’s self-reported use of marijuana and a dependency on prescription painkillers. Jasmine wasn’t known to child protection during her pregnancy. The hospital was also aware that Jasmine was likely to be evicted from her unit. A report was made to child protection by the hospital due to their concerns about Jasmine’s regular use of marijuana during pregnancy, her stated plans to continue to smoke daily and her addiction to prescription painkillers. As a first time mother with no family actively supporting and guiding her, the hospital are concerned that Jasmine’s parenting skills don’t match Mark’s short and medium term needs. They have observed Jasmine ignore Mark when he was crying and she swore at him when he had trouble feeding.

Using the SAFER Children Risk Assessment ‘S’ tool, Intake can then seek and record information about Jasmine and Mark, ensuring they asked for and recorded in CRIS specific evidence of the reported concerns. Noting the evidence of risk and taking into account his vulnerability and the likelihood that the reported risks to Mark would be exacerbated upon leaving the hospital, Intake referred the matter to Investigation and Response. The practitioner visited Jasmine and Mark in hospital. They spoke to the hospital staff including the social worker, midwife and nursing staff. With the new information, allocated practitioner and her team manager updated and added to the “S” tool, which lists the risk and protective factors as part of the SAFER framework. They also completed the “A” tool, which assisted with analysing the likelihood and severity of harm to Mark.

Drawing upon their professional judgement and the risk assessment generated through the “S” and “A” tools, the practitioner and the team manager formulated a plan (F) to address the challenges Jasmine and Mark were experiencing. This was recorded in the actions table of the case plan document in CRIS and included:

* practical and direct conversations with Jasmine about the developmental needs of her new born son and the specific areas of concern child protection held for Mark. The practitioner also listened to Jasmine’s hopes and dreams for herself as a parent and for her son
* a case consultation with a practice leader about Mark’s risk status as a new born and vulnerable infant
* a case conference with key professionals
* following the case conference, referral to a residential mother and baby unit to support Jasmine in the first two weeks and assess and develop Jasmine’s parenting skills, in particular to reinforce Mark’s development needs
* referral to the enhanced maternal and child service and a consideration of a referral to Cradle to Kinder
* consultation with a drug and alcohol service to discuss the supports that may be available to Jasmine in order to address the marijuana and prescription painkiller use
* liaison with Jasmine’s general practitioner
* with Jasmine’s agreement, contacted a maternal aunt who offered support and respite for Jasmine two nights a week
* contact with Housing Services with a repayment scheme developed to ensure that Jasmine was able to retain her accommodation.

The above work supported the formulation and implementation of a practical plan proportionate to the concerns. It was based on Jasmine’s strengths and protective factors and build on those protective factors. The strengths included a stated commitment to parenting Mark and a willingness to work with child protection to develop a safety plan for Mark and accepts supports. The practitioner was concerned about the limited number of protective factors and worked to develop these factors over the first weeks of the assessment, planning and engagement with Jasmine. With the support of her aunt, Jasmine has also built a stronger relationship with an older cousin who is also a first time mother. While the relationship with immediate family continues to be strained Jasmine has commenced intermittent contact with her father and her sister.

## Further Information

For further information, visit our intranet page or contact:

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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, please email CP.Risk.Asessment.Project@dhhs.vic.gov.au

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