



The Structured Decision Making[®] System
for Child Welfare

Safety Assessment Policy and Procedures Manual

March 2021



South Australia Department for
Child Protection



Government of South Australia
Department for Child Protection



Children's
Research Center

CONTENTS

Guiding Principle	1
General Definitions	2
SDM® Safety Assessment	
Assessment.....	3
Definitions.....	7
Policy and Procedures	21

The NCCD Children’s Research Center is a nonprofit social research organisation and a centre of the National Council on Crime and Delinquency.

Structured Decision Making® and SDM® are registered in the US Patent and Trademark Office.

GUIDING PRINCIPLE

The paramount consideration in the application of the Structured Decision Making® (SDM) assessment tools is the safety of children and young people.

GENERAL DEFINITIONS

Household: All persons who have significant in-home contact with the child or young person (CYP), including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship (boyfriend or girlfriend) with a parent in the household but who may not physically live in the home, or a relative who has authority in parenting and CYP caregiving decisions as allowed by the legal parent.

Caregiver (carer): (For the purposes of this SDM® tool), means an adult, parent or guardian in the household who provides care and supervision for the CYP.

Circumstance	Primary Caregiver	Secondary Caregiver
Two parents living together (include <i>de facto</i> and same sex relationships)	The parent who provides the most child care. May be 51% of care. TIE BREAKER: If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the carer contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent
Single parent, no other adult in household	The only parent	None
Single parent and any other adult living in household	The only legal parent	Another adult in the household who contributes the most to care of the CYP. If none of the other adults contribute to child care, there is no secondary caregiver.

Household Name: _____ Notification Date: _____

Office: _____ Worker: _____

Safety Assessment Date: _____ Recording Date: _____

- Assessment Type:** As part of an investigation (select one):
 Initial safety assessment
 Subsequent safety assessment
 In response to change in safety circumstances in a continuing services case

If the CYP is Aboriginal or Torres Strait Islander, was a Principal Aboriginal Consultant (PAC) consulted during safety decision making?

- Yes No N/A (CYP is not Aboriginal or Torres Strait Islander.)

Name: _____

If CYP is from a culturally and linguistically diverse (CALD) background, was a Multicultural Services consultant consulted during safety decision making?

- Yes (name): _____
 No
 N/A (CYP is not from a CALD background.)

SECTION 1: FAMILY CHARACTERISTICS

Directions: The following factors are behaviours or conditions that may be associated with the significant possibility that a CYP will be in danger of serious harm (or has suffered serious harm). Identify each factor that is present. The vulnerability of each CYP needs to be considered throughout the assessment. CYP ages 0 to 5 cannot protect themselves. For older CYP, an inability to protect themselves could result from diminished mental or physical capacity or repeated victimisation.

A. Factors Influencing CYP Vulnerability

*These are conditions resulting in the CYP's inability to protect themselves. Select all that apply to **any** CYP.*

- Age 0 to 5 years
- Diminished developmental/cognitive capacity (eg developmental delay, nonverbal)
- Significant diagnosed medical or mental/behavioural health disorder
- Not readily visible to the community
- Diminished physical capacity (eg non-ambulatory, limited use of limbs or limited vision)
- None of the above apply

B. Caregiver Behaviours/Characteristics

Select all behaviours/characteristics that apply to the primary or secondary caregiver. The presence of these caregiver behaviours or characteristics may contribute to the safety threats listed below. If safety threats are identified, consider these characteristics in identifying safety interventions and developing the safety plan.

- Mental health issues
- Developmental/cognitive impairment
- Physical/medical condition
- Drug or alcohol abuse
- None of the above apply

Provide facts that describe each caregiver behaviour/characteristic identified.

SECTION 2: SAFETY THREAT IDENTIFICATION

The following safety threats are behaviours or conditions that may be associated with a significant possibility that a CYP will be in danger of serious harm (or has suffered serious harm).

- 1. Caregiver caused or likely caused serious physical harm (including death) to the CYP or there is a significant possibility of serious physical harm in the current investigation.
- 2. Sexual abuse of CYP is suspected and circumstances suggest there is an immediate threat to the CYP's safety.
- 3. Caregiver's explanation for the injury to the CYP is questionable or inconsistent with the type of injury, and the nature of the injury suggests there is an immediate threat to the CYP's safety.
- 4. Domestic or family violence is occurring and this poses an immediate threat of serious physical and/or emotional harm to the CYP.
- 5. Caregiver is unable or unwilling to protect the CYP from serious harm or threatened harm by others.
- 6. Caregiver fails to meet the CYP's immediate needs for supervision, shelter, food and/or medical or mental health care AND as a result, the CYP's safety is seriously impaired or threatened.
- 7. CYP's physical living conditions are hazardous and immediately threatening to the CYP's health and/or safety.
- 8. Caregiver refuses DCP access to the CYP, there is reason to believe that the family is about to flee or the CYP's whereabouts cannot be ascertained.
- 9. Caregiver persistently describes or acts towards the CYP in negative terms or has extremely unrealistic expectations of the CYP, and the CYP is exhibiting severe behavioural indicators of emotional harm as a result.
- 10. Current circumstances suggest that the CYP's safety is an immediate concern, as the caregiver previously seriously maltreated a CYP in their care **AND** the severity of previous maltreatment or the caregiver's behavioural response to the previous maltreatment is concerning.
- 11. Other (specify): _____
- 12. No safety threats selected.

Provide rationale for any safety threat identified in this section.

SECTION 3: SAFETY INTERVENTIONS *If no safety threats were identified, proceed to Section 4.*

If one or more safety threats are selected, complete the safety interventions checklist (1–8). These interventions are intended to mitigate the immediate danger, must be available immediately and must be detailed in the safety plan. If there are no suitable in-home or community-based interventions (1–6) available, then select action 7 or 8. Any out-of-home care placement requires approval from the delegated officer. Select all that apply.

In-Home and Community-Based Interventions

- 1. Intervention or direct services by the DCP office worker as part of a safety plan.
- 2. Use of family, community, kin, neighbours or other individuals as safety resources, including the CYP residing outside of the home as a voluntary arrangement (for a maximum period of 30 days) by the family.
- 3. Use of community agencies or services as safety resources, including Aboriginal Community Controlled Organisations, Elders, community leaders in CALD communities, CALD-specific service providers, and referral to police.
- 4. The alleged perpetrator will leave the home, either voluntarily or in response to legal action.
- 5. The non-perpetrating caregiver will move to a safe environment with the CYP.
- 6. Other (specify): _____

Placement Interventions

Any out-of-home care placement requires approval from the delegated officer. Any out-of-home care placement of Aboriginal CYP must adhere to the Aboriginal and Torres Strait Islander Child Placement Principle, including consultation with a Gazetted Aboriginal organisation. Any out-of-home care placement of CALD CYP must consider the CYP's cultural identity and the CALD Child Placement Policy. Consultation with Multicultural Services is strongly recommended.

- 7. The caregiver(s) agrees to placement and DCP intervention via a Voluntary Custody Agreement.
- 8. The CYP is placed in custody through an Emergency Removal pursuant to statutory provisions because no other interventions are available to adequately ensure the CYP's immediate safety.

SECTION 4: SAFETY DECISION

Identify the safety decision by selecting the appropriate item below. This decision should be based on the assessment of all safety threats, safety interventions and any other information known about the family. Select one safety decision only and create the safety plan.

- 1. **Safe.** No safety threats are identified at this time. Based on currently available information, there are no CYP likely to be in danger of serious harm.
- 2. **Conditionally safe.** One or more safety threats are present, and in-home protective safety interventions have been planned or taken. Based on safety interventions, all CYP will remain in the home at this time.
- 3. **Unsafe.** One or more safety threats are present, and placement is the only protective intervention possible for one or more CYP. Without placement, there is a significant possibility that a CYP will be in danger of serious harm (or the CYP already has suffered serious harm).
 - All CYP placed.
 - If one or more CYP will be placed out of the home but others remain in the home, complete the status of each CYP below. For any CYP who will not be removed, complete a safety plan.

CYP Removed (Section 3, Intervention 7 or 8)	CYP Not Removed (Section 3, Interventions 1–6) <i>Address on the Safety Plan</i>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

If a PAC and/or a Gazetted Aboriginal organisation was consulted, did they agree with the safety decision?

Yes No

If Multicultural Services were consulted, did they agree with the safety decision?

Yes No

Comments (include points of disagreement, if any, and a rationale for any cultural recommendations not followed):

SOUTH AUSTRALIA DEPARTMENT FOR CHILD PROTECTION
SDM® SAFETY ASSESSMENT
DEFINITIONS

SECTION 1: FAMILY CHARACTERISTICS

A. Factors Influencing CYP Vulnerability

These are conditions resulting in the CYP's inability to protect themselves. Select all that apply to *any* CYP:

Age 0 to 5 years

Any CYP in the household is under the age of 6. Younger CYP are considered more vulnerable, as they are less verbal and less able to protect themselves from harm. Younger CYP also have less capacity to retain memory of events. Infants are particularly vulnerable, as they are nonverbal and completely dependent on others for care and protection.

Diminished developmental/cognitive capacity (eg developmental delay, nonverbal)

Any CYP in the household has diminished developmental/cognitive capacity, which affects the CYP's ability to communicate verbally or to care for and protect themselves from harm. A formal diagnosis is not required to select this item.

Significant diagnosed medical or mental/behavioural health disorder

Any CYP in the household has a diagnosed medical or mental/behavioural health disorder that significantly impairs their ability to protect themselves from harm; or a diagnosis may not yet be confirmed, but preliminary indications are present and testing/evaluation is in process. Examples may include but are not limited to: severe asthma, severe depression, medically complex issues or conditions (eg requires assistive devices to sustain life), etc.

Not readily visible to the community

The CYP is isolated or less visible within the community (eg the family is isolated from the community by location or behaviour, school-aged CYP does not attend an educational facility or is not routinely involved in other activities within the community).

Diminished physical capacity (eg non-ambulatory, limited use of limbs or limited vision)

Any CYP in the household has a physical condition/disability that impacts their ability to protect themselves from harm (eg cannot run away or defend themselves, cannot get out of the house in an emergency situation if left unattended).

None of the above apply

None of the above CYP vulnerabilities apply to any CYP in the household.

B. Caregiver Behaviours/Characteristics

Select all behaviours/characteristics that apply to the primary or secondary caregiver. The presence of these caregiver behaviours or characteristics may contribute to the safety threats listed below. If safety threats are identified, consider these characteristics in identifying safety interventions and developing the safety plan:

Mental health issues

Caregiver appears to have mental health issues at the time of this incident or has a known history of mental health issues. May have past diagnoses, hospitalisations or referrals for observation that may be known as a result of self-report, other credible report by family member or friend, other collateral contacts or police reports.

Developmental/cognitive impairment

Caregiver may have diminished capacity as a result of developmental delays or cognitive issues.

Physical/medical condition

Caregiver has a known or observed severe or chronic medical condition or physical disability that impacts daily functioning.

Drug or alcohol abuse

Caregiver appears to have drug (legal or illicit) or alcohol abuse issues at the time of this incident or has a known history of drug or alcohol abuse issues. May have past diagnoses, treatment, hospitalisations or referrals for observation that may be known as a result of self-report, other credible report by family member or friend, other contacts or police reports.

None of the above apply

None of the above behaviours apply to any caregiver in the household.

SECTION 2: SAFETY THREAT IDENTIFICATION

The following safety threats are behaviours or conditions that may be associated with a significant possibility that a CYP will be in danger of serious harm (or has suffered serious harm):

1. Caregiver caused or likely caused serious physical harm (including death) to the CYP or there is a significant possibility of serious physical harm in the current investigation.

Examples include but are not limited to the following:

- Death of a CYP: This incident resulted in the death of one or more CYP.
- Serious injury or abuse to the CYP other than accidental: Caregiver caused or likely caused *serious* injury, defined as any of the following:

- » Any injury that requires or required immediate assessment/treatment by a physician and that posed a danger of death, permanent impairment or disfigurement (eg brain damage, skull or bone fracture, subdural haemorrhage or haematoma, dislocation, internal injury, poisoning, large or deep burn or severe laceration).
 - » Any injury that requires or required medical treatment/assessment; any injury located on the torso, face or head and/or covering multiple parts of the body; any injury that appeared to be caused by an object; or injuries in different stages of healing.
 - » All injuries, including bruises, in non-mobile infants are considered serious and require specialist medical assessment.
 - » Visible injuries as well as injuries suspected due to symptoms such as loss of consciousness, altered mental status, inability to use an arm, inability to bear weight, etc.
- A credible threat to cause serious physical harm or death against the CYP.
 - Excessive physical force/brutal or bizarre punishment. The caregiver uses physical punishment that is likely to cause a serious or significant physical injury. Actions likely to cause injuries include using dangerous objects to strike the CYP, punching the CYP in the head or torso, strangling, or slamming the CYP against a wall. Hitting, pinching, pushing and hitting with objects (eg rulers) may be included if the frequency and force used was likely to cause a serious or significant injury. Examples may include but are not limited to use of brutal or bizarre punishment, including torture, suffocation, scalding, burning with cigarettes, forced feeding of toxic or dangerous substances, or killing or torturing pets as punishment.
 - Behaviour towards the CYP indicates a serious lack of self-control. The caregiver's actions/reactions towards the CYP indicate a serious lack of self-control, disregard for the CYP's wellbeing, and they put the CYP in immediate danger of serious harm, including when one or more caregivers fear they will harm the CYP.

2. Sexual abuse of CYP is suspected and circumstances suggest there is an immediate threat to the CYP's safety.

Suspicion of sexual abuse may be based on indicators such as the following:

- The CYP discloses sexual abuse or exploitation either verbally or behaviourally (eg age-inappropriate sexualised behaviour towards self or others).
- Caregiver or other person in the household has had sexual contact with the CYP. Sexual contact includes rape (intercourse, oral sex, digital/object penetration) and inappropriate touching.

- CYP was forced/encouraged to engage in sexual performances or activities. Caregiver or others in the household have forced or encouraged the CYP to engage in sexual performances or activities (including forcing the CYP to observe sexual performances or activities).
- Access to the CYP by suspected or confirmed sexual abuse perpetrator exists.

3. Caregiver’s explanation for the injury to the CYP is questionable or inconsistent with the type of injury, and the nature of the injury suggests there is an immediate threat to the CYP’s safety.

Factors to consider include age of the CYP, location of injury, exceptional needs of the CYP and chronic nature of injuries:

- Medical evaluation shows injury is likely a result of abuse; caregiver gives no explanation, denies or attributes injury to an accident.
- Caregiver’s explanation is inconsistent with the type of injury or there are significant discrepancies between what the caregiver says and what other contacts say about the cause of the injury.

CULTURAL CONSIDERATIONS

Aboriginal and Torres Strait Islander Considerations

Cultural practices such as rites of passage from boy to man in Aboriginal culture may result in some injury to the young person. Consultation with a PAC is recommended to determine if a safety threat applies.

CALD Considerations

Some culturally sanctioned rituals related to health beliefs in CALD families may result in various markings on a CYP, eg cupping in Asian cultures. Consultation with Multicultural Services is recommended to determine if a safety threat applies.

4. Domestic or family violence is occurring and this poses an immediate threat of serious physical and/or emotional harm to the CYP.

CYP has been exposed to severe psychological domestic or family violence such as isolation, coercion, threats of harm (with or without weapon), degradation and intimidation:

- CYP purposely or inadvertently becomes a target (eg hit with object, thrown, pushed) during domestic or family violence or faces significant possibility of injury due to intimate partner or family violence. (eg attempts to intervene or participate in violence).

- CYP exhibits emotional and/or behavioural indicators that may be associated with their experience of domestic or family violence. For example, CYP exhibits severe anxiety (eg nightmares, insomnia) or other trauma symptoms, cries, cowers, cringes, trembles or otherwise exhibits fear as a result of intimate partner or family violence.
- CYP indicates fear that self, caregiver, siblings or other family members may be harmed because of domestic or family violence.
- Any household member has made credible threats to kill or seriously harm self, CYP or other family members.

5. Caregiver is unable or unwilling to protect the CYP from serious harm or threatened harm by others.

The caregiver fails to protect the CYP from serious harm or threatened harm by others. Harm includes physical abuse, neglect, sexual abuse or severe emotional abuse.

This includes a person(s) with severe violent behaviour residing in the home, or caregiver is unwilling or unable to prevent access to the CYP. (Do not select this item for domestic or family violence; instead, refer to item 4).

6. Caregiver fails to meet the CYP's immediate needs for supervision, shelter, food and/or medical or mental health care AND as a result, the CYP's safety is seriously impaired or threatened.

- Caregiver is present but seriously inattentive. For example, the CYP wanders outdoors alone, plays with dangerous objects or on window ledges etc, which results in the CYP's safety being seriously threatened.
- Caregiver leaves CYP alone to a degree that is unacceptable for the CYP's age and developmental state.
- Caregiver has been arrested, incarcerated or detained and is unable to supervise the CYP.
- Caregiver makes inadequate/inappropriate CYP care arrangements or plans very poorly for the CYP's care. A CYP is left in the care of another person (including a sibling) by their caregiver, and that other person is unwilling to care for the CYP or has demonstrated an inability to provide appropriate supervision or is unlikely to provide age-appropriate supervision due to any of the following: excessive drug or alcohol use; domestic or family violence or other violent history; known or probable sexual offending history; lack of knowledge about the CYP's developmental needs; or the other person's own physical, mental, intellectual or other limitations.

- No food provided or available to the CYP, or the CYP is starved/deprived of food/drink for long periods. Consider the dietary requirements of the CYP based on age/developmental status and health. An infant can experience serious harm after even brief periods of inappropriate or inadequate feeding.
- Caregiver does not seek treatment for CYP's immediate medical or mental health condition(s) or does not or cannot follow prescribed treatments, including but not limited to removing the CYP from hospital against medical advice (not including declining social hospital admission) or the CYP is suicidal and caregiver will not take protective action.

CULTURAL CONSIDERATIONS

Aboriginal and Torres Strait Islander Considerations

For Aboriginal and Torres Strait Islander CYP, consultation with a PAC is recommended. Consider the following.

- CYP may have prearranged supervision from a capable CYP, family, extended family member, elder or community member. This may be an informal arrangement without the presence of an adult.
- In rural and remote communities, CYP are encouraged to explore and take risks to develop responsibility and develop independence. Multiple family and community members may provide food, supervision and care for CYP and support for parents to help keep CYP safe.
- Cultural obligations such as travel to attend events (eg Community Council, Sorry Business) may result in a caregiver being absent.
- Aboriginal CYP raised in remote rural communities have different concepts of safety and trust than CYP raised outside of community. In most cases, English is a second language for these CYP, which may complicate communication about safety.

When issues such as these apply, the primary consideration is whether the arrangement is suitable for the CYP's safety and wellbeing or if the situation creates a significant possibility that a CYP will suffer serious harm.

Regarding medical/mental health care: In some rural and remote communities, access to medical, dental and mental health services may be very limited due to isolated location. For example, such services may only be accessible to the local community on an occasional fly-in/fly-out basis. Therefore, the question is whether the CYP's medical needs are endangered as a result of inadequate caregiver action or because of limited services. In addition, cultural obligations, such as the need to travel to attend significant community events, may result in difficulty in following up on services for treatment needs. When issues such as these apply, the primary considerations are whether the conditions pose a threat to safety and whether the conditions are a result of inadequate provision by the caregiver.

CALD Considerations

For CALD CYP, consultation with Multicultural Services is recommended. Consider the following:

- In some CALD communities, it is usual that the eldest supervises younger siblings without an adult present. Neighbours and community members who the parents do not know well may also supervise CYP.
- CALD families, particularly those new to Australia, may have little understanding of Western childrearing practices or of the role of the child protection system in Australia. It may be that no similar government intervention exists in the country they immigrated from and government authorities can be perpetrators of abuse; thus, trust of authority may be compromised.
- CALD families may have differing health beliefs and limited understanding of Australian medical services or their ability to access medical care; ie not all countries have a system like Medicare.

In situations such as these, be sure to consider how much the family knows about systems and the expectations for raising CYP in Australia. The primary consideration is whether an arrangement is suitable for the CYP's safety and wellbeing or whether it creates a significant possibility that a CYP will suffer serious harm.

7. CYP's physical living conditions are hazardous and immediately threatening to the CYP's health and/or safety.

Based on the CYP's age and developmental status, the CYP's physical living conditions are hazardous and immediately threatening. Examples include but are not limited to the following:

- Unsafe physical structure (eg exposed electrical wires, leaking gas from a stove or other source); a lack of water, plumbing or electricity; or alternate provisions are inappropriate.
- Dangerous substances or objects (eg needles, weapons) stored in places easily accessible to the CYP.
- Excessive garbage or rotted or spoiled food that threatens health.
- Human or animal waste within the living spaces that threatens health.

CULTURAL CONSIDERATIONS

Aboriginal and Torres Strait Islander Considerations

For Aboriginal and Torres Strait Islander CYP, consultation with a PAC is recommended. Consider the following:

- In some Aboriginal communities, acceptable standards of housing may be different from standards which apply in other communities. Accordingly, the living conditions (eg the number of occupants in a house) for a given Aboriginal family need to be seen in the context of the standards that are reasonably expected to apply within that local community.
- In Aboriginal communities, large numbers of extended family members may come to stay in the family home when they are travelling for community and cultural business. It is common practice for siblings and extended family members to share a room.
- Cultural obligations that require an Aboriginal family to accommodate visiting relatives can contribute to temporary overcrowding that can impact living conditions.

When issues such as these apply, the primary consideration is whether the arrangement is suitable for the CYP's safety and wellbeing. The following questions need to be considered: Do the conditions pose a threat to safety? Are the conditions a result of inadequate provision by the caregiver or a result of community conditions?

CALD Considerations

For CALD CYP, consultation with Multicultural Services is recommended. Consider the following:

- In some CALD communities, acceptable housing standards may differ from those in other communities. Accordingly, living conditions (eg the number of occupants in a house) need to be viewed in the context of standards within the local CALD community.
- In some CALD communities, many extended family members may stay in the family home when travelling for community and cultural business. Frequently, siblings and extended family members share a room.
- In some CALD communities, cultural obligations requiring a family to accommodate visiting relatives can contribute to temporary overcrowding that can affect living conditions.

When issues such as these apply, the primary consideration is whether the arrangement is suitable for the CYP's safety and wellbeing. The following questions need to be considered: Do the conditions pose a threat to safety? Are the conditions a result of inadequate provision by the caregiver or a result of community conditions?

8. Caregiver refuses DCP access to the CYP, there is reason to believe that the family is about to flee or the CYP's whereabouts cannot be ascertained.

The worker has made attempts to contact the CYP and been refused access by the caregiver; OR there is reason to believe the family is about to flee during an ongoing investigation after an initial safety assessment has been completed. Examples include but are not limited to the following:

- Family currently refuses access to the CYP and cannot or will not provide the CYP's location.
- Family has previously fled in response to a CYP abuse/neglect investigation/assessment.
- Family has a history of keeping the CYP away from peers, school or other outsiders for extended periods to avoid investigation/assessment.
- Family is otherwise attempting to block or avoid investigation/assessment.

9. Caregiver persistently describes or acts towards the CYP in negative terms or has extremely unrealistic expectations of the CYP, and the CYP is exhibiting severe behavioural indicators of emotional harm as a result.

Examples include but are not limited to the following situations:

- Caregiver persistently describes the CYP in a demeaning or degrading manner (eg evil, possessed, stupid, ugly) or persistently curses at or puts the CYP down.
- Caregiver persistently blames the CYP for a particular incident or distorts the CYP's behaviour as a reason to abuse.
- Caregiver persistently expects unrealistic behaviour(s) per CYP's age/developmental stage. Caregiver persistently expects the CYP to perform or act in a way that is improbable for the CYP's age or developmental stage (eg babies/young CYP expected not to cry, be still for extended periods, be toilet trained, eat neatly, care for younger siblings or stay alone).
- Caregiver persistently scapegoats the CYP or views the CYP as responsible for the caregiver's or family's problems.
- Persistent symptoms of emotional harm that interfere with the CYP's functioning. The CYP's symptoms may include conduct disorders, behaviour extremes, developmental delays, low self-esteem, offending behaviour and depression.

- Specific CYP indicators may include sleep/appetite disturbance, non-developmentally appropriate wetting/soiling, persistent aggressiveness, destructive or antisocial behaviour, fire-setting, cruelty to animals, emotional withdrawal or constant sadness, clinging or compulsively seeking affection and attention, unusual fears for the CYP's age (eg fear of going home, being left alone, specific objects), inability to react with emotion or inability to develop an emotional bond with others.
- Regression of previously achieved developmental milestones.

Note: In very young children, emotional harm may manifest differently than in older CYP, and there may be few visible signs.

CULTURAL CONSIDERATIONS

Aboriginal and Torres Strait Islander Considerations

In some rural and remote Aboriginal communities, the concept of spirituality and evil/possession may be a cultural construct as opposed to a demeaning one. Consultation with a PAC is recommended.

CALD Considerations

In some CALD communities, it may be difficult for families to acknowledge child protection concerns due to the likelihood of shame in the eyes of the community. This can motivate the family to deny any wrongdoing or avoid acknowledging the safety risks to their CYP. The CYP may be held responsible, scapegoated or made an outcast from the community. Consultation with Multicultural Services is recommended.

- 10. Current circumstances suggest that the CYP's safety is an immediate concern, as the caregiver previously seriously maltreated a CYP in their care**

AND

The severity of previous maltreatment OR the caregiver's behavioural response to the previous maltreatment is concerning.

There must be current conditions that are approaching the level of one or more safety threats (with no other safety threat selected) AND related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment or the caregiver's behavioural response to that previous maltreatment is concerning. Caregiver's behavioural response includes caregiver's lack of reflective capacity to previous incident(s). Examples of previous severe mistreatment include but are not limited to the following:

- Prior death of a CYP as a result of maltreatment.

- Prior serious/significant harm to any CYP. Previous maltreatment by caregiver that resulted in serious or significant harm. *Serious* harm includes harm as a result of neglect or serious injury. Serious injury means that it required immediate medical treatment and presented a threat of death or disfigurement. *Significant* injury means an injury that required medical treatment or an injury that did not require medical treatment but was located on the torso, face or head and/or covered multiple parts of the body or appeared to be caused by an object. Include injuries in different stages of healing. Include visible injuries as well as injuries suspected due to symptoms such as loss of consciousness, altered mental status, inability to use an arm, inability to bear weight, etc. Also include physical findings consistent with sexual abuse based on medical exam.
- Prior removal/placement or court action to protect a CYP. There has been a previous court order associated with an allegation of abuse/neglect that resulted in the CYP being placed under a custody or guardianship order. Removal/placement of any CYP by DCP, other responsible agency or concerned party was necessary for the safety of the CYP.
- Caregiver's behaviour is unchanged despite previous professional help. Caregiver previously maltreated a CYP in their care and was referred for professional services as a result, but caregiver did not participate in or benefit from those services.

11. **Other (specify).**

If, after careful review of the definitions for the preceding 10 safety threats, the worker determines there is something unique in this family that was not captured in any other safety threat, then the worker should select 'Other' and document the identified unique safety threat that, if not resolved immediately, would lead to removal of a CYP from this home. This item is not used for risk factors or general case planning.

Any 'other' threats require a brief narrative description of the circumstances or conditions that constitute an immediate threat to the CYP's safety.

Note on Qualifying Offences: The legislation obliges DCP to engage in specific responses to the presence of Qualifying Offences, including issuing Instruments of Guardianship or Restraining Notices:

- Where the CYP resides or is about to reside with a parent found guilty of a Qualifying Offence, DCP must issue an Instrument of Guardianship.
- Where the CYP resides or is about to reside with a person (other than their parent) found guilty of a Qualifying offence, DCP must implement a Restraining Notice, unless the Chief Executive thinks it inappropriate to do so.

The legislation provides for up to 60 days to undertake an assessment of the situation and apply to the Adelaide Youth Court to seek further Orders or to revoke the Instrument of Guardianship or Restraining Notice (if issued).

When completing the initial SDM safety assessment, if the legislative conditions for Qualifying Offences are present, select Item 11.

When completing subsequent SDM safety assessments, if the assessment is that there is a change in circumstances, and it is assessed that there is no further safety threat, do not continue to select Item 11.

SECTION 3: SAFETY INTERVENTIONS

Interventions are intended to mitigate the immediate danger, must be available immediately and must be detailed in the safety plan. If there are no suitable in-home or community-based interventions (1–6) available, then in consultation with the supervisor, action 7 or 8 will be required. Select all that apply.

In-Home and Community-Based Interventions

1. Intervention or direct services by the DCP office worker as part of a safety plan.

This may involve the worker:

- Planning or taking actions that specifically address one or more safety threats (eg providing emergency assistance such as food, transportation of CYP and caregiver to critical appointment);
- Planning return visits to the home to check on progress; or
- Providing information and/or assistance in obtaining intervention orders.

Note: This safety intervention requires specific actions in addition to routine case work.

2. Use of family, community, kin, neighbours or other individuals as safety resources, including the CYP residing outside of the home as a voluntary arrangement (for a maximum period of 30 days) by the family.

This involves applying the family's own strengths as resources to mitigate safety threats or using extended family members, neighbours or other individuals to mitigate safety threats. Examples include but are not limited to the following situations:

- Engaging a grandparent or family member to assist with CYP care;
- Elder or community leader support;

- Agreement by a neighbour to serve as a safety net for an older CYP; or
 - Commitment by trusted third-party/support person to meet with the caregiver daily, support safety, and communicate with the worker.
3. Use of community agencies or services as safety resources, including Aboriginal Community Controlled Organisations, Elders, community leaders in CALD communities, CALD-specific service providers, and referral to police.
Community resources used as a safety intervention should be immediately available to the family and be able to reduce the immediate danger of serious harm. This may include intensive in-home intervention services that are provided as an alternative to removal. *Does not include* long-term therapy or treatment, being put on a waiting list for services or delays in contact and initiation of services to the family.

CULTURAL CONSIDERATIONS

CALD considerations: Community leaders and CALD-specific services should be made available to the family to reduce the immediate danger of serious harm. This may include intensive in-home intervention services. It may also involve community intervention in which leaders and other respected community members help ensure the CYP's safety by being included in or signatory to safety plans. Consultation with Multicultural Services is recommended and can also be a conduit for connection with community leaders.

4. The alleged perpetrator will leave the home, either voluntarily or in response to legal action.
This means temporary or permanent removal of the alleged perpetrator. Examples include but are not limited to the following:
- The alleged perpetrator agreeing to leave the residence.
 - Arrest of the alleged perpetrator or an intervention order.

CULTURAL CONSIDERATIONS

Aboriginal and Torres Strait Islander Considerations

In rural and remote communities, these may not be an effective approach to create safety.

CALD Considerations

There may be added complexity for CALD couples where the community upholds and reinforces the sanctity of marriage. In some instances, a woman may be advised by community members to remain in the home to avoid shame upon her husband. Therefore, this intervention may not be an effective approach with some CALD families, and Multicultural Services consultation is recommended.

5. The non-perpetrating caregiver will move to a safe environment with the CYP.
A non-perpetrating caregiver has taken or plans to take the CYP to an alternative location where the alleged perpetrator will not have access to the CYP. Examples include a domestic or family violence shelter, a friend or relative's home or a hotel.

CULTURAL CONSIDERATIONS

CALD Considerations

There may be added complexity for CALD couples where the community upholds and reinforces the sanctity of marriage. In some instances, a woman may be advised by community members to remain in the home to avoid shame upon her husband. Therefore, this intervention may not be an effective approach with some CALD families, and consultation is recommended.

6. Other (specify).
The family or worker identified a unique intervention for an identified safety threat that does not fit within items 1–5.

Placement Interventions

Any out-of-home care placement requires approval from the delegated officer. Any out-of-home care placement of Aboriginal CYP must adhere to the Aboriginal Child Placement Principle, including consultation with a Gazetted Aboriginal organisation. Any out-of-home care placement of a CALD CYP must consider the CYP's cultural identity and the CALD Child Placement Policy. Consultation with Multicultural Services is strongly recommended.

7. The caregiver(s) agrees to placement and DCP intervention via a Voluntary Custody Agreement.
8. The CYP is placed in custody through an Emergency Removal pursuant to statutory provisions because no other interventions are available to adequately ensure the CYP's immediate safety.

SECTION 4: SAFETY DECISION

1. **Safe.** No safety threats are identified at this time. Based on currently available information, there are no CYP likely to be in danger of serious harm.
2. **Conditionally safe.** One or more safety threats are present, and in-home protective safety interventions have been planned or taken. Based on safety interventions, all CYP will remain in the home at this time.
3. **Unsafe.** One or more safety threats are present, and placement is the only protective intervention possible for one or more CYP. Without placement, there is a significant possibility that a CYP will be in danger of serious harm (or the CYP already has suffered serious harm).

SOUTH AUSTRALIA DEPARTMENT FOR CHILD PROTECTION
SDM® SAFETY ASSESSMENT
POLICY AND PROCEDURES

The purpose of the safety assessment and safety plan is to help assess whether there is a significant possibility that a CYP will be in danger of serious harm (or has suffered serious harm) that requires immediate intervention. In addition, the safety assessment and safety plan help determine what intervention(s) should be initiated or maintained to provide appropriate safety and protection to the CYP.

Risk versus safety assessment: It is important to keep in mind the difference between risk and safety when completing this assessment. Safety assessment differs from risk assessment in that it assesses the CYP's present danger and whether any immediate interventions are needed to protect the CYP. Selecting one or more safety threats means that the situation is so serious that action must be taken immediately to protect the CYP. In contrast, risk assessment is concerned with the likelihood of maltreatment in the (longer-term) future and will inform decisions about whether services will be needed.

Because the purpose of the safety assessment is to assess immediate safety concerns and implement needed safety responses, the safety assessment is to be used at the *beginning* of the investigation, immediately following the initial face-to-face contact between the DCP worker and the family. By contrast, the risk assessment occurs after the investigation is completed and is used to inform the case continuation decision.

WHICH CASES

The safety assessment is completed on the following:

- All notifications on which an investigation has commenced.
- Any open investigation or ongoing case in which changing circumstances require an assessment of safety due to (1) changes in family circumstances that affect safety, (2) changes in information known about the family that affects safety, or (3) information that indicates that previously established safety interventions are not working.

Note: The SDM safety assessment is for in-home assessment and is not to be completed on kinship/foster placements.

WHO

The worker who has been assigned the case for investigation, or, for continuing services cases, the worker who has primary responsibility for the case. Additionally, in after-hours circumstances, this would be the DCP After Hours worker.

WHEN

Assessing for safety is an ongoing *process* throughout the life of a case. The SDM safety assessment tool is completed to reflect safety status at the following points:

- Within 24 hours of the first face-to-face contact of the investigation.
- Within 24 hours of any subsequent contact in which there was a change in safety status, such as the following:
 - » One or more safety threats previously present are no longer present.
 - » One or more safety threats not present before are present now.
 - » Previously established safety interventions are not working and, consequently, there is a need for changes to the safety plan and/or safety decision.

DECISION

The safety assessment provides structured information concerning the immediate danger of serious harm to a CYP. This information guides the decision about whether a CYP may remain in the home with no intervention, may remain in the home with safety interventions in place or must be protectively placed in out-of-home care. CYP must be safe before closing a case.

APPROPRIATE COMPLETION

Complete the identifying information:

- **Household Name:** The family name of the primary caregiver in the family being assessed. Note that only one household can be assessed per form. If there are allegations on more than one household (including allegations of failure to protect), then a separate safety assessment must be completed for each household/family for which there are allegations.
- **Notification Date**
- **Office**
- **Worker**
- **Safety Assessment Date:** The date the safety assessment process occurred.
- **Recording Date:** The date the worker records the results of the safety assessment.

- **Assessment Type:** If the safety assessment is being completed on an investigation of a new notification, select that option and indicate whether this is an initial or subsequent safety assessment (ie one completed due to changes in safety circumstances during the investigation).

If the safety assessment is being completed on a continuing case based on changes in safety that did NOT result in a new notification, select that option.

- **Consultation with a PAC:** If the CYP is Aboriginal or Torres Strait Islander, indicate whether a PAC was consulted as part of decision making. If the CYP is not Aboriginal or Torres Strait Islander, select 'N/A'.
- **Consultation with Multicultural Services:** If the CYP is from a CALD background, indicate whether Multicultural Services was consulted during decision making. If the CYP is not from a CALD background, select 'N/A'.

The safety assessment has four sections:

- Section 1: Family Characteristics
- Section 2: Safety Threat Identification
- Section 3: Safety Interventions
- Section 4: Safety Decision

The vulnerability of each CYP is considered throughout the assessment. Young children cannot protect themselves. For older CYP, inability to protect themselves could result from diminished mental or physical capacity or repeated victimisation.

If the initial contacts with the family do not include contact with the caregiver(s) or do not include a home visit, then a subsequent safety assessment and plan should be completed based on the information obtained during those subsequent contacts.

Section 1: Family Characteristics

The worker must first consider the factors influencing CYP vulnerability and caregiver behaviour or characteristics that may threaten a CYP's safety. Identify CYP vulnerabilities for all CYP in the home. Also identify caregiver behaviours/characteristics for all caregivers in the household.

Section 2: Safety Threat Identification

Consider the safety threats listed and identify the presence or absence of each indicator. Safety threats 1–11 apply to all CYP in the home. If a safety threat is present for **any** CYP in the home, the item should be selected. *Answer each item as it relates to the most vulnerable CYP.* If no safety threats are present, indicate 'no safety threats selected'.

Each selected safety threat response must have a written description. Supporting justification for selected safety threats must be specific to the family's (or CYP's) circumstances (do not simply quote the definition).

Safety threat 10 cannot be selected with any other safety threats.

Section 3: Safety Interventions

This section is completed whenever one or more safety threats have been identified in Section 2. For each safety threat identified, consider the resources available in the family and the community that can contribute to keeping the CYP safe. For CYP protection cases, this section is intended to assist the worker in exploring alternatives to removing the CYP and, upon completion, to document that DCP has made reasonable efforts to safely maintain the CYP at home whenever possible.

Section 4: Safety Decision

The safety decision is the result of careful assessment of the safety threats present and any available safety interventions taken or immediately planned by the agency, family or community resources to protect the CYP.

An assessment of 'safe', 'conditionally safe' or 'unsafe' is based on whether any safety threats in Section 2 are identified and whether these can be mitigated through safety interventions. The household is identified as 'safe' only if *no* safety threats were identified in Section 2; 'conditionally safe' if all CYP remain in the home whilst services are provided by the worker, family and/or community resources; and 'unsafe' if *any* CYP was removed from the home.

When situations require protective placement of one CYP and another CYP remains in the home, the assessment decision will be 'unsafe' due to the removal. Safety interventions and a safety plan are required for CYP remaining in the home to address the safety threats. There would be *only one decision*, ie 'unsafe', whenever any CYP is protectively placed.

- Safe: If no safety threats were identified in Section 2, all CYP are safe and will remain in the home.
- Conditionally safe: If one or more safety threats are present and will be addressed with one or more in-home or community-based interventions (1–6) in the development of the safety plan, and all the CYP will remain in the home, the decision is conditionally safe.
- Unsafe: If there are one or more safety threats that cannot be adequately managed by interventions 1–6 and *any* CYP in the home will be protectively placed, the decision is unsafe. In situations where one or more CYP will be removed from the home but others will remain, indicate the status of each CYP. The safety plan needs to address any CYP who will remain in the home.

If a PAC and/or a Gazetted Aboriginal organisation was consulted, did they agree with the safety decision?

If the CYP is Aboriginal or Torres Strait Islander, indicate whether the PAC agreed with the worker's decision. If there was disagreement, please note the details.

If Multicultural Services were consulted, did they agree with the safety decision?

If the case involved a CYP from a CALD background, did Multicultural Services agree with the worker's decision? If there was disagreement, please note the details.