

Practice information

The safety assessment

Completion of the safety assessment assists with decision-making about whether a child is at immediate risk of serious harm and requires protective intervention, and determining what interventions are required to maintain their protection.

Structure of the safety assessment

There are four sections to the safety assessment.

- Section 1: Immediate harm indicators. This section contains 13 questions, or immediate harm indicators, which focus on key parental behaviours or household conditions that present a serious and imminent threat of harm to the children.
- Section 2: Safety interventions. This section contains eight non-custody intervention options and three placement intervention options, which can be utilised to ensure the children's safety.
- Section 3: Safety decision. This section records the safety decision from the previous two sections.
- Section 4: Safety plan. This section records the safety plan that is developed with the family, **whenever any immediate harm indicator has been identified and at least one child will remain in the home.**

Practice considerations and appropriate completion

The following practice considerations are considered as part of completing each safety assessment.

1. General completion information

- Only one household can be assessed as part of a safety assessment, regardless of the number of subject children in a household. If the parents do not reside together, and there are concerns in both households, including concerns relating to failure to protect, then one safety assessment is completed for each household.
- The safety assessment for all children in the household is recorded in one safety assessment in ICMS, although there may be more than one safety plan recorded.
- A safety assessment should occur within the response timeframe assigned to the notification. When this cannot occur, every effort is made to begin the process of the safety assessment by gathering information about safety from other sources, such as a recognised entity for an Aboriginal or Torres Strait islander child, the QPS or other professionals with knowledge of the family.
- Where the circumstances of the case require immediate action to protect a child, the completion of the safety assessment documentation may be postponed, however, this should occur as soon as possible and within 72 hours from the initial face-to-face contact with the child.
- The overall outcome of the safety assessment reflects the safety of the most vulnerable child in the family.
- The term 'parent' is not restricted to legal or biological parents. The definition of 'parent' is outlined in the Child Protection Act 1999, section 11. For Aboriginal and Torres Strait Islander

children the definition includes family members who have been given the cultural responsibility to care for the child.

- Consistent decision-making and the effective completion of the safety assessment and, where required, safety plan, is dependent on:
 - gathering sufficient, accurate information
 - having a thorough knowledge and understanding of the definitions in order to identify immediate harm indicators and reduce the likelihood of subjective interpretation.

The CSO contributes to a collaborative planning process by:

- providing parents with the information that they require to fully participate
- developing a common understanding with the parents about the identified harm indicators
- encouraging the family to identify people or services that they know and trust, who can participate in a safety plan
- providing information and contact details for emergency or crisis services that may be necessary, for example, dvconnect.

2. Aboriginal and Torres Strait Islander children

The recognised entity is provided with an opportunity to participate in the decision-making related to the completion of a safety assessment, and a safety plan where required, for an Aboriginal or Torres Strait Islander child. Where a safety plan is developed, the role of the recognised entity as a safety resource is articulated in the plan.

3. Immediate harm indicators

When completing section 1, the following factors and their relevance to the child's safety are considered:

- imminence: whether there is immediate or imminent danger to the child
- seriousness: whether the harm or risk of harm is serious or severe (that is, probable danger or serious harm to the child's health or physical or emotional well-being)
- clear evidence: whether there is credible information that confirms the presence of an immediate harm indicator in the household. The assessment is not based on speculation or hearsay.

The responses to the immediate harm indicators are informed by a combination of direct enquiry with the child and parents, or through observation and information gathering from other parties. Each immediate harm indicator is considered as part of the safety assessment.

4. Safety interventions - non-custody interventions

Where one or more immediate harm indicator is identified as being present in the family, the CSO, in discussion with the family, considers a range of interventions (or combination of interventions), that could be implemented to allow the child or children in the household to remain safely in the home. Any identified interventions are to be:

- adequate to control and manage the identified harm
- accessible immediately to the child and family
- available in terms of the required frequency of intervention
- acceptable to the parent, child and any external parties that will be involved.

Table 1 outlines the eight non-custody safety interventions and the key considerations to guide the use of each intervention.

Table 1: Non-custody safety interventions and key considerations

<p>1. Intervention or direct services by the CSO/CSSO as part of a safety plan.</p>	<ul style="list-style-type: none"> • Is the parent and child willing to accept and co-operate with direct contact from the department? • What capacity does the CSO or CSSO have for direct contact?
<p>2. Use of family, neighbours or other individuals as safety resources, including brief overnight stay as arranged by the family if appropriate.</p>	<ul style="list-style-type: none"> • Who in their family or social network is capable of prioritising the child's need for safety? • Will they agree to accept the role/responsibility?
<p>3. Use of community agencies or services as safety resources.</p>	<ul style="list-style-type: none"> • Is the service accessible immediately and with the required frequency for the child's safety? • Is this suitable to the family? • Will the agency co-operate with the department's need for feedback?
<p>4. A parent who has not harmed the child agrees (and is both able and willing) to protect the child from the alleged person responsible for the harm (in cases of sexual abuse, this intervention may not be used as the only intervention in a safety plan).</p>	<ul style="list-style-type: none"> • Is this level of responsibility feasible, taking into consideration the dynamics of domestic violence, child sexual abuse or past failure to protect?
<p>5. The person alleged responsible for the harm will leave the home, either voluntarily or involuntarily.</p>	<ul style="list-style-type: none"> • What is the likelihood that this parent will adhere to the arrangements? • Does there need to be an alternate strategy? • What is the other parent's ability to undertake these arrangements?
<p>6. The parent who has not harmed the child will move to a safe environment with the child.</p>	<ul style="list-style-type: none"> • How sustainable is the temporary arrangement? • What impact does this have on the investigation and assessment? • Is a safe environment immediately accessible?
<p>7. Legal action planned or initiated - custody remains with the parent.</p>	<ul style="list-style-type: none"> • What additional response is required (if any) until the legal action is secured?
<p>8. Other</p>	<ul style="list-style-type: none"> • Any other significant factor that will secure the child's safety.

5. Safety interventions - placement interventions

Where a placement intervention is required to secure a child's immediate safety, the CSO attempts to engage the child's parents to work with the department in a voluntary capacity (Child Protection Act 1999, section 5). In circumstances where a parent does not agree to the placement of the child in out-of-home care, consideration is given to seeking an assessment order or a child protection order. Where a child is placed with an approved carer, normal placement procedures apply.

Table 2 outlines the three placement intervention options and the key action for each intervention.

Table 2: Placement interventions and key actions

<p>9. The child's parent agrees to place the child in a departmentally approved placement under an assessment care agreement.</p>	<ul style="list-style-type: none"> An assessment care agreement is signed between the child's parent and the department, and the child is placed in an out-of-home care placement with an approved carer.
<p>10. The child is placed in custody under an assessment order (TAO or CAO) because no other interventions are available to adequately ensure the child's immediate safety.</p>	<ul style="list-style-type: none"> A TAO or CAO is sought by the department, and the child is placed in an out-of-home care placement with an approved carer (<i>Child Protection Act 1999, section 28 or 45</i>).
<p>11. The child is placed in custody under a child protection order or interim order because no other interventions are available to adequately ensure the child's immediate safety.</p>	<ul style="list-style-type: none"> An application is made for a child protection order, and the child is placed in an out-of-home care placement with an approved carer (<i>Child Protection Act 1999, section 61</i>).

The decision to end a placement intervention as part of the safety assessment occurs:

- when a subsequent safety assessment establishes that the child is 'conditionally safe' and can be returned home with a safety plan; or
- when a subsequent safety assessment establishes that there are no longer any 'immediate harm indicators' present and the child can return home safely; or
- as part of a case plan decision for the child to remain in an out-of-home care placement, under intervention with parental agreement or a child protection order.

6. Safety decision

Section 3 records the safety decision for the safety assessment, either:

- Safe:** no immediate harm indicators are identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- Conditionally safe:** one or more immediate harm indicators are present, and non-custody safety interventions have been planned or implemented. Based on safety interventions, all children will remain in the home at this time. A safety plan is completed with the family.

- Unsafe: one or more immediate harm indicators are present, and placement is the only safety intervention possible for one or more children. Without placement, one or more children will likely be in immediate danger of serious harm.

7. Developing a safety plan

A safety plan is always required when any child remains in a household where any immediate harm indicator has been identified.

Completing the safety assessment

To complete the safety assessment, the CSO works through the steps outlined in **each of the four sections**.

Section 1: Immediate harm indicators

This section is completed for all safety assessments. Section 1 is completed by:

- determining whether any immediate harm indicators are present in the family, by gathering the required information from observations of, and interviews with, the child, their family and other relevant people
- selecting all immediate harm indicators identified as being present in the household, and using the comments section in the safety assessment to briefly describe the situation and the children to whom the immediate harm indicator applies
- where no immediate harm indicators are identified, recording a safety decision of 'safe' in section 3 - no further action is required
- where immediate harm indicators are identified, selecting all applicable immediate harm indicators
- in discussions with the family (and others present, if appropriate), explaining that action is required to ensure the immediate safety of the children in the household.

Section 2: Safety interventions

Section 2 is completed whenever an immediate harm indicator has been selected in section 1. Section 2 is completed by:

- involving the family in discussion to determine the most suitable intervention/s, either:
 - non-custody interventions that will keep the children in the household safe, with reference to the most vulnerable child in the home
 - a placement intervention to ensure the children's safety.
- if non-custody interventions cannot ensure the child's safety, selecting a placement intervention in consultation with the team leader
- explaining to the family the role of the department in either monitoring or undertaking interventions
- selecting the intervention or interventions identified for implementation to ensure the safety of the child/children
- ensuring that the correct safety decision is recorded in section 3 when recording the information.

Section 3: Safety decision

This section is completed for all safety assessments. The safety decision is automatically recorded in ICMS, following the completion of the first two sections.

The CSO ensures that the correct safety decision for each child is recorded, either 'safe', 'conditionally safe' or 'unsafe'.

Section 4: Safety plan

Section four is completed whenever any 'immediate harm indicator' has been identified and at least one child will remain in the home.

The safety plan is recorded in ICMS and the completed safety assessment and safety plan (where required) is submitted to the team leader for approval.

Private arrangements

Sometimes the risks identified for a child are such that the child cannot safely remain in the home. Where the parents agree to take protective action and arrange for the child to stay with a family member or friend, this is referred to as a private arrangement (refer to Table 1: Non-custody safety interventions and key considerations - safety intervention number 2).

The use of private arrangements is likely to occur in the following scenarios:

- when the child needs to be out of the home for a short period of time, for example, over a weekend until the department can continue the investigation and assessment on the Monday
- when the child needs to be out of the home and has previously, or regularly, stayed elsewhere under a family arrangement, for example, family members regularly provide care for the child to assist the parents
- when the assessment is such that the parent will adhere to the arrangement until the department can further assess the concerns
- when it is part of a safety assessment for the child to reside elsewhere by a person nominated by the parent
- when the assessment is such that there does not need to be any legal parameters around the arrangement to protect the child.

As part of this arrangement, the CSO may ask the person to do certain things to keep the child safe. For example, the person needs to agree that if the arrangement is not sustainable, they will contact the department so another safety assessment can be re-negotiated with the parent.

Care agreements

If the parent does not choose to take protective action, the department is responsible for placing the child in an out-of-home care placement. It is more appropriate to enter into a care agreement with a parent under the following circumstances:

- it is in the best interests of the child to be provided with a formal, legal care arrangement and to be placed with a carer approved by the department

- it is assessed that the parent and/or the proposed person to care for the child may not adhere to a private arrangement and the child will return to the parent and the environment where the high risk factors exist, and the parent is more likely to adhere to a formal arrangement
- when the parent cannot identify a person to care for the child and the child requires a placement with an approved carer such as a departmental foster carer.