The Structured Decision Making safety assessment

The safety assessment is a Structured Decision Making (SDM) tool that helps identify children who are at imminent threat of serious harm. When imminent threat of serious harm is identified, the safety assessment guides decisions about whether the child is safe to remain in the home with an agreed immediate safety plan or requires an out of home placement option to ensure their immediate safety and wellbeing.

When to complete the safety assessment

The safety assessment is completed as part of an investigation and assessment except where the child is not yet born. The safety assessment must be completed and approved by the senior team leader within 72 hours of the first face to face contact with the child and family.

The safety assessment must also be completed in an ongoing intervention event whenever circumstances change in a manner that indicates a threat to the child’s immediate safety. The following examples are practice points where a child safety officer (CSO) will complete a safety assessment:

- prior to returning a child home following an unsafe decision in a previous safety assessment
- when safety plan actions are not complied with by the parents or safety and support network members
- parent behaviour has changed and indicates a threat; for example, the parent is now refusing to take required prescribed medication for their mental health
- when a parent removes a child from an out of home care placement
- when a child chooses to self-place without departmental approval
- prior to closing every ongoing intervention case.

Structure of the safety assessment

There are four sections to the safety assessment.

- Section 1: Immediate harm indicators: This section contains 12 immediate harm indicators, which focus on key parental behaviours or household conditions and the impact of these on the child.
- Section 2: Acts of protection, strengths and resources: This section only applies to all safety assessments undertaken in the ongoing intervention phase, recognising increased knowledge of a family’s demonstrated acts of protection, their strengths, and resources such as their safety and support network.
- Section 3: Immediate Safety Interventions: There are eight non-custody intervention options and three placement intervention options, which can be utilised to ensure safety.
- Section 4: Safety Decision and Action: The safety decision is reached as an outcome of the assessment undertaken within the previous sections. Outcomes are recorded as ‘safe’, ‘safe with immediate safety plan’ or unsafe. When an immediate harm indicator has been identified an outcome of ‘safe with immediate safety plan’ is documented if the family and Child Safety can work together to develop an immediate safety plan that addresses the harm indicator to ensure the child’s safety.

Section 1: Immediate harm indicators

To effectively identify immediate harm a thorough knowledge and understanding of the definitions of each of the 12 harm indicators is essential. The use of common definitions increases consistency of decision making and reduces the likelihood of subjective interpretation.
When making an assessment to determine if immediate harm indicators exist the following factors and their relevance to the child’s safety are considered:

- imminence - whether there is immediate or imminent danger to the child
- seriousness - whether the harm or risk of harm is serious or severe (that is, probable danger of serious harm to the child’s health or physical or emotional well-being)
- evidence - whether there is credible information that confirms the presence of an immediate harm indicator in the household.

To complete the immediate harm indicator section, consider the most vulnerable child in the household for each item and:

- determine whether any immediate harm indicators are present by engaging the child, family and their network, working collaboratively with them to undertake a balanced and rigorous assessment of current circumstances
- select all immediate harm indicators identified as being present in the household, and use the comments section in the safety assessment to briefly describe the situation
- develop worry statements that reflect the immediate harm indicators and discuss these with the family and their support network to refine them into shared statements if possible.

All selected immediate harm indicators are documented in the Collaborative Assessment and Planning Framework (CAP) tool as either harm statements or complicating factors. These harm statements and complicating factors inform the development of corresponding worry statements.

Where no immediate harm indicators are identified the assessment form will automatically record a ‘safe’ outcome.

**Section 2: Acts of protection, strengths and resources**

This section is completed only if the safety assessment is undertaken in the ongoing intervention phase of working with a family. It is a prompt for thinking through whether there are sufficient resources in the family and their safety and support network to maintain, strengthen or build an in-home safety plan.

The presence of acts of protection, strengths or resources does not mean that an immediate safety plan can be built or maintained with sufficient rigour to control the immediate harm. In addition, where acts of protection have been identified, they must have been demonstrated over time previously, before they can be considered as reducing the current immediate harm.

The absence of any protective actions raises serious questions about whether a plan could be counted on to keep a child safe.

**Section 3: Immediate Safety interventions**

Where an immediate harm indicator is identified the safety of the child must be secured. This can be achieved through the use of non-custody or custody interventions or a combination of both, depending on the different needs of the children in the household.

**Non-custody intervention options**

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

Identified interventions will be:

- adequate to control and manage the identified harm
- accessible immediately to the child and family
• acceptable to the parent, child and network members involved
• able to be maintained for the life of the immediate safety plan.

There are eight non-custody safety intervention options available. It is important to remember that in order to utilise a non-custody intervention the parent must be able to give their informed consent. Parents with unmanaged mental health issues, under the influence of a substance that is impairing judgement, with an intellectual impairment or who have language/cultural diversity issues may not be able to consent or may require support and assistance to understand the immediate safety planning process.

Table 1: Non-custody safety interventions and key considerations

| Intervention or direct services by the CSO/CSSO as part of a safety plan. | • Are the parents, child and network members willing to engage and work with the CSO?  
• Does Child Safety have capacity to participate in and monitor the plan at the level required to ensure the child's immediate safety? |
| --- | --- |
| Family or safety and support network members take specific actions to control the immediate danger, including brief overnight stays as arranged by the family if appropriate | • Do the parents agree to share information about the identified concerns and immediate harm indicators?  
• Who in their family does the child trust and feel safe with?  
• Is the family and network able to put the child’s needs for safety first? Will they monitor the plan and contact Child Safety immediately if the plan is not working? |
| Parent uses community agencies or services as safety resources – acknowledging that actions create immediate safety not services. | • How does the service address the child’s need for immediate safety?  
• Will the family engage fully with the agency? Will the agency co-operate with the department’s need for feedback?  
• Will an individual person take responsibility for the agencies’ commitment? Will they sign the plan and attend meetings as required? |
| A parent who has not harmed the child acts to protect the child from the alleged person responsible for the harm (in cases of sexual abuse or domestic and family violence, this intervention must be used in conjunction with other safety interventions. A non-harming parent should not be placed in a position that increases danger to that parent.) | • Is this level of responsibility feasible, taking into consideration power and control dynamics within domestic and family violence; child sexual abuse?  
• Is there a possibility of increasing the risk to the non-offending parent?  
• Consider parent more broadly – think about including family and the broader network. Will the parents agree to share information about what Child Safety is worried about to others? |
### SDM safety assessment and immediate safety planning

| The person alleged responsible for the harm will leave the home, either voluntarily or involuntarily. | • How can we support the offending parent to leave the home? Do they need resources for example food, groceries?  
• Will the parents agree to use their network to seek support? Will they agree to tell the network about what Child Safety is worried about? |
| --- | --- |
| The parent who has not harmed the child will move to a safe environment with the child. | • How long will the temporary arrangement be sustainable?  
• Is a safe environment immediately accessible? Is it affordable? How can Child Safety support this temporary immediate safety plan? |
| Legal action planned or initiated - custody remains with the parent. | • What additional response is required (if any) until the legal action is secured? |
| Other | • Any other significant factor that will secure the child’s safety. |

A safety plan cannot contravene a Family Law Court order, bail conditions or conditions noted within a Domestic and Family Violence Order. Where possible, obtain a copy of any court orders or conditions to ensure awareness of any limitations to what can be safety planned. If in doubt, the CSO should seek legal advice from appropriate sources within the Department.

### Safety interventions - placement interventions

Where a placement intervention is required to secure a child’s immediate safety, the CSO will attempt to engage the child’s parents to work with the department in a voluntary capacity (Child Protection Act 1999, section 5).

In circumstances where a parent does not agree to the placement of the child in out-of-home care, consideration is given to seeking an assessment order or a child protection order. Where a child is placed with an approved carer, standard placement procedures apply.

There are three placement intervention options: Table 2: Placement interventions and key actions

| The child’s parent agrees to place the child in a departmentally approved placement under an assessment care agreement or child protection care agreement. | • A care agreement is a signed voluntary arrangement between the child's parent and the department, which allows the child to be placed in an out-of-home care placement with an approved carer.  
• Note: a care agreement cannot be made with one parent only, if the other parent refuses to enter the agreement. |
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<td>The child is placed in custody under an assessment order (TAO or CAO) because no other interventions are available to adequately ensure the child’s immediate safety.</td>
<td>• A TAO or CAO is sought by the department, and the child is placed in an out-of-home care placement with an approved carer (Child Protection Act 1999, section 28 or 45).</td>
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<td>The child is placed in custody under a child protection order or interim order (including a TCO) because no other interventions are available to adequately ensure the child’s immediate safety.</td>
<td>• An application is made for a temporary custody order or child protection order, and the child is placed in an out-of-home care placement with an approved carer (Child Protection Act 1999, section 51AF or 61).</td>
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The decision to end a placement intervention as part of the safety assessment will occur:

- when a subsequent safety assessment establishes that the child is ‘safe with an immediate safety plan’ and can be returned home under the agreed plan, or
- when a subsequent safety assessment establishes that all immediate harm indicators have been resolved and the child can return home safely.

Where a child remains in an out-of-home care placement the safety assessment will always reflect an 'unsafe' finding.

**Section 4: Safety decision and action**

This section is completed for all safety assessments. The safety decision is automatically recorded in the SDM safety assessment form, following the completion of the prior sections. As a result of varying needs, capacities and contexts children within the household may have different safety decision outcomes.

The safety decisions are:

- Safe: no immediate harm indicators are identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- Safe with immediate safety plan: one or more immediate harm indicators are present, there is an immediate danger of serious harm to a child and Safety is satisfied the family and network have developed a safety plan that directly addresses the harm indicator and effectively controls the immediate harm in the short term. An immediate safety plan cannot be made with only the parent most likely responsible for the immediate harm concern.
- Unsafe: one or more immediate harm indicators are present, and placement is the only safety intervention possible for one or more children. Without placement, one or more children will likely be in immediate danger of serious harm.

**Immediate Safety plan**

An immediate safety plan is collaboratively developed with the family and their network whenever any ‘immediate harm indicator’ has been identified and at least one child will remain in the home. The immediate safety plan must control the immediate harm in the present to short term future. It is important to remember that where a child is ‘safe with an immediate safety plan’ the action steps identified are the only things mitigating the harm that would otherwise result in a placement out of the home.

The completed safety assessment with any required immediate safety plan (where required) is submitted to the senior team leader for approval. The senior team leader will use a quality practice focus, by assuring the immediate safety plan:

- responds directly to the SDM safety assessment, with the identified harm indicators written as worry statements
- is robust, clearly identifying non-negotiables and includes planning for ‘what if’ possibilities
- addresses the safety of every child who remains in the home when an immediate harm indicator has been identified
- is a written agreement between the department, the family and the family’s safety and support network and is developed collaboratively with the family and their network. Everyone who is part of the plan must understand what the department and the family are worried about.
- is written in plain language without the use of jargon
- considers the views of, be developed with, and understood by, the children where the children are of an age that they can participate
documents the specific time-limited, non-custody interventions developed and voluntarily agreed to by all parties, detailing who will do what, when and how often to ensure the safety of any children in the home.

is not a legally binding agreement. An immediate safety plan is a voluntary arrangement that addresses and controls the identified immediate harm indicators in the short term. It must describe the specific action steps (not services) the family and network will take and how these will protect the child right now from the immediate harm indicator(s).

must include people who will act protectively and are not part of the worries. A plan cannot be made with only the parents, children and Child Safety. Additional family and/or network members must be involved in the immediate safety plan.

Monitoring and reviewing the immediate safety plan

The safety plan must be monitored, reviewed and revised as often as is necessary to ensure the immediate safety of the child. The immediate safety plan:

- needs to be monitored regularly; usually every day. A safety plan that is not monitored is not a safety plan; it is just a piece of paper. The family and their network will need support, encouragement and assistance to make an immediate safety plan work.

- is very short term. The CSO and senior team leader are encouraged to consider how often the safety assessment will be reviewed and revised based on the particular context and needs of each child and family. It is important to remember that the capacity of safety and support network members to work to keep the child safe is unknown at this point in time.

- must be reviewed as circumstances change. A review of a safety plan involves contacting every participant in the plan to find out how safe the child is, what is working about the immediate safety plan, what they are worried about and what needs to happen to improve the plan.

- must be redeveloped as necessary. It is recommended that an immediate safety plan should not be in place for longer than 7 days without a new safety assessment being undertaken. This will result in the investigation and assessment event containing multiple safety assessments, each of which may contain a different safety plan. Some immediate safety plans will be reviewed and redeveloped more frequently than every 7 days.

Private arrangements

Sometimes the immediate harms identified for a child are such that the child cannot safely remain in the home. Where the parents agree to take protective action and arrange for the child to stay with a family member or friend for a short period of time, generally two to three days, this is referred to as a private arrangement (refer to Table 1: Safety interventions and key considerations - safety intervention number 2).

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

- when the child needs to be out of the home, for example, over a weekend until the department can continue the investigation and assessment on the Monday

- when the child needs to be out of the home and has previously, or regularly, stayed elsewhere under a family arrangement, for example, family members regularly provide safe care for the child to assist the parents

- when the assessment is such that the parent will adhere to the arrangement until the department can further assess the concerns

- when it is part of a safety assessment for the child to reside elsewhere with a person nominated by the parent
when the assessment is such that there does not need to be any legal parameters around
the arrangement to protect the child.

As part of this arrangement, the CSO may ask the person to do certain things to keep the child safe. For example, the person needs to agree that if the arrangement is not sustainable, they will contact the department so a new safety plan or other necessary action can be negotiated with the parent.

A safety plan is not a legally binding document. It is important to remember that parents and safety and support network members cannot be forced to agree to the plan. Statements such as “If you don’t agree to my plan I will get an order” must be avoided.

An alternative is ….”We need a plan that makes the children safe right now. My worry is that…. (detail immediate harm indicator). What I would need to see is that …. (state what is not negotiable such as, ‘the children can’t be alone with x and must always be supervised by a safe person if they are with x ’). Do you think that you, your family and support people can work together and with me to make an immediate safety plan to keep the children safe for the next few days while we all figure out what needs to happen? If we can’t make a safety plan that everyone agrees on, or the plan doesn’t work, then I will need to seek further advice about whether an emergent order is required to keep the children safe. I will need to do this because I am really worried about (child’s) immediate safety.”

General completion information

- Only one household can be assessed as part of a safety assessment. If the parents do not reside together, and there are concerns in both households, then separate safety assessments are completed for each household.

- The safety assessment for all children in the household is recorded in one safety assessment in ICMS, although there may be more than one safety plan recorded.

- The initial safety assessment begins at the time of first contact with the child and family during the investigation and assessment and must be completed prior to leaving the child in the home.

- The safety assessment must be documented and approved within 72 hours from the initial face-to-face contact with the child.

- The overall outcome of the safety assessment reflects the safety of the most vulnerable child in the family.

Aboriginal and Torres Strait Islander children

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