

Advanced Training Committee in Community Child Health

Child Protection Case Assessment Guide

The information and questions below aim to assist trainees complete the *Formulation in terms of child's vulnerability and resilience* and *Management* sections of the Child Protection Case Assessment Form and to assist consultants in assessing the completed form.

What is meant by the terms Primary, Secondary and Tertiary Child Protection?

The terms Primary, Secondary and Tertiary Child Protection are almost synonymous with the terms primary prevention, secondary prevention and tertiary prevention as used in the (*Australian National Child Protection Framework 2009- 2020*).

Primary child protection – is used to describe situations of vulnerability that require identification and either referral or active management (e.g. children of young, single, inexperienced parents). It applies to large populations of children.

Secondary child protection – describes situations of significant adversity that warrant the provision of and referral to targeted intervention services, with the aim of keeping the child safely within their family. These situations do not necessitate reporting to statutory child protection agencies in the absence of evidence of harm or risk of harm to the child, but may require reporting if the child's situation crosses the reporting threshold in that jurisdiction (e.g. children who are growing up in poverty, those who are socially excluded, parental mental illness affecting capacity to parent, exposure to interpersonal violence, parental drug and alcohol addiction). Decisions about reporting to statutory agencies depend on legislation that varies very significantly between regions. It applies to subpopulations of children.

Tertiary child protection – relates to suspected child abuse and neglect, or in some jurisdictions, children who are deemed to be "at risk of significant harm". These children will be or have been notified to the State/Territory Child Protection Authority. Tertiary prevention involves protecting children who have already experienced harm as a result of abuse or neglect from suffering additional harm and lowering or removing any risk of harm

Formulation in terms of child's vulnerability and resilience

How to frame this section

You may wish to frame your formulation according to the ARACY Common Approach Wheel (*Australian Research Alliance for Children and Youth. (2013). The Common Approach to Assessment, Referral and Support (CAARS): Working together to prevent child abuse and neglect – Final report. Canberra, ACT.*) Mention should be made of indicators of need. What does this child need? What do these caregivers need? How do we know this?

Whatever structure and process you use to present your formulation, ensure that you address the complex interactions between the child, siblings, caregivers, support agencies and the broader social context and system for protecting children and promoting child wellbeing.

Consider:

- The child within the context of their family, neighbourhood and broader community.
- contrasting vulnerability and resilience factors across the domains of child, parents, extended family, support agencies and government services
- Whether the situation is one of vulnerability and if so, vulnerability to what? Is it vulnerability to harms from a variety of forms of abuse and neglect, poor health and neurodevelopmental status, poor family infrastructure, relationships that pose a danger to the child, poor emotional and behavioral outcomes or something else? Does the child and/or their caregivers need support and if so, what?
- What markers or measures are there for adversity in this context? What evidence is there that these are present in this patient and family? What harmful experiences or circumstances exist or might exist? Can you identify need and plan for intervention using targeted services?
- Has this child been harmed? If so, how? What forms the basis for your conclusion?
- The likelihood that this child may experience (or have already experienced) additional harm of varying types and how this vulnerability to harm should be managed and monitored

Include:

- your reasons for concern about child's well-being and/or need for protection
- risks and protective factors identified in the assessment
- why, as a consequence of your assessment, reporting to the appropriate statutory child protection agency in your jurisdiction was/was not warranted. What influenced your decision? Under what circumstances would your decision have been different?

Management

Include:

- how the child's wellbeing and safety will be measured and monitored, who will be responsible for this and what circumstances or events would result in additional action and/or a change of plan. Have explicit criteria been developed to signify success or failure of intervention?
- recommendations/plans for management of the case after your assessment. This may include, but is not limited to: additional investigations/assessments, service referrals, medical/psychosocial follow-up and ongoing monitoring. Describe and justify your recommendations for action. If the trainee is not solely responsible for developing the management plan, what additional suggestions or changes would the trainee make as the consultant managing this case?
- estimates or predictions for this child's long-term health, growth, development, educational progress, relationships, behaviour and safety. What might happen if you do not act? What might happen if you do act? Consider both positive and negative outcomes.
- how you measure the effectiveness of any intervention. What intervention provides the most cost-effective outcomes?