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Children at Risk

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Overview

• Role of Child Protection
• Risk factors and what to look for?
• What information will CP want to know?
• Engagement with families after making a report
Role of Child Protection

- Receive reports about physical, sexual and emotional abuse and neglect of children

- To assess the risk of harm to children and support families and community services to increase safety where possible.

- To initiate court action when necessary to ensure safety.

- Risk assessments underpin all key decisions and involves consideration of:
  - Age, development and functioning of child
  - Pattern and history and opportunity for harm
  - Parents beliefs about the child
  - Factors that impact on parenting capacity eg: mental illness, age of parent, intellectual disability, substance abuse.
  - Strengths and protective factors
Identifying Risk - Best Interest Case Practice Model
Information Gathering – What to look for?

Child safety
Child stability
Child’s development and wellbeing
Parent/carer capacity
Social and economical environment
Supports
# Trauma Guide

## Child development and trauma specialist practice resource: 0 - 12 months

<table>
<thead>
<tr>
<th>Possible indicators of trauma</th>
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</thead>
<tbody>
<tr>
<td>• increased tension, irritability, reactivity, and inability to relax</td>
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<tr>
<td>• increased startle response</td>
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<tr>
<td>• lack of eye contact</td>
</tr>
<tr>
<td>• sleep and eating disruption</td>
</tr>
<tr>
<td>• fight, flight, freeze response</td>
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<tr>
<td>• uncharacteristic, inconsolable or rageful crying, and neediness</td>
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<tr>
<td>• increased fussiness, separation fears, and clingingnes</td>
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<tr>
<td>• withdrawal/lack of usual responsiveness</td>
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<tr>
<td>• limp, displays no interest</td>
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<tr>
<td>• unusually high anxiety when separated from primary caregivers</td>
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<tr>
<td>• heightened indiscriminate attachment behaviour</td>
</tr>
<tr>
<td>• reduced capacity to feel emotions – can appear ‘numb’</td>
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<tr>
<td>• ‘frozen watchfulness’</td>
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<tr>
<td>• loss of eating skills</td>
</tr>
<tr>
<td>• loss of acquired motor skills</td>
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<tr>
<td>• avoidance of eye contact</td>
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<tr>
<td>• arching back/inability to be soothed</td>
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<tr>
<td>• uncharacteristic aggression</td>
</tr>
<tr>
<td>• avoids touching new surfaces eg. grass, sand and other tactile experiences</td>
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<tr>
<td>• avoids, or is alarmed by, trauma related reminders, eg sights, sounds, smells, textures, tastes and physical triggers</td>
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<tr>
<td>• loss of acquired language skills</td>
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<tr>
<td>• genital pain: including signs of inflammation, bruising, bleeding or diagnosis of sexually transmitted disease</td>
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### Child development and trauma specialist practice resource: 12 months – 3 years

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<td>• behavioural changes, regression to behaviour of a younger child</td>
<td>• loss of eating skills</td>
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<td></td>
<td>• loss of acquired language skills</td>
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<td></td>
<td>• inappropriate sexualised behaviour/touching</td>
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<td></td>
<td>• sexualised play with toys</td>
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<td></td>
<td>• genital pain, inflammation, bruising, bleeding or diagnosis of sexually transmitted disease</td>
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</tbody>
</table>
Parental behaviours

When multiple and complex risk issues exist within a family, there can be signs to look for within the parents' behaviour:

– self-preoccupation
– emotional unavailability
– practical unavailability
– frequent separations
– irritability
– anxiety
– distortions of reality
– fearfulness
– dependency
– anger
– hostility

(Duncan & Reeder, 2000)
Does a report need to be made?

- Consult with your line manager
- Mandated to report serious physical and sexual abuse
- Consult with Child FIRST for other risk issues, or if unsure
What information will Child Protection want to know?

- **Supports**
  - Who's involved?
  - What role?

- **Alleged Abuse**
  - What, when, where, how do you know?
  - Injury?

- **Child**
  - Age, name, address, are they safe now?

- **Family**
  - Names, siblings, ext family, other sig adults

- **Reporter details**

- **History and pattern of engagement**
What happens once a report is made?

• **Intake take report and form an assessment**
  – Those reports classified as wellbeing reports are referred to Child FIRST
  – Those requiring a CP investigation are further actioned (urgent or non urgent)
  – Cases not requiring Child FIRST or CP response are closed with other alternative referrals made as required

• **Investigation and Assessment**
  – Substantiated decision is made by investigating team

• **Protective Intervention**
  – Consider what type of involvement is required to meet needs of client, voluntary or statutory?

• **Case Management**

• **Non reunification**
Integrated Approach

Without collaboration we will not get the full picture
Maintaining Engagement with Family

• Be transparent, can you safely discuss the risk issues with the family?

• For communication to be effective it must be understood as it was intended
  (Reder&Duncan 2003)
‘No Bull’ Therapy

No bull therapy’ with families and individuals who are not comfortable with child protection, family services or therapeutic services, has five basic clinical guidelines:

– Striving for mutual honesty and directness in working relationships
– Overtly negotiating levels of honesty and directness
– Marrying honesty and directness with warmth and care
– Being upfront about difficulties and constraints
– Avoiding jargon

(Jeff Young 2009)
McArthur et al. (2009) found that practitioners who engaged effectively with families:

– Treated family members with respect and courtesy;
– Focused on building on the family’s strengths;
– Promoted positive relationships among parents and children;
– Developed trust through sensitive and inclusive enquiry about their circumstances;
– Took an active, caring, whole-of-family approach to their situation;
– Linked up with other relevant services and worked together to avoid conflicting requirements and processes;
– Focused on the children’s needs; and
– Maintained a continuous relationship with the family – without creating dependence
Maintaining Engagement

‘Remain compassionate to the distress that children and families experience and mindful that anger and resistance usually reflect the hurt and overwhelm that lies beneath.’

(Best interests case practice model – Summary guide, 2012)
Take home message

• Take notes of your concerns, be prepared if making a report

• Engaging clients where complex and multiple risk issues exist is never easy, but hang in.

• We need to work together.
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Reder & Duncan 2003

Jeff Young 2009, No Bull Therapy