

DCP Assessment framework

for staff



Government of South Australia
Department for Child Protection

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1. Introduction

Assessment is a continuous process where practitioners build an understanding of the life of the child or young person, and their family, community and culture.

Assessments will have a different focus depending upon the phase of intervention and the unique circumstances of the child or young person and family or carer.

The DCP Assessment Framework (the framework) provides guidance on assessment that is complemented by the use of tools (including Structured Decision Making; SDM®). Additionally, practitioners must develop a sound understanding of the Practice Approach's Foundational Theories and Knowledge to ensure the effective use of the framework.

It is important to note that the framework is not intended to be used as a checklist but provides practitioners with detailed guidance to ensure that all domains of child and family life and other key factors are considered. Case consultation, supervision and reflective practice are integral to effective assessment in child protection work.

When making assessments in relation to Aboriginal children and young people, it is essential to consider whether active efforts are being made to honour the precursor and five elements of the [Aboriginal Child Placement Principle \(ACPP\)](#).

In this framework any reference to parent includes parents or any caregiver with parental responsibility.

In accordance with SA Government protocol the term 'Aboriginal' refers to people who identify as Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander.



2. Purpose of assessment

The purpose of assessment depends on the phase of work. All assessments must consider the child and young person's cultural context.

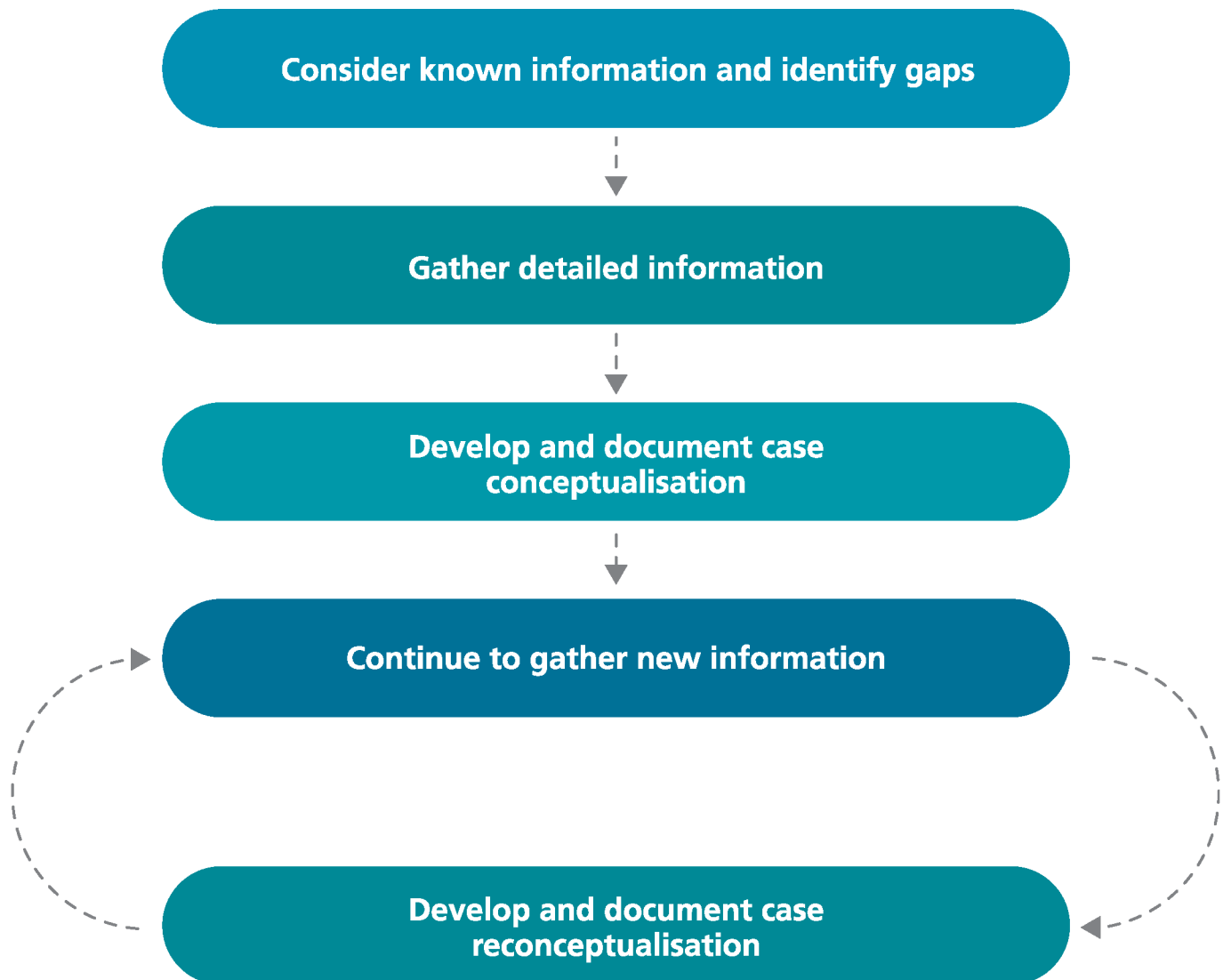
Phase	Purpose of assessment
Intake	<ul style="list-style-type: none"> → Assessing whether the information contained in the notification meets the threshold for a child protection response (i.e. the screening threshold) and if so, establishing the matter's urgency and the most appropriate response whilst considering the child or young person's vulnerability, circumstances and child protection history.
Investigation and assessment	<ul style="list-style-type: none"> → Determining whether harm to a child or young person has occurred, and if the harm was caused by any act of omission or commission by the parent → Assessing the immediate and ongoing safety of the child or young person and if necessary, determining what action is required to ensure their safety → Establishing whether the child or young person is at risk of future harm → Assessing the parent's responsiveness to the concerns and their capacity to ensure the safety of the child or young person in the immediacy → Establishing the child or young person's views and wishes → Identifying strengths and sources of formal and informal support to ensure the child or young person's safety, including considering whether a Family Group Conference referral is appropriate → Determining the most appropriate course of action that ensures the ongoing safety of the child or young person and minimises the risk of future harm.
Protective intervention (Family Preservation)	<ul style="list-style-type: none"> → Assessing the capacity of parents to provide safe care for the child or young person on an ongoing basis → Establishing the child or young person's views and wishes → Identifying the most appropriate intervention(s) required to ensure the child or young person's ongoing safety and reduce the risk of future harm → Identifying sources of formal and informal support for the family to ensure the child or young person's safety, including considering whether a Family Group Conference referral is appropriate.
Protective Intervention (Reunification)	<ul style="list-style-type: none"> → Assessing parenting capacity and determining whether there is a reasonable likelihood of the safe reunification of the child or young person with their family → Establishing the child or young person's views and wishes → Identifying sources of formal and informal supports for the family both during and post the reunification process → Assessing whether the placement is providing the supports (including cultural supports) necessary to meet the child or young person's needs → Assessing what contact arrangements are in the child or young person's best interests, and reviewing these arrangements to ensure they continue to be aligned with the child or young person's views and changing needs, and the family's progress → If reunification is assessed as viable, identifying a plan for timely reunification that supports both the child and young person and the family to resume their care. → Ensuring the child or young person is safe and their needs are being met subsequent to the reunification process.

<p>Children and young people in care</p>	<ul style="list-style-type: none"> → Establishing the child or young person's views and wishes → Identifying the child or young person's current and future needs, including when transitioning from care → Considering the child or young person's cultural identity and determining supports needed to continue to develop their connection to culture, community and country → Assessing what contact arrangements will best meet the child or young person's needs (including their need for cultural connections) and reviewing these arrangements to ensure they continue to be aligned with the child or young person's views and changing developmental needs → Assessing whether the placement is providing the supports necessary to meet the child or young person's needs (including their cultural needs) and continues to be in their best interests → Determining what interventions and supports may be required for the carers and the child or young person to ensure the child or young person receives quality care and has the opportunity to reach their full potential.
<p>Carer capacity (family based care)</p>	<ul style="list-style-type: none"> → Determining if a carer has the capacity to provide safe, stable and nurturing care for the child or young person now and into the future → Understanding the nature or quality of the relationship between the carer and the child or young person, including the carer's commitment to the child or young person → Understanding the views and wishes of the carer → Determining what supports a carer will need to ensure they are able to safely respond to the child or young person's health, developmental, psychological, emotional and cultural needs.





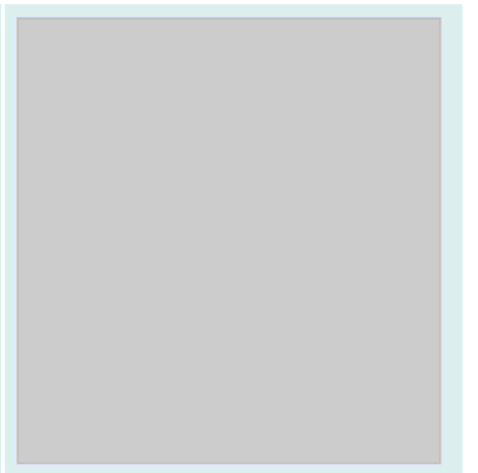

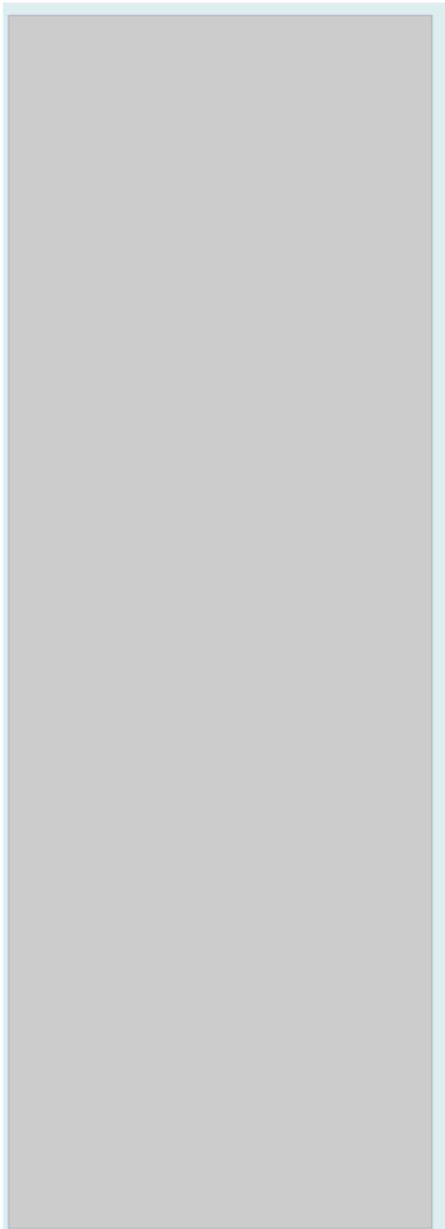

3. The assessment process

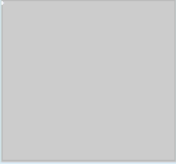


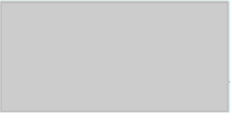
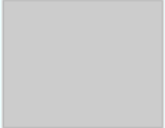
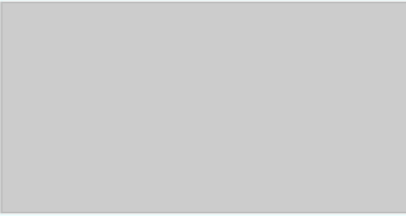


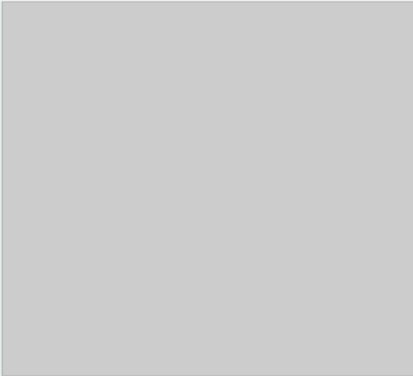
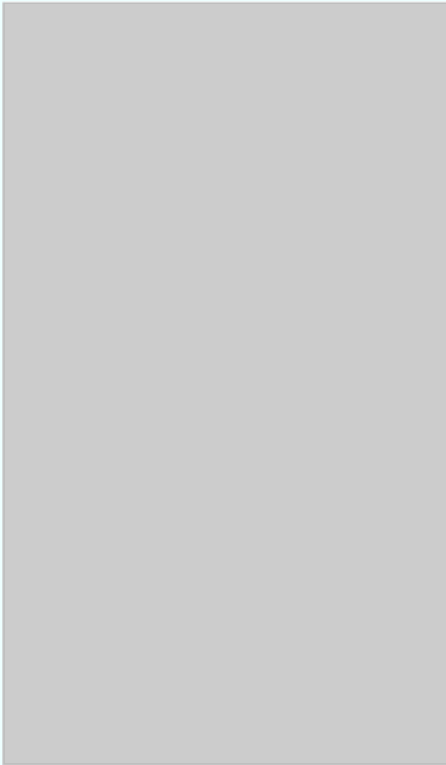
Assessment is a continuous process that occurs throughout DCP's involvement with a child or young person.



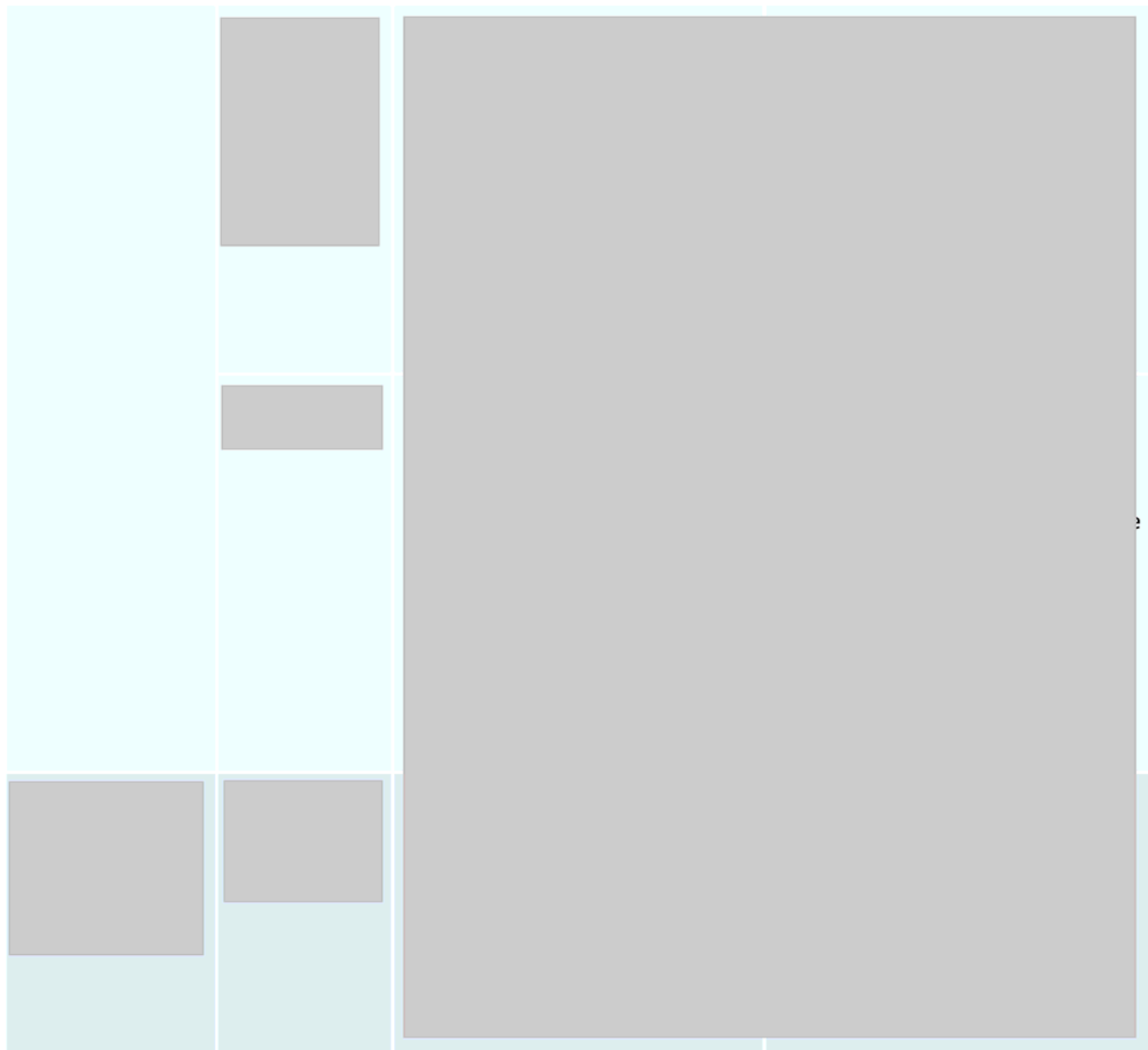
Holistic assessments require multiple sources of information and a number of steps. The assessment process should be applied to the domains of assessment (see Section 4.1, 5.1, 6.1, and 7.1).

Assessment Process Step	What?	How?	Why?
			<p>The <i>Children and Young People (Safety) Act 2017</i> requires the department to consider whether a child or young person has experienced cumulative harm.</p>
			<p>Families are experts in their own lives and partnering with families is essential for gathering quality information.</p>

* See [Section 8: Case conceptualisation.](#)



4. Assessing safety, harm, cumulative harm and risk of harm

Assessment of safety, harm, cumulative harm and risk of harm* is required when:

- assessing and determining an appropriate response to a notification
- assessing whether the child or young person can remain safely at home or whether placement in care is required
- developing case plan goals and actions
- deciding whether it is appropriate to close a case.

During the assessment process, practitioners must consider what has happened (including the history of child protection concerns and establishing whether harm has occurred) as well as the likelihood of the child or young person suffering future harm during assessment processes.

Determining the likelihood of future harm is undertaken by gathering information and considering the presence of risk and protective factors.

Assessments of safety, harm, cumulative harm and risk of harm must have a primary focus on the child or young person. To ensure safety, it is essential not to solely focus on establishing whether a particular incident has occurred but to look more broadly at the child or young person's care environment.

Assessment must focus upon identifying the needs of the child or young person, the parent's capacity to meet the child or young person's needs and how this might be supported by the family, cultural and environmental context. For Aboriginal children and young people, it is important to consider how family and extended kinship networks support a child or young person's needs being met.

While professional judgement is critical, DCP practitioners must ensure [SDM® tools](#) are used in accordance with the [SDM® Assessment policy and procedures manuals](#).

* See [Appendix A: Definitions](#) for definitions of these terms.



4.1 Domains of assessment of safety, harm, cumulative harm and risk of harm



Thorough consideration needs to be given to each domain of assessment to ensure that critical information is not overlooked.

Domain of assessment	Considerations
	<div style="background-color: #cccccc; height: 300px; width: 100%;"></div> <p>* The assessment needs to be focused on the capacity of each parent to safely care for a particular child or young person based on their identified needs. Children or young people with more significant needs (such as trauma history and attachment disturbance, disability, health or mental health difficulties) will require a higher quality of parenting to meet their needs.</p>
<p>Risk factors</p>	<p>Research indicates that harm to a child or young person occurs more often where certain factors exist. The presence of multiple risk factors heightens the risk of a child or young person experiencing abuse and/or neglect. Some factors may not greatly increase the risk of harm in and of themselves, but when combined with other risk factors, risk can significantly intensify. Risk factors can be identified in relation to the child or young person or parent(s), the family environment, and the broader community.</p> <p>It is important to consider whether risk factors are static (cannot change including trauma history or disability) or dynamic (can change including mental health, alcohol and drug use, and domestic and family violence).</p> <p>The use of the SDM® Risk Assessment tool assists practitioners to assess the level of risk relevant to the child or young person.</p> <p>Risk factors for child abuse and neglect include (but are not limited to) the following:</p> <p><u>Parent related factors</u></p> <div style="background-color: #cccccc; height: 150px; width: 100%;"></div>

Domain of assessment	Considerations
	<ul style="list-style-type: none">→→→→→→→→→→→→→ <p><u>Child related factors</u></p> <ul style="list-style-type: none">→→→→→→→ <p><u>Family or environment related factors</u></p> <ul style="list-style-type: none">→→→→→ <p>For a detailed list of risk factors refer to Appendix B - Risk factors relating to harm and risk of future harm for further information.</p>

Domain of assessment	Considerations
Protective factors and family strengths	<p>Protective factors are factors or resources within the individual, family and community that promote a child or young person's safety by directly mitigating threats to safety. This includes behaviours and factors that reduce risks, build family capacity, and foster resilience within children, young people and families. Protective factors must be assessed as carefully as risk factors. The presence of protective factors must be verified before they can be assessed as mitigating risks to a child or young person's safety.</p> <p>It is essential to differentiate between protective factors that provide immediate safety to the child or young person but do not address long term safety concerns (such as the child or young person residing with a relative for a short time) versus protective factors that reduce overall risk of harm (such as the continued presence of a reliable and protective family member in the home on an ongoing basis).</p> <p>The type of abuse and the associated harm that the child or young person has experienced, as well as the risk that the child or young person will experience harm in the foreseeable future, must be carefully considered.</p> <p>Protective factors may include:</p> <ul style="list-style-type: none">→→→→→ <p>It should be noted that not all risk factors can be effectively mitigated by protective factors.</p>
Family and environmental context	<p>Consider the family's context including their community and associated context, functioning and supports, and how these influence the family's capacity to provide safe care to the child or young person.</p> <p>Specifically consider:</p> <ul style="list-style-type: none">→→→→→→→→→→

5. Assessing reunification viability

Assessment of the viability of reunification is a complex process that must be focused on the safety and needs of children and young people. Decisions to return a child or young person to their family's care must be based on holistic assessments and be well considered. Given the high likelihood of unsuccessful reunification causing further trauma to children and young people, in depth consultations with Supervisors, Practice Leaders, Principal Aboriginal Consultants and DCP Psychologists are strongly recommended.

Assessing the viability of reunification must commence at the earliest opportunity, even prior to a child or young person's placement into care where possible. It is essential to carefully consider what would need to change for a child or young person to be safely returned home.

Reunification is best supported by a comprehensive assessment of the safety and risk factors as well as the strengths and needs of children and families.

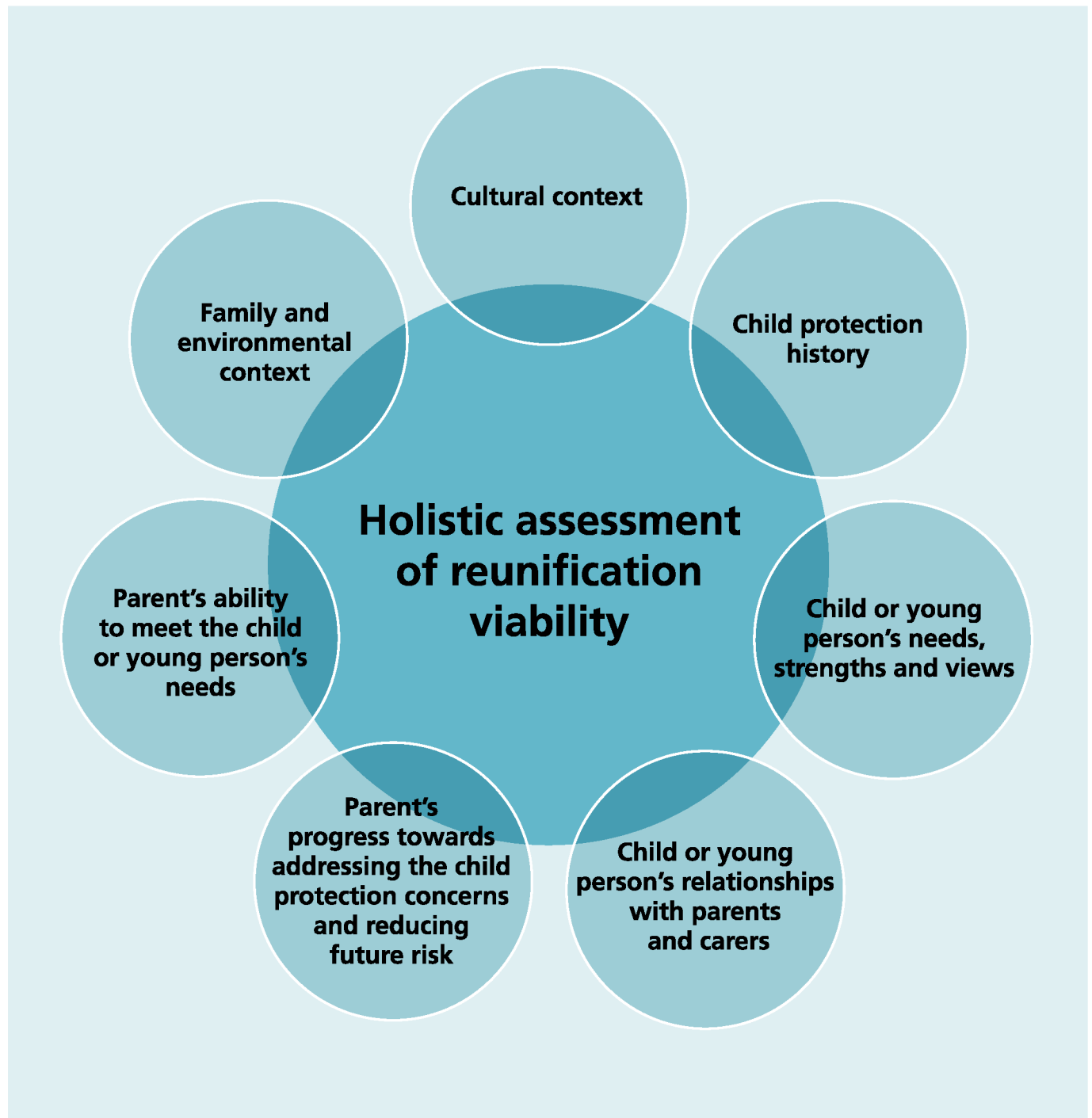
Like all assessments, assessing the viability of reunification is a continuous process that must consider new information as it emerges during the reunification process. Careful consideration must be given to the impact of any new information on the likelihood of safely returning a child or young person to their family's care.

¹ Fernandez, E and Lee, Jung-Sook (2013) Accomplishing family reunification for children in care: An Australian Study. Children and Youth Services Review, Vol. 35 (9)

² Ibid

³ Ibid

5.1 Domains of assessment of reunification viability



Consideration of the above domains will determine:



Considerations when assessing the viability of reunification

Domain of assessment	Considerations
Cultural Context	<p>Considering cultural context is crucial to culturally safe practice. Consider:</p> <ul style="list-style-type: none"> → → → → → → → → → → → → → →
Child protection history	<p>Assessment of cumulative harm is essential to ensuring the safety of children and young people. To enable this, consider:</p> <ul style="list-style-type: none"> → → → → →
Child or young person's needs, strengths and views	<p>Consider each child or young person's unique needs and strengths including:</p> <ul style="list-style-type: none"> → → → → → → → → → → →

Domain of assessment	Considerations
	<p>→</p> <p>→</p> <p>→</p> <p>→</p> <p>→</p> <p>→</p> <p>→</p> <p>→</p> <p>→</p> <p>→</p> <p>Consider the child or young person's views about reunification:</p> <p>→</p> <p>→</p> <p>→</p>
Child or young person's relationships with parents and carers	
Parent's progress towards addressing child protection concerns and reducing future risk	<p>Consider in relation to all the adults in the home:</p> <p>→</p> <p>→</p> <p>→</p> <p>→</p> <p>→</p> <p>→</p>

Domain of assessment	Considerations
	<ul style="list-style-type: none"> → → → → → → → → → → <p>The assessment needs to focus on the capacity of the parent to safely care for a particular child or young person and meet their identified needs. Children or young people with more significant needs (such as trauma histories and attachment disturbances, disability, or health or mental health difficulties) require a higher quality of care to meet their needs.</p>
Family and environmental context	<p>Consider whether:</p> <ul style="list-style-type: none"> → → → → → →



5.2 Indicators that reunification could be considered

The following factors indicate reunification could be considered:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]



6. Assessing the needs of children and young people in long term care

Ongoing assessment must continue when children and young people are placed in long term care to identify the support required to promote their healthy physical, emotional, psychological and social development.

A crucial part of case management for children and young people in long term care is the development of their case plan. Effective case plans are underpinned by thorough assessment. As new information emerges and children and young people's developmental and other needs change, the assessment of their needs must be re-conceptualised and the plan for their care adjusted.

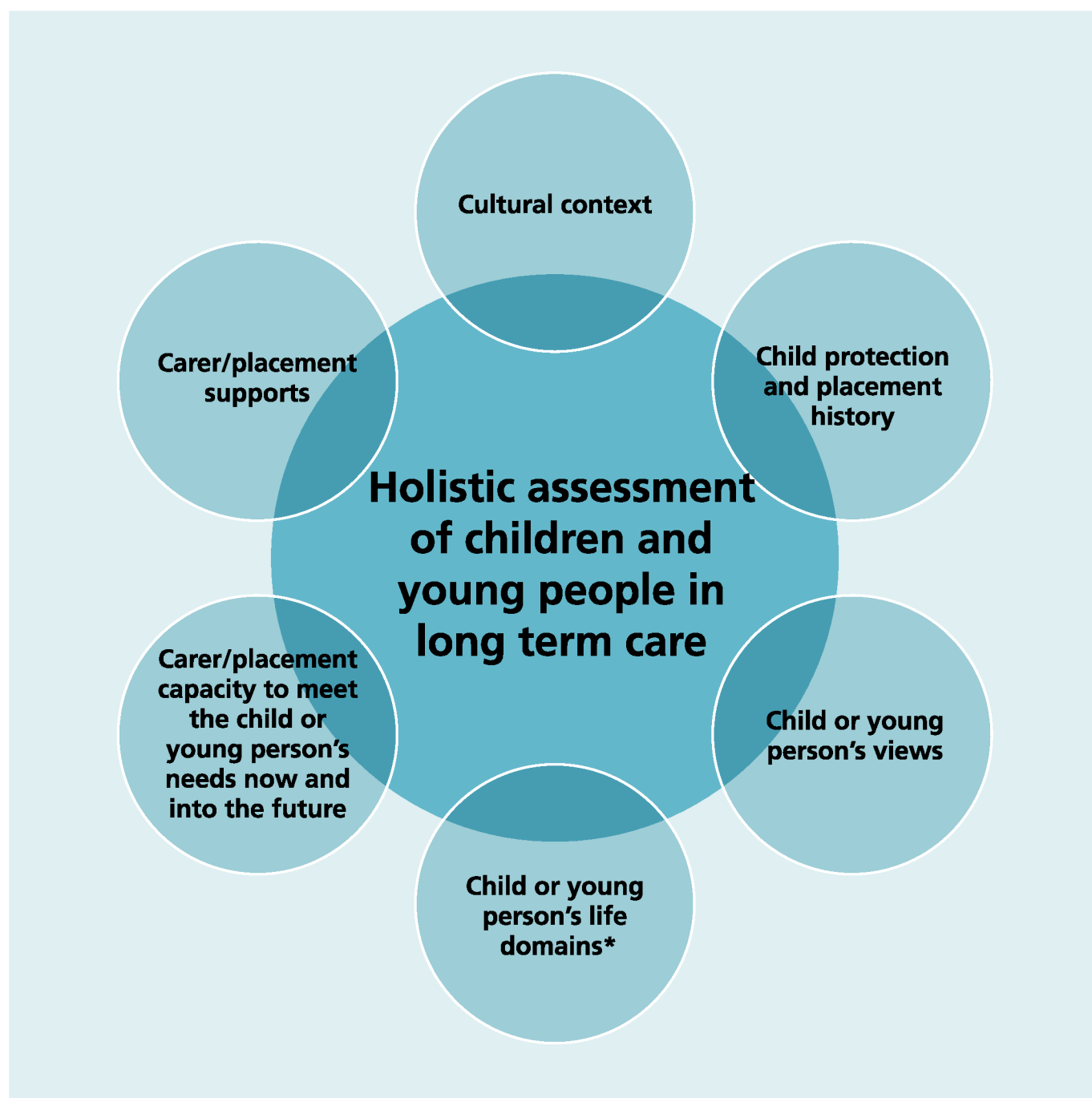
Children and young people must be actively engaged in the assessment process and decision making. For more information on how to support children and young people to participate in decision making, refer to [Supporting the participation of children and young people in decision making - Practice Paper](#).

Carers, including staff providing direct care to children and young people in residential care, hold integral information to inform thorough assessments of children and young people's needs. They must be included in care teams and involved in assessment and decision-making processes to support well-informed, child centred case management. For further information, refer to the [Supporting and collaborating with carers - Practice Paper](#).

Attention must be paid to developing strong relationships with carers to gain an understanding of their strengths and needs. This will support high quality assessment and assist in developing a case plan that ensures that carers are supported to continue to provide safe, responsive and nurturing care to children and young people.



6.1 The domains of assessment for children and young people in long term care



*The life domains as they appear in the case plan are:

- Placement (includes current care environment and kinship scoping)
- Culture and identity
- Contact arrangements
- Contact determinations
- Physical health (includes dental care)
- Development progress and disability
- Emotional wellbeing and behaviour (including mental health and self-care skills)
- Education and/or employment
- Recreation and social skills
- Life/self-care skills (for children and young people under 15 years)
- Independent living skills (for young people aged 15-17 years)
- Finances (for young people aged 15-17 years)

Considerations when assessing children and young people in long-term care

Domain of assessment	Considerations
Cultural context	<p>The child or young person's culture and identity needs to be considered in all aspects of assessment.</p> <p>Where the carer family's culture differs from the child or young person's, consideration must also be given to the placement's cultural context. Consider:</p> <ul style="list-style-type: none"> → → → → → → →
Child protection and placement history	<p>Understanding the experiences of children and young people is crucial to understanding their needs. Consider:</p> <ul style="list-style-type: none"> → → → → → → → → →

Domain of assessment	Considerations
<p>Child or young person's views</p>	<p>Consider the child or young person's views about:</p> <ul style="list-style-type: none"> → → → → → → → → →
<p>Child or young person's life domains (as they appear in the case plan)</p>	<p>Consider the child or young person's:</p> <ul style="list-style-type: none"> → → → → → → → → → → <p>See the Manual of Practice: Develop a case plan for more information.</p> <p>* Specific guidance has been developed to support decision making in relation to placement considerations for children and young people in care where there has been an incident of peer-to-peer harmful sexual behaviours. For further information please see Assessment Protocol: Peer to peer harmful sexual behaviour involving children and young people in care and Supporting children and young people who display harmful sexual behaviours - Practice Paper.</p>
<p>Carer/placement capacity to meet the child or young person's needs now and into the future</p>	<p>Consider:</p> <ul style="list-style-type: none"> → → → → → → → → →

7. Holistic assessment of family-based carer capacity to meet a child or young person's needs

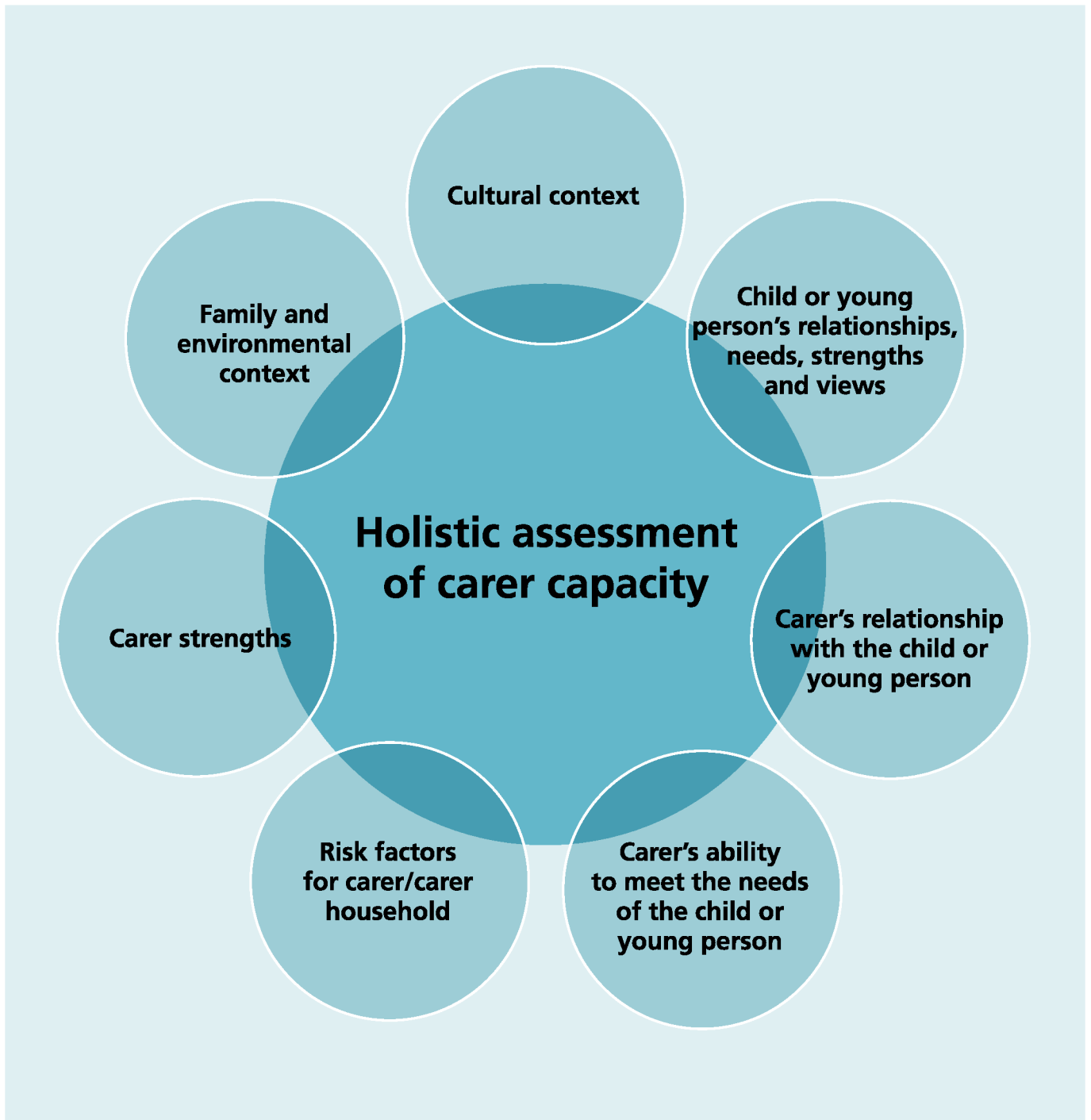
Family-based carers are an integral part of the care team. It is important to ensure that interactions with carers align with the key principles of the department's Statement of Commitment for South Australian Foster and Kinship Carers – that is, carers must be informed, supported, consulted, valued and respected.

Assessing a carer's ability to provide safe, stable and nurturing care for children and young people is a critical component of case management to ensure the needs of children and young people in care are met. While specific tools and processes are used to undertake temporary and full assessments of carers that relate to approval processes (such as for example, Winangay), there is often a need for case workers to undertake ongoing assessments of a carer's capacity to respond and adapt to the changing needs of the children and young people placed with them. This ongoing assessment process needs to consider the child or young person's changing developmental needs and the carer's strengths, challenges and changing circumstances.

Assessment of carer capacity will most often be required in response to issues that may be impacting on the safety and wellbeing of children and young people in the placement. This could include responding to care concerns, the management of ongoing issues within the placement and making decisions about the ongoing placement of a child or young person with a particular carer.



7.1 The domains of assessment for family-based carer capacity to meet a child or young person's needs



Considerations when assessing carer capacity

Domain of assessment	Considerations
Cultural context	<p>Consider:</p> <ul style="list-style-type: none">→→→→→→→→→→
Child or young person's relationships, needs, strengths and views	<p>Consider each child or young person's unique needs and strengths including:</p> <ul style="list-style-type: none">→→→→→→→→→→→→→→→→→→→→→

Domain of assessment	Considerations
	<ul style="list-style-type: none"> → → → → → → → → → → <p><u>Child related factors</u></p> <ul style="list-style-type: none"> → → → → → <p><u>Family or environment related factors</u></p> <ul style="list-style-type: none"> → → → → → <p>For a detailed list of risk factors refer to Appendix B - Risk factors relating to harm and risk of future harm for further information.</p>
Carer strengths	<p>Consider:</p> <ul style="list-style-type: none"> → → → → → → →

Domain of assessment	Considerations
	<ul style="list-style-type: none"> → → → →
<p>Family and environmental context</p>	<p>A carer's connections outside of the household (both formal and informal) will influence their capacity to provide quality care for children and young people. Consider:</p> <ul style="list-style-type: none"> → → → → → → → → → →

8. Case conceptualisation

Subsequent to completing an assessment and considering all the information gathered via the assessment process in relation to the relevant assessment domains, conclusions must be drawn about what the information means.

Case conceptualisation is the process of reviewing, organising, interpreting and weighting information and reconciling any contradictions or inconsistencies to develop a narrative about what the information means for children and young people, their families and/or carers.



A high quality case conceptualisation will summarise the pertinent points relating to the child or young person and their family and carers. A case conceptualisation is necessary to form (and communicate to others) a thorough understanding of the child or young person and their context and helps identify the most appropriate case direction and next steps. Without a case conceptualisation, it may be difficult to accurately understand safety and risk factors for a child or young person, understand the child or young person's needs, make critical decisions and be transparent with the family or carers about reasons underpinning decisions.

The process of developing a case conceptualisation is dynamic and ongoing. As new information is gathered and reflected upon, the way the situation is viewed, the case direction and the plans for intervention may need to change.

Key reflective questions that support the development of a case conceptualisation include:

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All case conceptualisations need to consider the child or young person's:

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Case conceptualisations for children and young people who remain with their parents or for whom reunification is being pursued needs to also include:

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Case conceptualisations for children and young people in long term care or related to carer capacity need to include the:

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To check the coherence and quality of a case conceptualisation, it is recommended that case workers present their case either verbally or in writing to another worker, their Supervisor or a Practice Leader. High quality case conceptualisations will succinctly highlight all the important aspects of a case and must be able to facilitate others' understanding of the current situation and the reasoning underpinning the case direction and decisions.



9. Documenting assessments, case conceptualisations and associated decisions

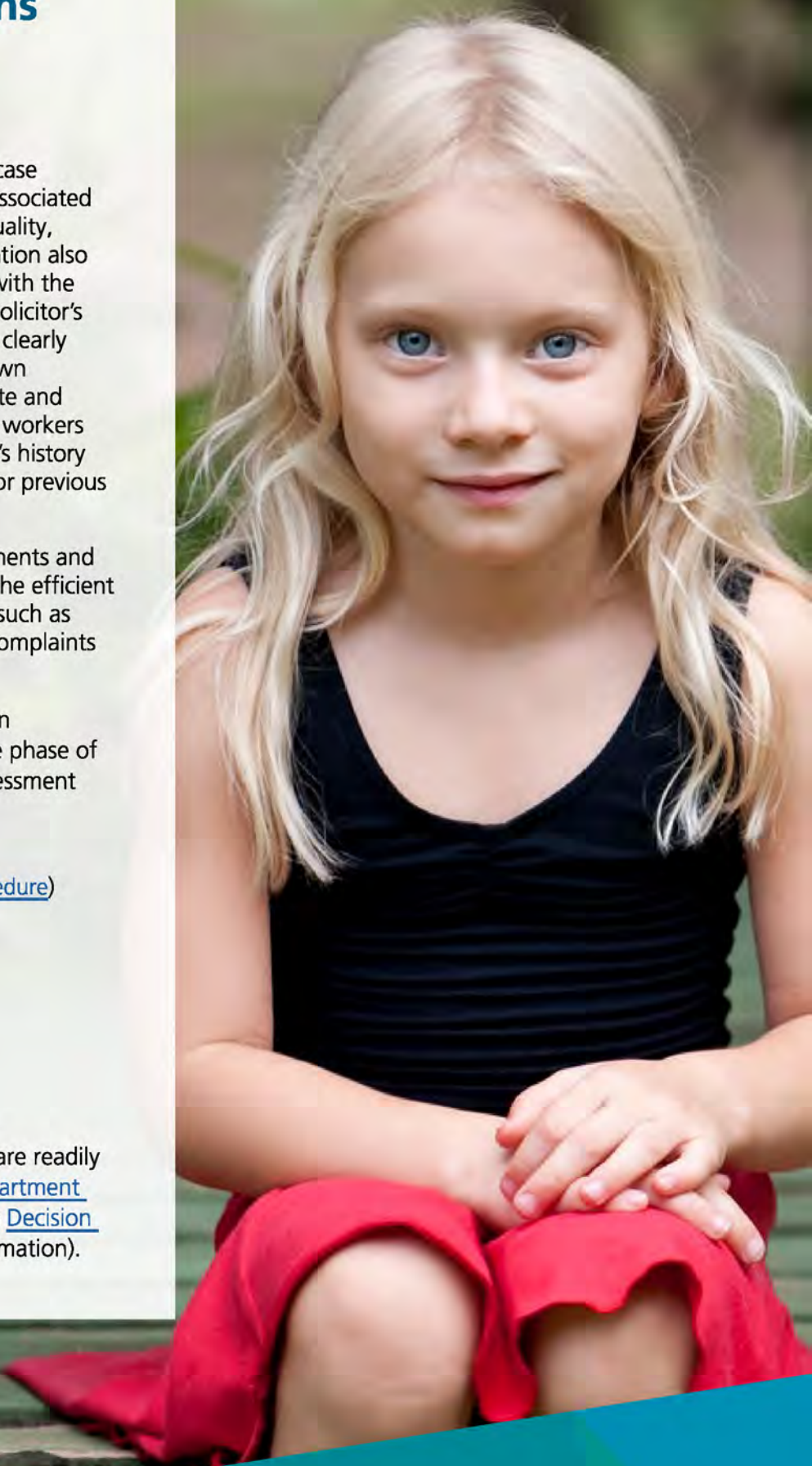
Clear documentation of assessments, case conceptualisations and rationales for associated decisions is an essential part of high quality, accountable practice. Such documentation also assists others who come into contact with the case (including DCP staff, the Crown Solicitor's Office, courts and oversight bodies) to clearly understand how conclusions were drawn and why decisions were made. Accurate and detailed records also allow future case workers to understand a child or young person's history and current needs as well as reasons for previous decisions.

High quality documentation of assessments and case conceptualisations also assists in the efficient development of other key documents such as court reports or when responding to complaints or external reviews

Case conceptualisations are recorded in different documents depending on the phase of intervention and the nature of the assessment and associated decisions including:

- Consult or Decision Record (see [Consult or Decision Record Procedure](#))
- Case plans
- Court reports
- Referrals to other services
- Placement Referrals
- Case notes*.

* It is critical that case notes are titled appropriately in C3MS to ensure they are readily identifiable (see [Case recording in Department for Child Protection Procedure](#) and the [Decision making - Practice Paper](#) for more information).



Appendix A: Definitions

Term	Definition
Safety	Safety in a child protection context means that children and young people are protected from harm.
Abuse and neglect	The act of harming a child or young person. Abuse may occur through an act (overt) or omission (covert) and could include physical, sexual and emotional abuse and/or neglect. Neglect is often an act of omission (a failure to do something).
Harm	As per Section 17 of the <i>Children and Young People (Safety) Act 2017</i> , harm refers to physical or psychological harm (whether caused by an act or omission) and includes harm caused by physical, sexual or emotional abuse or neglect. That is, harm is the negative physical and/or psychological impact of abuse.
Cumulative harm	Cumulative harm refers to the effects of multiple adverse or harmful circumstances and events in a child's life. ⁴ Section 18 (3) of the <i>Children and Young People (Safety) Act 2017</i> requires that the department consider the child or young person's and family's current circumstances, the history of their care and the likely cumulative effect of that history on the safety and wellbeing of the child or young person. In practice, this is referred to as cumulative harm.
Risk of harm	The likelihood of future harm occurring based on the presence of risk factors.
At risk	Under Section 18 of the <i>Children and Young People (Safety) Act 2017</i> a child or young person will be taken to be at risk if: <ul style="list-style-type: none"> they have suffered harm (being harm of a kind against which a child or young person is ordinarily protected); or there is a likelihood that the child or young person will suffer harm (being harm of a kind against which a child or young person is ordinarily protected); or the parents or guardians of the child or young person— <ul style="list-style-type: none"> are unable or unwilling to care for the child or young person; or have abandoned the child or young person, or cannot, after reasonable inquiry, be found; or are dead; or the child or young person is of compulsory school age but has been persistently absent from school without satisfactory explanation of the absence; or the child or young person is of no fixed address; or there is a likelihood that the child or young person will be removed from the State to: <ul style="list-style-type: none"> be subjected to a medical or other procedure that would be unlawful if performed in South Australia; or take part in a marriage ceremony that would be unlawful under the Marriage Act 1972 (Cth); or enable the child or young person to take part in an activity, or an action to be taken in respect of the child or young person, that would, if it occurred in South Australia, constitute an offence against the Criminal Law Consolidation Act 1935 or the Criminal Code of the Commonwealth.

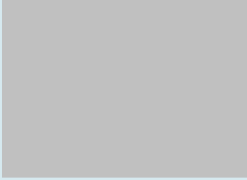





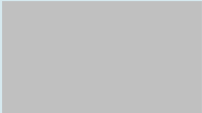
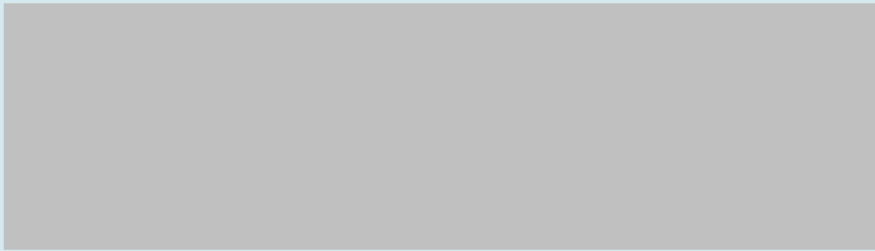
⁴ Cumulative Harm. Best Interests case practice model. Specialist practice resource, Victoria Human Services. 2012

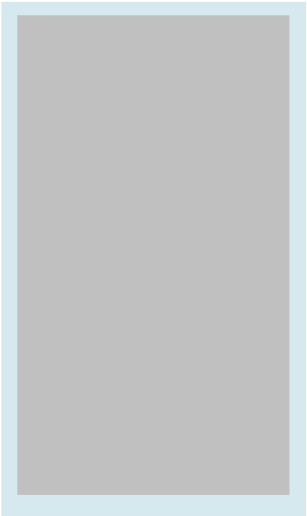
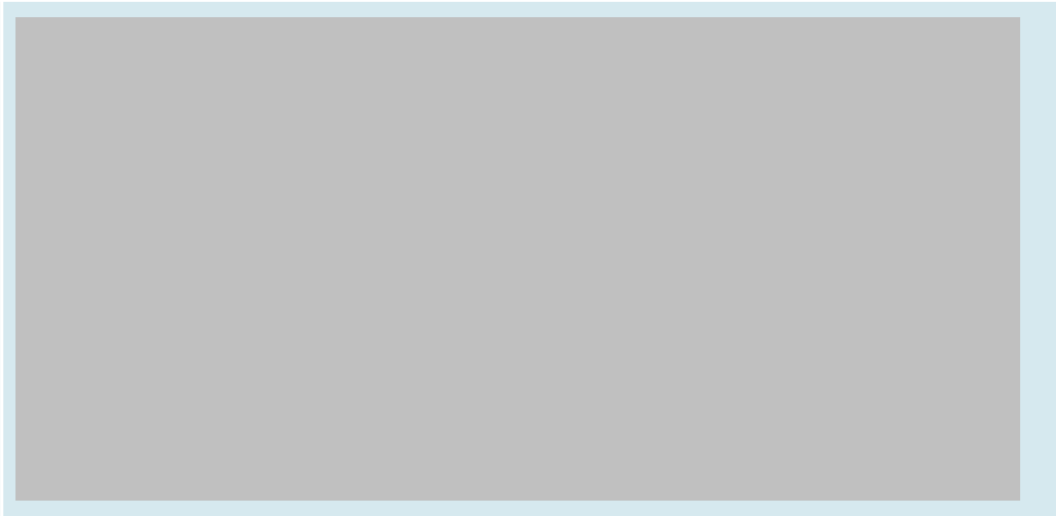
Appendix B: Risk factors relating to harm and risk of future harm

* Based on the Queensland Department of Children, Youth Justice and Multicultural Affairs Practice Guide – Assess harm and risk of harm (current at 2022).

Considerations when assessing harm

<p>The current injury/harm is severe</p>	<p>A child or young person who has sustained multiple and/or severe injuries is at a greater risk of future harm.</p> <p>All injuries related to physical abuse must be medically assessed by a suitably qualified doctor.</p> <p>→ [Redacted]</p> <p>→ [Redacted]</p> <p>→ [Redacted]</p> <p>Any alleged injury related to sexual abuse must be medically assessed by a suitably trained doctor. Allegations of children or young people suffering from a sexually transmitted disease as a result of sexual abuse must also be medically assessed.</p> <p>[Redacted]</p> <p>The age of the child or young person needs to be considered. Infants aged under 2 years are particularly vulnerable to experiencing harm.</p> <p>[Redacted]</p>
<p>[Redacted]</p>	<p>The history of child protection concerns and harm must always be considered.</p> <p>[Redacted]</p>
<p>[Redacted]</p>	<p>The more often harm has occurred in the past, the more likely it is to occur in the future.</p> <p>The <i>Children and Young People (Safety) Act 2017</i> requires consideration of the history of harm.</p> <p>[Redacted]</p>

	
	<p>Research suggests people with a history of sexual offences against children have a high rate of reoffending.</p> 
<p>Chronic neglect is identified</p>	<p>Chronic neglect has a cumulative impact on a child or young person's brain development, functioning and their current and future emotional, behavioural, cognitive and social development as well as their health and well-being.</p>
	
<p>Considerations when assessing risk of future harm</p>	
<p>Child related factors</p>	
	<p>An infant is more vulnerable due to their age and dependency on their parent. Risk of harm increases if the infant:</p> <ul style="list-style-type: none"> →  → → → → → <p>Please see Appendix G - Infant assessment considerations for further considerations that relate to infants.</p>

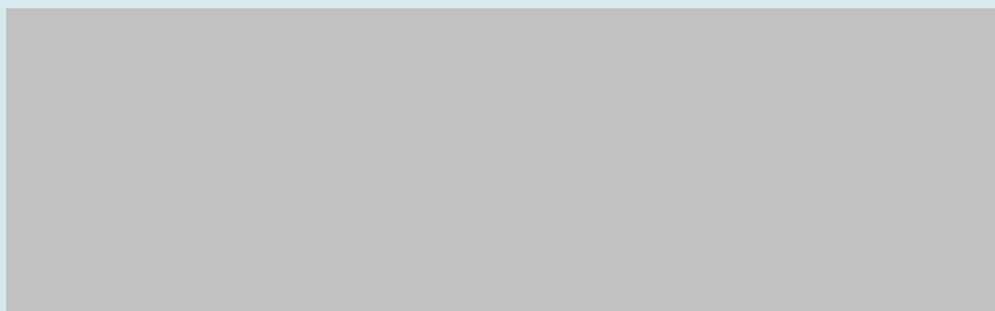
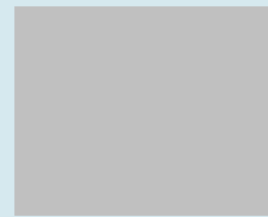
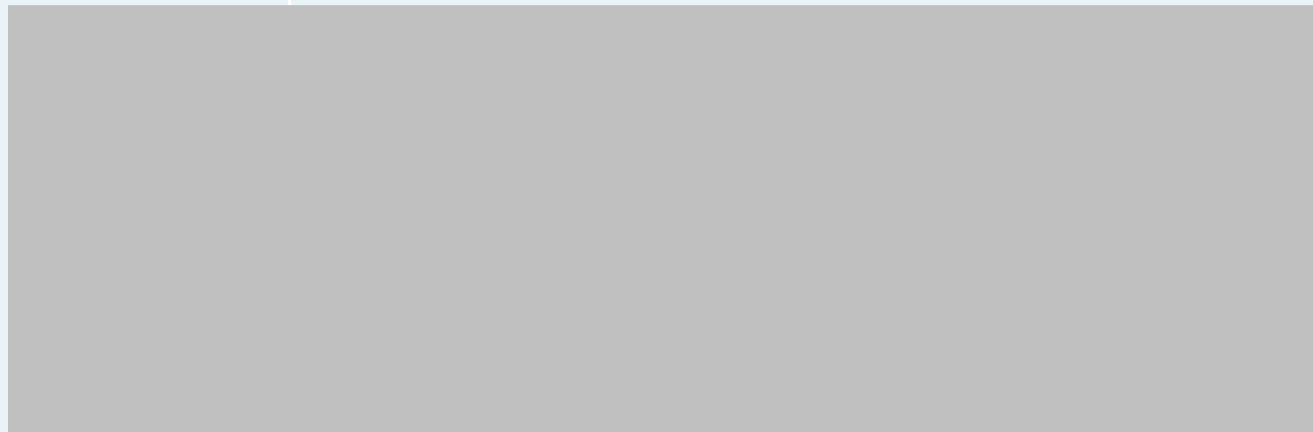
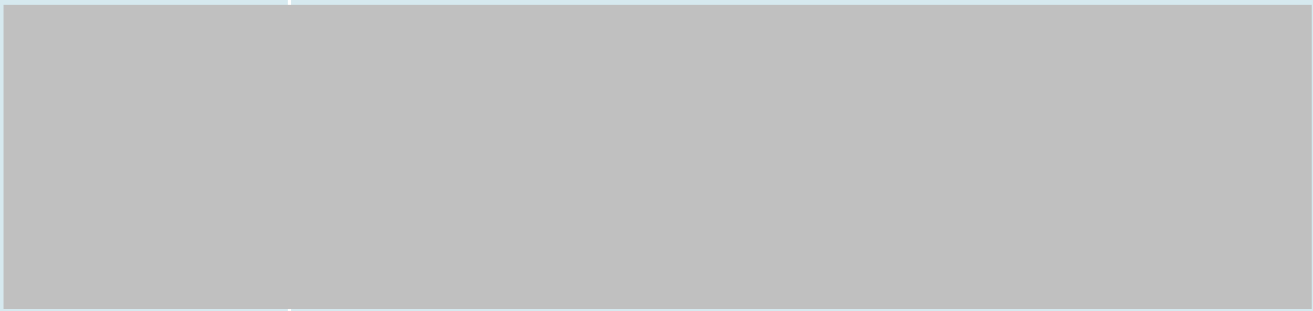
<p>Unsafe sleeping and feeding practices</p>	<p>Unsafe sleeping practices have been linked to infant deaths.</p> <p>Unsafe practices include:</p> <ul style="list-style-type: none">→ co-sleeping with a parent on medication/under the influence of alcohol or other drugs including sedative prescription medications→ child being put to sleep face down or on their side→ ill-fitting mattress and bedding or mattresses that are propped or elevated without medical advice→ soft toys, pillows and quilts in the cot or bassinet (as these can cover the infants face)→ sleeping a baby on a bed, couch, bean bag or bouncer→ cots that do not comply with Australian standards→ allowing the baby to be too hot (overdressing, overheating the room or using heated rugs or wheat bags)→ prop feeding or feeding developmentally inappropriate foods that pose a risk of choking. <p>Contemporary advice on safe sleeping can be found at: https://rednose.com.au/section/safe-sleeping or through consultation with CaFHS.</p>
<p>Child aged under 3 years increases vulnerability</p>	<p>Children aged under three years are more vulnerable to harm as they:</p> <ul style="list-style-type: none">→→→→→→
<p>Chronic neglect is identified</p>	<p>Chronic neglect has a cumulative impact on a child or young person’s brain development, functioning and their current and future emotional, behavioural, cognitive and social development as well as their health and wellbeing.</p>
	

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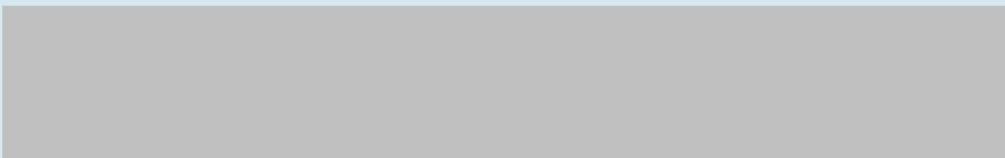
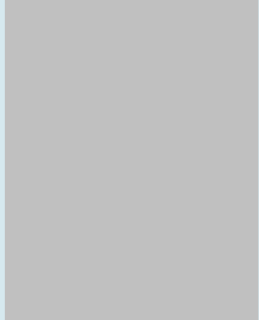
Parent related factors

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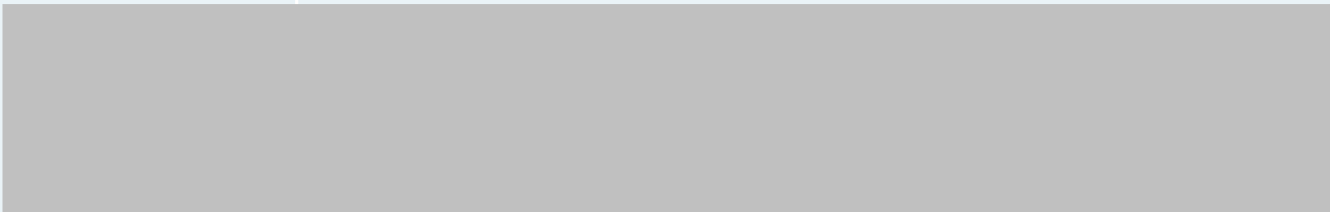


* A child or young person's needs include physical (or basic) needs for safety, adequate shelter, food, clothing and supervision, as well as emotional needs for stability, emotional warmth and nurturance, attention, stimulation and education.



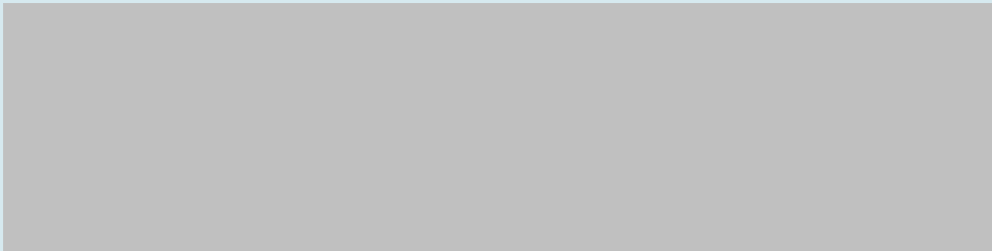
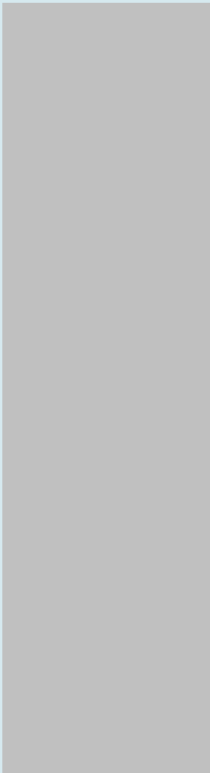
Attachment difficulties can occur for children and young people who have been exposed to issues such as domestic and family violence, significant mental health difficulties or whose parents use alcohol or other drugs. Attachment relationships are negatively affected when parents are unable to consistently meet the child or young person's needs.

Attachment difficulties have been linked to higher risk of behavioural, emotional, cognitive and social problems in childhood and adolescence, and mental health difficulties and difficulty with parenting and relationships in adulthood.



A parent has:

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Family related factors

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Environmental factors

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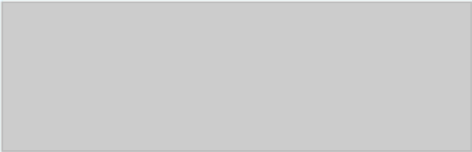

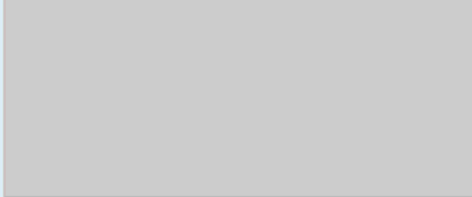
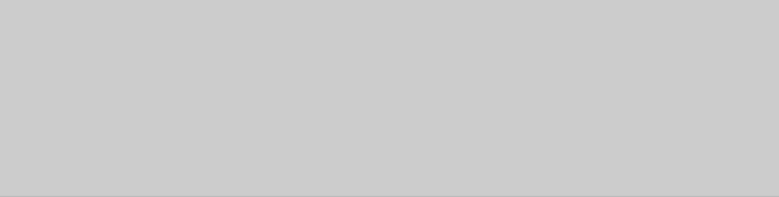
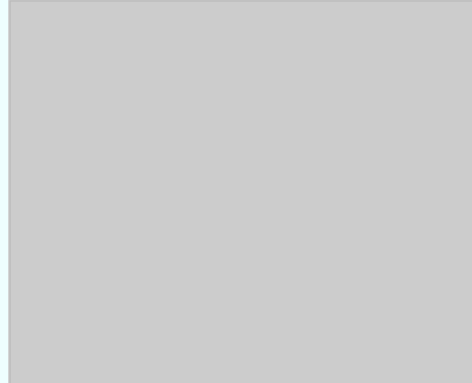
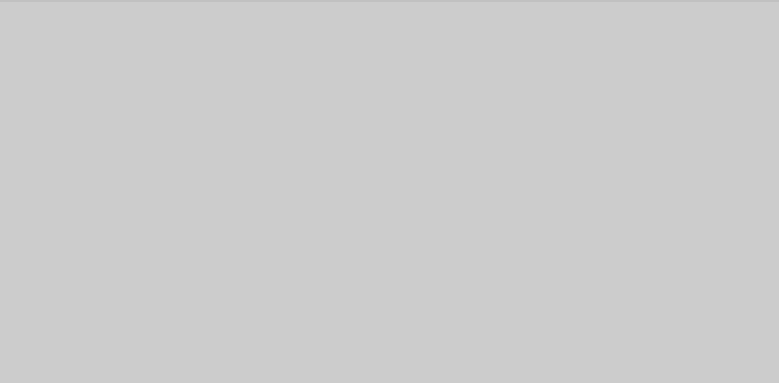
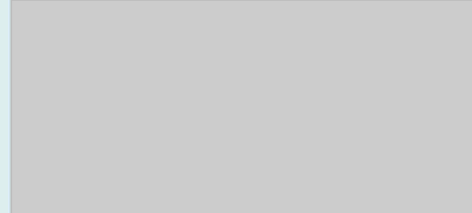
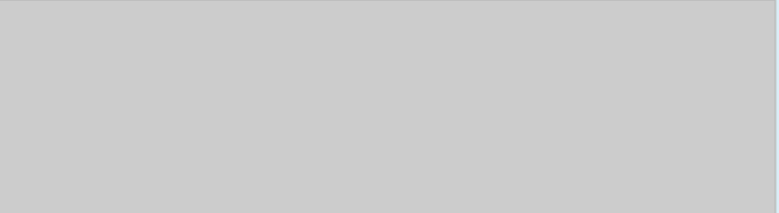
Social isolation may be more prevalent in rural and remote areas, for families of some cultural groups and families who have recently moved.

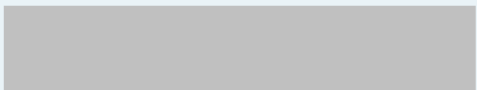
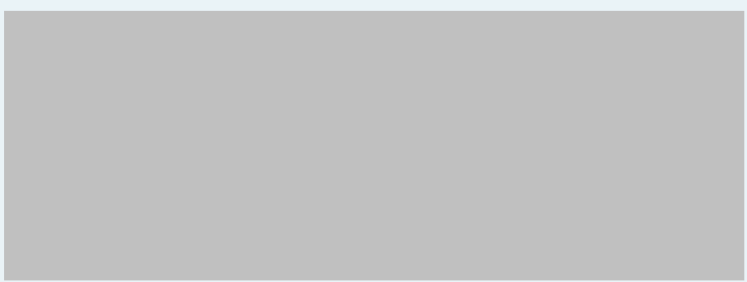
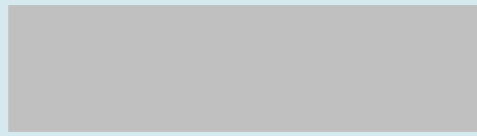
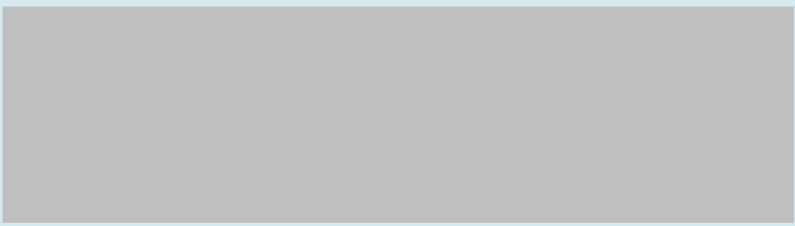
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Appendix C: Contraindicators for reunification

The following contraindications for reunification serve as a guide only. Practitioners must ensure they use the SDM Family Reunification Assessment tool in accordance with the [SDM® Family Reunification Assessment Policy and Procedure Manual](#). Consultation with Supervisors, Practice Leaders and Principal Aboriginal Consultants can provide support to assessments and decisions made about reunification. The identification of contraindicators for reunification must occur in the context of thorough assessment processes and it should be noted that substantial evidence of such indicators may be required to demonstrate that the situation is not amenable to change and that the parent/s lack the capacity to keep the child or young person safe and/or meet their current and/or future needs.

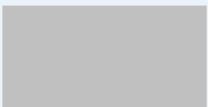

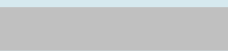

Contraindication	Explanation and examples
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<div style="background-color: #cccccc; height: 30px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 218px; width: 100%;"></div>

Contraindication	Explanation and examples
	
	
	
	

Contraindication	Explanation and examples
	 <p>Decisions about the viability of reunification must be made within six months for children under the age of two years (due to their critical need to develop a secure attachment relationship with a caregiver) and within twelve months for children and young people over the age of two years (see Permanency planning - Practice Paper for further information).</p>
	

Appendix D: Domestic and Family Violence (DFV) assessment considerations

Please see the [Domestic and family violence - Practice Paper](#) for more detail.

Considerations	
	<p>Consider:</p> <ul style="list-style-type: none">→ →→→
	<ul style="list-style-type: none">→ →→→→→→→→

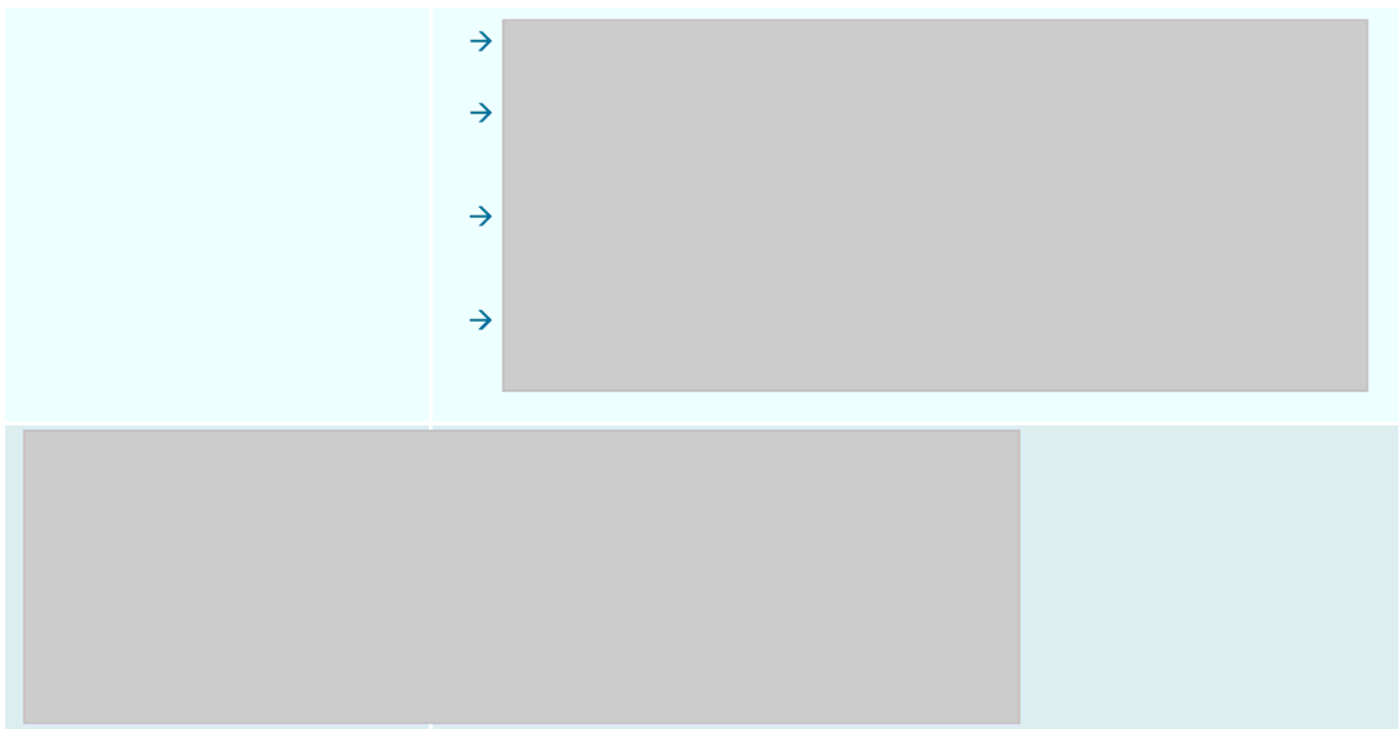
	<ul style="list-style-type: none">• [Redacted]• [Redacted]• [Redacted]
[Redacted]	
[Redacted]	



Appendix E: Alcohol and other drugs (AOD) assessment considerations

Please see the [Substance misuse by caregivers - Practice Paper](#), [Supporting children and young people in care with complex behaviour - Practice Paper](#) and [Iceberg Model Fact Sheet #14: Drugs and Alcohol](#).

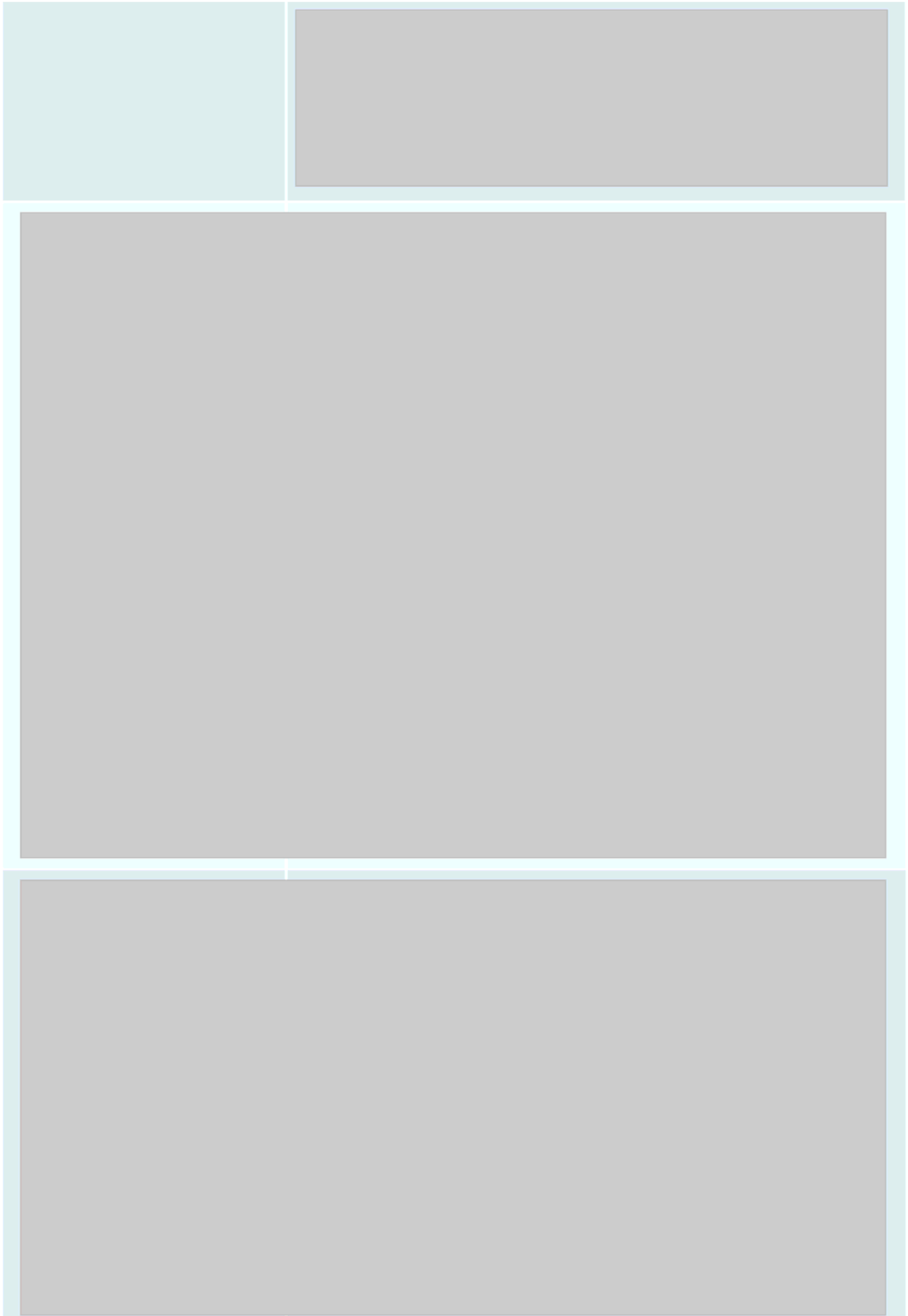
Considerations	
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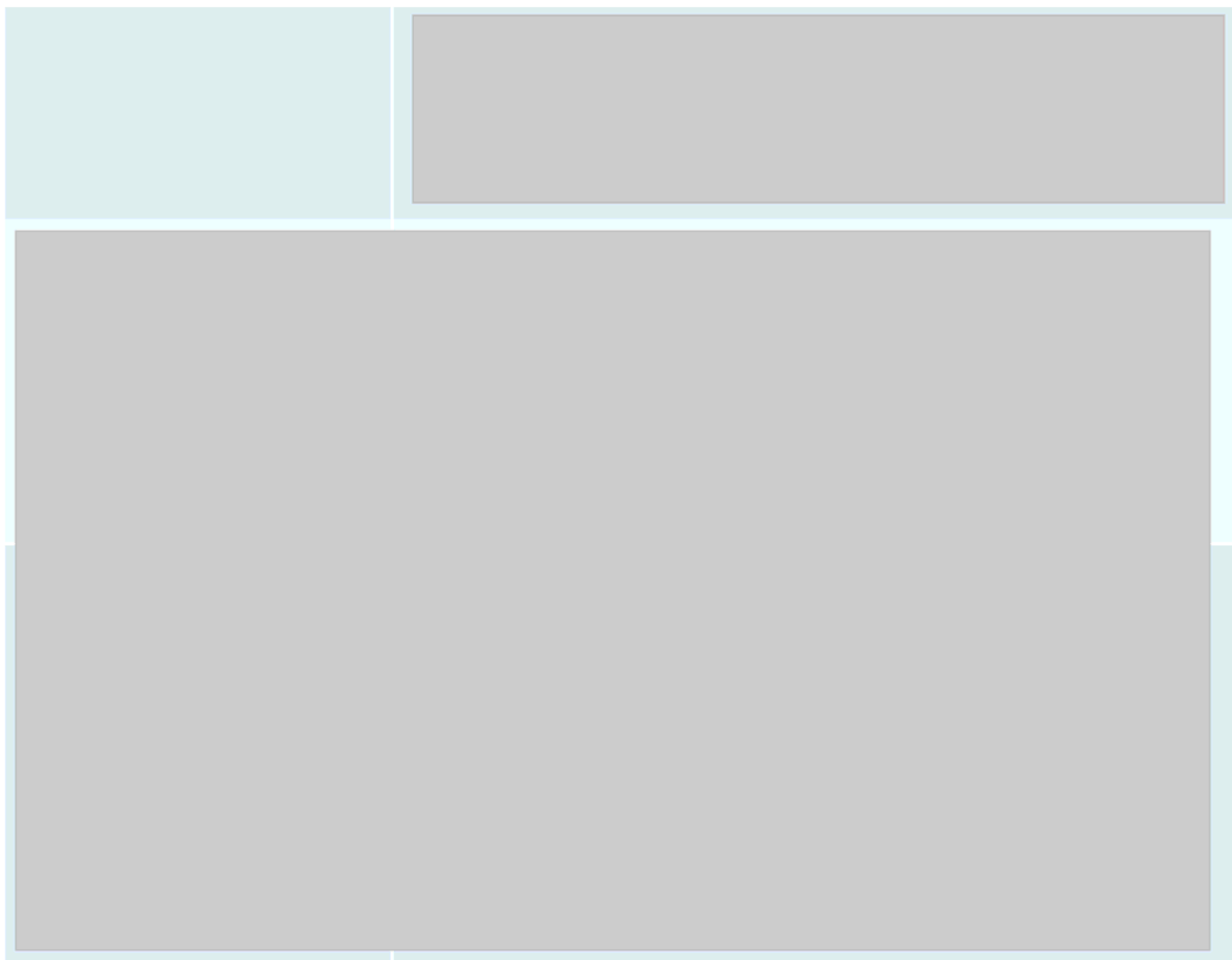


Appendix F: Mental health difficulties assessment considerations

Please see the [Understanding mental health difficulties in a child protection context - Practice Paper](#) for more detail.

Considerations

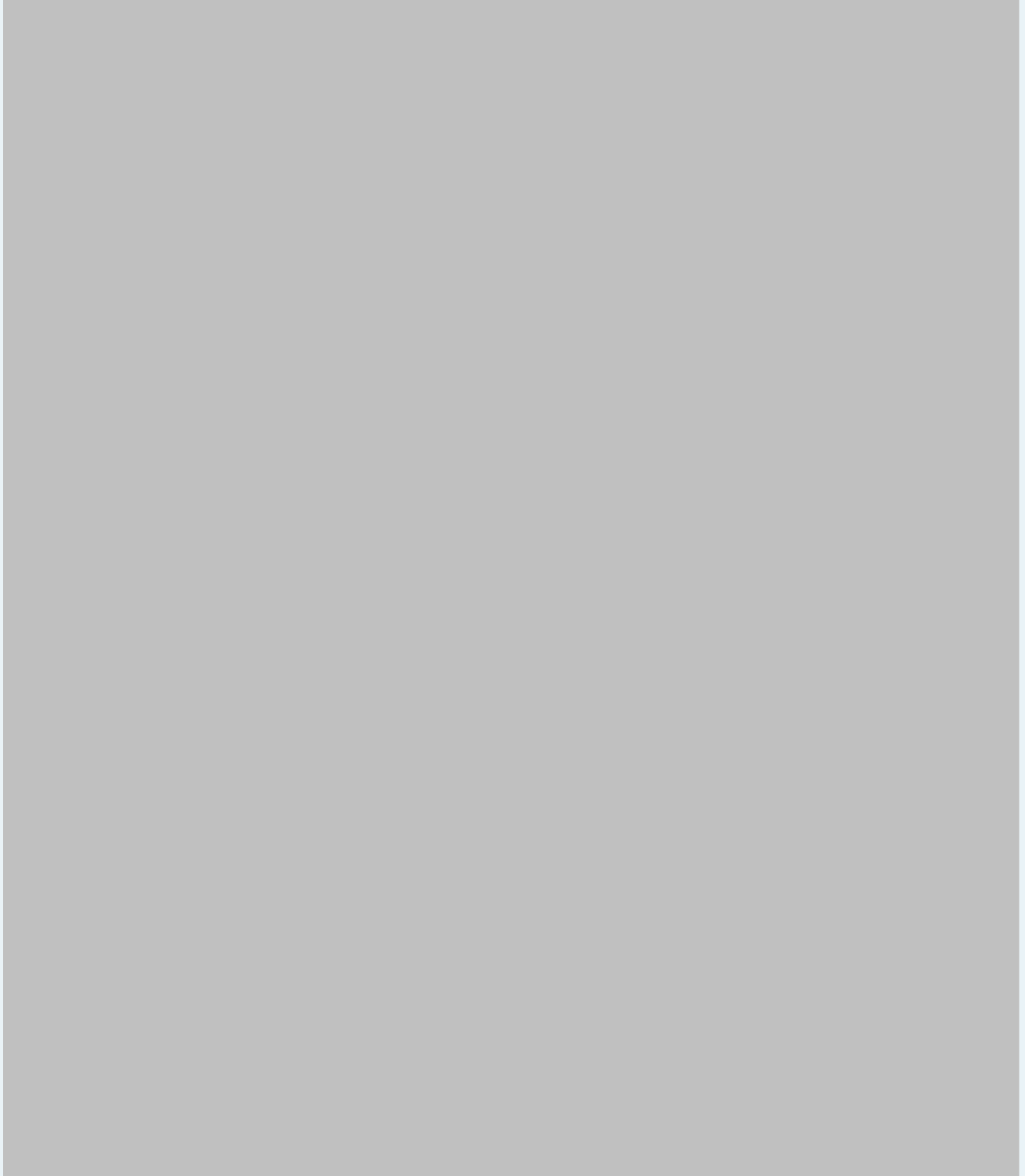


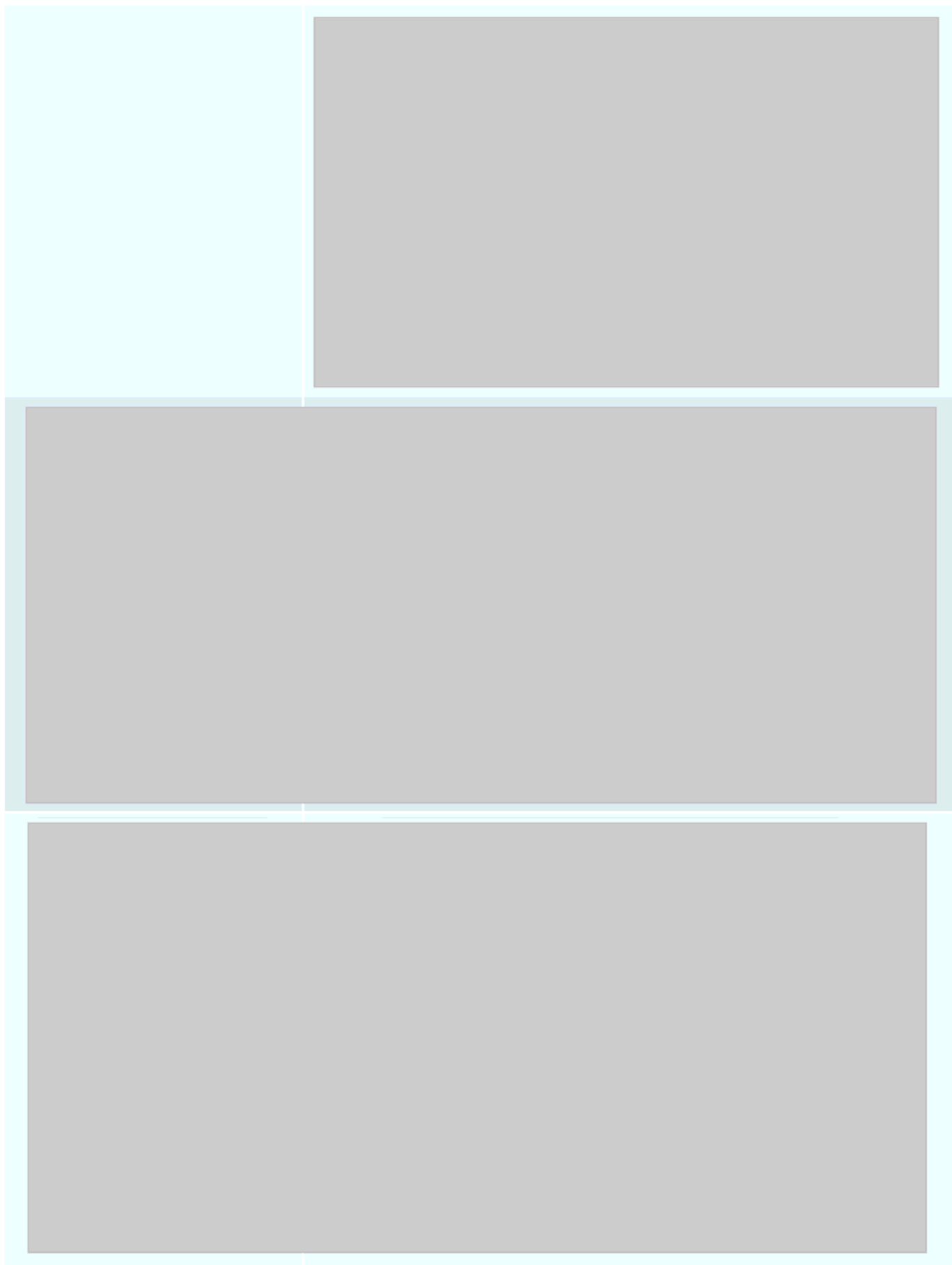


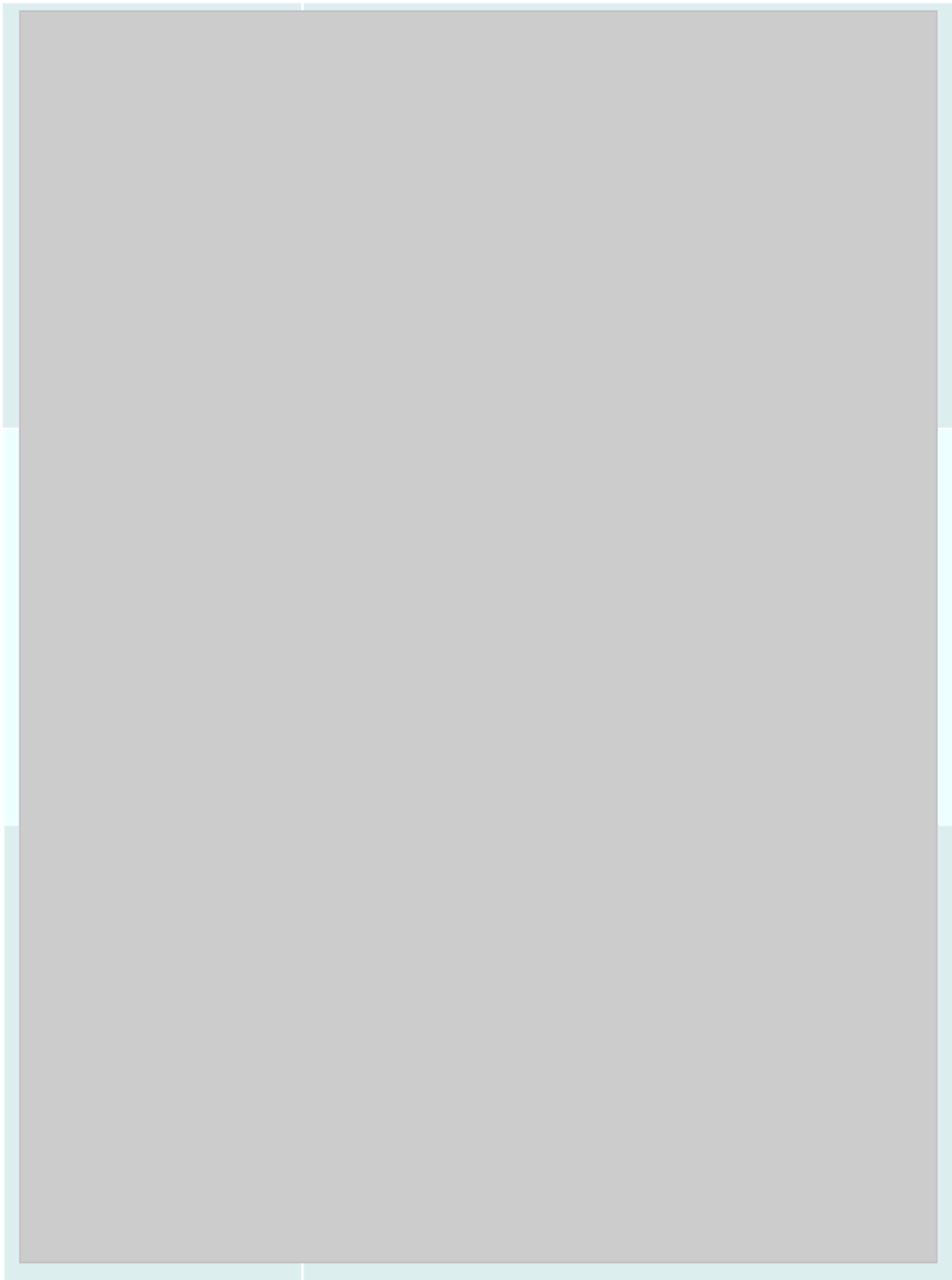
Appendix G: Infant assessment considerations

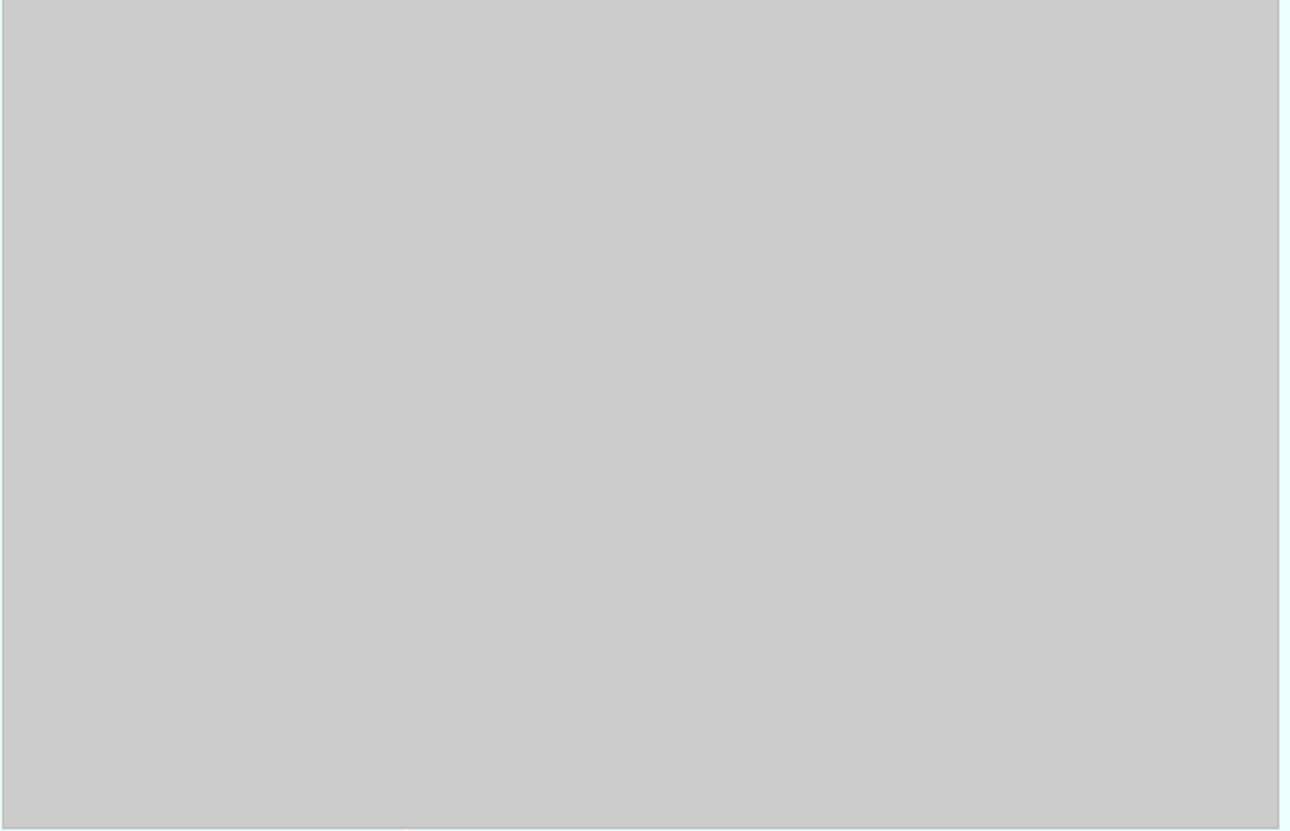
Please see the [Working with infants - Practice Paper](#) for more detail.

Considerations









Appendix H: Red Flags Early Identification Guide

Children's Health Queensland Hospital and Health Service

Child and Youth Community Health Service



Red Flags Early Identification Guide for children aged birth to five years SECOND EDITION

The *Red Flags Early Identification Guide (for children aged birth to five years)* is a health resource for professionals (including general practitioners, child health nurses, allied health professionals and early childhood educators) working with families, to help identify developmental concerns early, so families can receive support from the right professionals at the right time.

The Red Flags Early Identification Guide will:

- Assist with early identification of developmental concerns in a child's developmental domains (social/emotional; communication; fine motor/cognition/self-care; and gross motor) that are impacting on their day-to-day functioning.
- Assist with clinical decision making when used in conjunction with other evidence-based screening tools, such as the *Parents Evaluation of Developmental Status (PEDS)* and/or *Ages and Stages Questionnaire (ASQ)*. The guide is not a standardised screening tool and should not replace standardised assessment.
- Facilitate conversation with parents/carers around their child's development and the benefits of early identification and early intervention in particular when a parent may not be concerned about their child's development.
- Facilitate conversation about a plan of action and where to obtain a more detailed developmental screen and/or assessment.

Tips for using the guide

- Children's Health Queensland recommends this resource be used in discussions with parents/carers about typical development and parental understanding/expectations of development. This process facilitates identification of parental concerns/questions about a child's growth, development and activities of daily living.
- A single red flag is not always an indication for concern or referral, rather the functional impact of one or more red flags on the child's everyday functioning and participation, should be taken into consideration.
- The negative statements of 'does not...' and 'not able to...' have been used to highlight a delay/lack of acquisition of skills. The red flags have been linked to the absence or delay of skill/s which lie at the boundary of the typical developmental range. Therefore the guide should not be used as a 'milestones' screener, as the red flags are not developmental milestones.
- This second edition includes revised red flags and directions for appropriate use.

Stimulate your child's development with PLAY!

- P Partner:** be your child's partner in play. Follow their lead and wait for them to take their turn.
- L Look and listen:** adjust the play to your child's level and follow their instructions.
- A Add:** introduce new ideas to guide, support and expand on the play your child is leading.
- Y You and your child together:** get down on their level and enjoy being together.

Ways to PLAY?

- Use your senses: touch, listen and look at objects (e.g. sand, leaves and toys)
- Move about: help your child move, push and pull objects
- Out and about: go to libraries, talk about books; visit parks – climb, throw and kick balls, ride a bike
- Talk and problem solve, e.g. with puzzles
- Use imagination: play out simple ideas and gradually introduce different scenarios or roles; play with dolls/teddies/figurines; creatively use boxes or containers as play objects (e.g. as a car)
- Explore: use a variety of things for your child to explore and play with e.g. bubbles, pots and pans, play doh. Your cupboards are full of exciting things!

Area	6 months	9 months	12 months	18 months	2 years	3 years	4 years	5 years	Red flags at any age
Social interaction 	Does not smile or interact with people	Not sharing enjoyment with others using eye contact or facial expression	Does not notice someone new Does not play early turn-taking games (e.g. peekaboo, rolling a ball)	Lacks interest in playing and interacting with others	When playing with toys tends to bang, drop or throw them rather than use them for their purpose (e.g. cuddle dolls, build blocks)	No interest in pretend play or interacting with other children Difficulty noticing and understanding feelings in themselves and others (e.g. happy, sad)	Unwilling or unable to play cooperatively	Play is different than their friends	Strong parental concerns Significant loss of skills Lack of response to sound or visual stimuli
Communication 	Not starting to babble (e.g. aahh; oohh)	Not using gestures (e.g. pointing, showing, waving) Not using two part babble (e.g. bubu, dada)	No babbled phrases that sound like talking No response to familiar words (e.g. bottle, daddy)	No clear words Not able to understand short requests (e.g. 'Where is the ball?')	Not learning new words Not putting words together (e.g. 'push car')	Speech difficult for familiar people to understand Not using simple sentences (e.g. 'Big car go')	Speech difficult to understand Not able to follow directions with two steps (e.g. 'Put your bag away and then go play')	Difficulty telling a parent what is wrong Not able to answer questions in a simple conversation (e.g. 'What's your name? Who is your family? What do you like to watch on TV?')	Poor interaction with adults or other children Lack of, or limited eye contact
Cognition, fine motor and self care 	Not reaching for and holding (grasping) toys Hands frequently clenched Does not explore objects with hands, eyes and mouth Does not bring hands together at midline	Does not hold objects Does not 'give' objects on request Cannot move toy from one hand to another	Does not feed self finger foods or hold own bottle/cup Unable to pick up small items using index finger and thumb	Does not scribble with a crayon Does not attempt to stack blocks after demonstration	Does not attempt to feed self using a spoon and/or help with dressing	Does not attempt everyday self care skills (such as feeding or dressing) Difficulty in manipulating small objects (e.g. threading beads)	Not toilet trained by day Not able to draw lines and circles	Concerns from teacher about school readiness Not able to independently complete everyday routines such as feeding and dressing Not able to draw simple pictures (e.g. stick person)	Differences between right and left sides of body in strength, movement or tone Marked low tone (floppy) or high tone (stiff and tense) and significantly impacting on development and functional motor skills
Gross motor 	Not holding head and shoulders up with good control when lying on tummy Not holding head with control in supported sitting	Not rolling Not sitting independently/without support Not moving (e.g. creeping, crawling) Not taking weight on legs when held in standing	No form of independent mobility (e.g. crawling, commando crawling, bottom shuffle) Not pulling to stand independently and holding on for support	Not standing independently Not attempting to walk without support	Not able to walk independently Not able to walk up and down stairs holding on	Not able to walk up and down stairs independently Not able to run or jump	Not able to walk, run, climb, jump and use stairs confidently Not able to catch, throw or kick a ball	Not able to walk, run, climb, jump and use stairs confidently Not able to hop five times on one leg and stand on one leg for five seconds	

Community Access Booking Service (CABS) call 1300 245 126 or email CDPAccessService@health.qld.gov.au

Child Health Service call 1300 366 039

Call 13HEALTH (13 432584) 24 hours, 7 days to speak to a Child Health Nurse

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DOCUMENT CONTROL

Document Owner		Lead Writer	
Directorate/Unit: Quality and Practice		Lead Practitioner	
Accountable Director: Director Quality and Practice			
Commencement date	02 September 2022	Review date	September 2025
Risk rating	Consequence Rating	Likelihood	Risk Rating
<u>Risk Assessment Matrix</u>	**Minor	**Unlikely	**Low

REVISION RECORD

Approval date	Version	Revision description
05 September 2022	2.0	Reviewed as per DCP policy review cycle
29 May 2024	2.1	Minor changes to include the two visuals and edit language as per necessary

