Practice Guide 1

Cumulative harm

Practice Guide: Cumulative harm

Overview

In this Practice Guide we take a resilience-led approach to assessment and intervention in cases involving cumulative harm. The Resilience Practice Framework provides an overarching model for working with children and families. Practice Guides are designed to provide additional guidance in cases where specific complex problems exist or with specific vulnerable sub-groups.

What is cumulative harm?
Cumulative harm refers to the effects of multiple adverse circumstances and events in a child's life. The unremitting daily impact of these experiences on the child can be profound and exponential, and diminish a child's sense of safety, stability and wellbeing.

What causes cumulative harm?
Cumulative harm may be conceptualised very broadly to include the adverse circumstances associated with poverty or the impact of adverse life events such as disability or chronic illness. However, as this guide is designed to assist practice in child and family services the focus will be on cumulative harm caused as a consequence of repeated incidents of abuse, neglect, witnessing family violence and unrelenting low level care (i.e., cumulative harm caused by chronic child maltreatment).

Chronic child maltreatment
Bromfield and Higgins (2005) defined chronic child maltreatment as recurrent incidents of maltreatment over a prolonged period of time (i.e., multiple adverse circumstances and events) and argued that chronic child maltreatment caused children to experience cumulative harm. Critically, they found that **the majority of children** who are abused or neglected **experience multiple incidents and multiple types of child maltreatment.**

How does cumulative harm impact children?
The main research and theories that have helped us to understand the way in which cumulative harm impacts children are on early brain development, trauma, attachment and resilience. Early brain development, trauma and attachment theories provide different perspectives on the processes and impacts adverse events have on children. Although each theory focuses on separate aspects of child development, key themes are inter-related. Acknowledging the three perspectives provides a well-rounded theoretical grounding that further assists in understanding the developmental affects of adverse childhood experiences and why children may be behaving or reacting in particular ways.

Although each theory focuses on separate aspects of child development, key themes are inter-related

Early brain development
Disruptions to normal brain development in early life may alter later development of other areas of the brain. Researchers investigating brain development have used the term 'toxic stress' to describe prolonged

activation of stress management systems in the absence of support (Bromfield, Gillingham, & Higgins, 2007). Stress prompts a cascade of neurochemical changes to equip us to survive the stressful circumstance or event. However, if prolonged (e.g., if a child experienced multiple adverse circumstances or events), stress can disrupt the brain's architecture and stress management systems leading to hypersensitivity and over activity. Children who have experienced 'toxic stress' or severe disruptions to early brain development may find it difficult to regulate their own behaviour or emotional reactions. Toxic stress may sensitise children to further stress, lead to heightened activity levels and affect future learning and concentration (Shonkoff & Phillips, 2001).

Trauma

The term 'complex trauma' has been used by many researchers to describe the experience of multiple, chronic and prolonged traumatic events in childhood (Bromfield et al., 2007). Whereas single traumatic incidents tend to produce isolated behavioural responses to reminders of trauma, chronic trauma can have long-term pervasive effects on a child's development (Van der Kolk, 2003). Exposure to chronic trauma may lead to serious developmental and psychological problems for children. Van der Kolk identified several developmental effects of childhood trauma including:

- complex disruptions of affect regulation
- disturbed attachment patterns
- rapid behavioural regressions and shifts in emotional states
- loss of autonomous strivings
- aggressive behaviour against self and others
- anticipatory behaviour and traumatic expectations
- lack of awareness of danger and resulting self endangering behaviours
- self hatred and self blame and chronic feelings of ineffectiveness (Van der Kolk, 2003).

Attachment

Human attachment relationships aim to ensure that the 'attached' or dependent child feels a secure bond with their caregiver in order to learn and explore the social and physical world (Bacon & Richardson, 2001). Babies and young infants exposed to cumulative harm are more likely to experience insecure or disorganised attachment problems with their primary caregiver. For children with an insecure attachment, the parent/caregiver (who should be the primary source of safety and protection) becomes a source of danger or harm, leaving the child in irresolvable conflict. Attachment difficulties are likely to increase when maltreatment is prolonged. Children's responses will largely mimic their parents and therefore the more disorganised and inconsistent the parent, the more disorganised the child (Streeck-Fischer & van der Kolk, 2000). Without the security and support from a primary caregiver, babies and infants may find it difficult to trust others when in distress, which may lead to persistent experiences of anxiety and anger (Streeck-Fischer & van der Kolk, 2000).

Resilience

There are two ways of thinking about resilience: point in time resilience and a life course approach to resilience.

Point in time resilience

Taking this perspective you might ask "How resilient is this child now?" or "How resilient or vulnerable was the infant at birth?" This is reflected in this definition by Gilligan: "Resilience can cushion an individual from the worst effects of adversity and help them to cope, survive and even thrive in the face of great hurt and disadvantage" (Gilligan, 1997).

Process or life course approach to resilience

Taking this perspective you might observe that "This child has adapted relatively well to trauma and adversity over the course of their development" or ask "What risks or strengths have surrounded the child to increase or decrease their resilience?" or "What interventions can we provide to build resilience in this child who has experienced adversity and trauma?" This perspective is reflected in this definition by Luthar: "Resilience is a phenomenon or process reflecting relatively positive adaptation despite experiences of adversity or trauma" (Luthar & Zelazo, 2003, p. 6).

Understanding resilience

Infants are born with their own unique temperament – some are highly resilient while others are more fragile. Intrinsic factors such as a child having an easy temperament as a baby are highly associated with resiliency in infancy. Other babies may have a more difficult temperament and could therefore struggle to thrive without the optimal environment. However, an individual's level of resilience is not static, rather it is dynamic and evolves and changes over time in relation to the individual's life experiences.

For example, all children have aspects of individual vulnerability and resilience. Outside the child are external forces or life events comprising: (a) risk factors, experiences of trauma and adverse events; and (b) protective factors, positive experiences and potential sources of strength. An individual's experiences of these external forces can increase or decrease their levels of vulnerability or resilience.

Resilience Practice Framework

The Resilience Practice Framework focuses your attention when making assessments on gauging the child's vulnerability or resilience. Even the most resilient child can struggle given enough pressures in its environment. Conversely, even the most fragile child can thrive with the right care. The Resilience Practice Framework focuses your assessment on identifying the strengths as well as the problems in the child and family system (individual, family, community) that may increase or decrease the child's resilience.

When working with children and their families, use the Resilience Practice Framework to guide your intervention to increase the protective factors and potential sources of strength as well as addressing the problems and

The Benevolent Society's definition of Resilience: Strength in the face of adversity. The capacity to adapt and rebound from stressful live events strengthened and more resourceful.

Resilience can cushion an individual from the worst effects of adversity and help them to cope, survive and even thrive in the face of great hurt and disadvantage.

risk factors in the child and family system. The underlying philosophy of a resilience-led approach is that all children can survive and thrive despite experiences of trauma and adversity if they are given the right care and nurturance.

A resilience model developed by Daniel & Wassell (2002) highlights that there are six domains of resilience (see Figure 1).

Figure 1: Domains of Resilience

The Benevolent Society uses the 'domains of resilience' model as a means for driving assessment & intervention. The model is used in combination with an ecological framework that demonstrates the levels at which resilience factors can be located.

Figure 2: The Ecological Framework
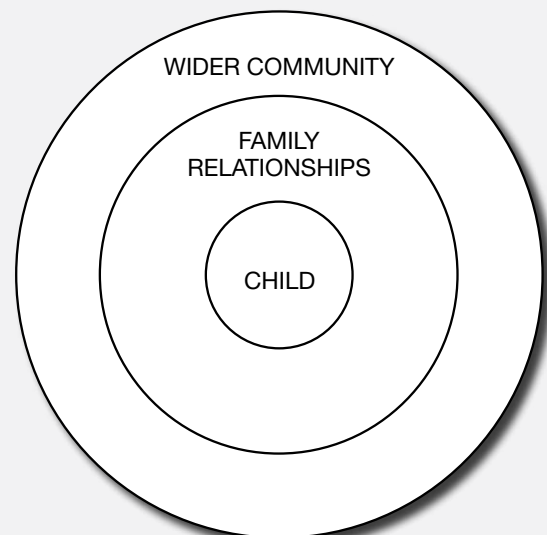
In practice this means that workers focus on all three levels (child, family relationships and the wider community) when considering how to assess and boost resilience in a child's life. For example, when thinking about a secure base (see resilience wheel) one issue to consider for the child might be *does the child appear to feel secure?* When considering family relationships: *is the parent/caregiver able to make time for the child?* When considering the wider community: *does the parent/caregiver have adequate emotional and material resources to support him or her in the parenting of the child?* Each of the six individual domains of resilience should be considered in relation to the three levels of the ecological framework.

For more information about the Domains of Resilience model see: Daniel and Wassell, 2002.

Cumulative Harm and Resilience

Cumulative harm can overwhelm even the most resilient child and particular attention needs to be given to understanding the complexity of the child's experience. Families in which children are exposed to cumulative harm often lack strong protective factors and are characterised by a range of complex problems that can breakdown a child's resilience. These may include: social isolation, family violence, parental substance abuse, mental health problems, disability and socio-economic disadvantage. In this context even the most resilient child can struggle to grow in such unrelenting conditions.
For this reason, we must be cautious not to focus on resilience to the extent that we ignore the risks for the child. Children who appear to be coping well, but who in fact have internalising symptoms (e.g., depression, lack of self-worth) are vulnerable to being overlooked (Luthar & Zelazo, 2003). In cases where children have experienced cumulative harm the focus of the intervention must be on reducing the adversity in the child's life, assisting their recovery and increasing their resilience to future adversity.

Working in a Culturally Sensitive Way

While many of the aspects of a resilience-led approach are common across all cultures, it may be that what is valued in one culture is not directly transferable to another and this should be taken into account when working with families of different ethnic and cultural backgrounds. For example, research indicates that while friendships are generally beneficial for children across all cultures, the ways in which friendships are conceptualised and levels of closeness within friendships may vary depending on cultural expectations (French et al, 2005). Whilst there are certain universal childhood needs, concepts of attachment and understandings of who are the important people around children can vary across cultures. Therefore it is important to respect different kin and non-kin structures for caring for children, whilst retaining a focus on the child. Culture has an important effect on the significance and meaning of certain stressors, such as disability, health difficulties and divorce (Luthar, 2003) as well as differing family formations, aspirations and beliefs (Schoon and Byner, 2003). Some ethnic groups will be disproportionately disadvantaged and have limited access to good housing, resources and employment.

Cumulative harm can overwhelm even the most resilient child.

Aboriginal & Torres Strait Islander children and families and cumulative harm

Cultural competence, sensitivity and respect are essential in any intervention with families. For Aboriginal and Torres Strait Islander children and families, the impact of historical and ongoing dispossession, marginalisation, racism, colonisation, poverty and the stolen generation have led to high levels of unresolved trauma, depression and grief among Aboriginal families and communities (Human Rights and Equal Opportunity Commission, 1997). Some of the key individual, family and community vulnerabilities associated with unresolved trauma have resulted in heightened rates of child abuse and neglect in Aboriginal and Torres Strait Islander communities (Berlyn & Bromfield, 2010). It is not surprising that without this crucial modelling and positive parenting experiences, the legacy for future generations is fraught with difficulties in their parenting styles for many Aboriginal and Torres Strait Islanders who were removed from families and communities. In this context Aboriginal and Torres Strait Islander children living in such communities are more vulnerable to cumulative harm.

Culturally and Linguistically Diverse families and cumulative harm

Refugee and migrant communities may be struggling with unresolved trauma, grief and loss after fleeing from war or oppression. Adjusting to a new culture and way of life can also put further stress on families and increase children's vulnerability.

The Benevolent Society and Cumulative Harm

Practitioners working for the Benevolent Society who work with children, parents or families will need to:

- be alert to signs that a child might be at risk of cumulative harm even if they have no previously identified concerns (e.g., child care worker);
- be able to make a "cumulative harm assessment" for children with identified concerns (e.g., parenting support);
- understand ways to intervene with children and their families to decrease the risk of cumulative harm and enhance children's resilience; and
- review the effectiveness of your intervention.

The type of cumulative harm assessment you undertake and the response you provide will differ for different roles and services and may depend on how the child and family came to be involved with The Benevolent Society.

- If you are in a child care setting and have identified signs that a child might be at risk of cumulative harm, the purpose of your assessment will be to identify if there is cause for concern and determine what is the most appropriate service to which you can refer the family (e.g., child protection or a parenting program).
- If you are working in a family support or therapeutic service (e.g., Scarba & Family Preservation), you might have accepted a referral from child protection and your cumulative harm assessment will be undertaken to inform your planning and intervention with the child and their family.

The aim of this Practice Tool is to provide specific guidance on what to consider in responding to cumulative harm for both:
(a) children and families with no previously identified concerns; and
(b) children and families with identified concerns.

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Practice Tool

Working with children and families with no previously identified concerns

Children experiencing multiple and ongoing low-severity adverse events are more likely to be overlooked as we tend to think about our concerns for children in terms of individual events. However, an on-going pattern of adversity can cause a child to experience cumulative harm. All professionals working with children need to be aware of the impacts of cumulative harm and alert to children who might be at risk of cumulative harm.

- Are there children you come into contact with where you have noticed on-going, minor events that, while not optimal, are not cause for concern on their own?

- If you are concerned about a child, what is your primary concern? Are there other things that you have also observed, which may be indicative of an underlying problem?

Case study: Daniel and Linda

You are a childcare worker and are worried about 4-year old Daniel who has been attending the centre for the last 12 months for one day a week. Daniel is dropped off at the Centre by his Mum Linda. Over the last few months you have started to put together lots of little things about Daniel and Linda and you are becoming concerned about Daniel's wellbeing.

Daniel
- Daniel has always been shy and withdrawn. He doesn't tend to play with other children.
- He can be aggressive towards staff and other children when disciplined and/or asked why he does not want to play.
- You've noticed that Daniel doesn't tend to 'try new things' and that his language skills are not as developed as most of the other kids his age.
- At times Daniel has been inappropriately clothed for the weather conditions;

- On some occasions you have noticed that he appears quite hungry having multiple serves at lunch and snack times.

Linda
- Linda often drops Daniel off or picks him up significantly later than the times she had booked. Sometimes she fails to bring him in at all. Linda generally has explained that this is because "they have had a bit of trouble getting ready", "lost track of time" or "slept in".
- Linda has always been difficult to engage and has often appeared distracted as if she has had other things on her mind – she doesn't tend to ask about how Daniel's day was.
- Another member of staff mentioned to you that she heard Linda telling Daniel in the car park that he was "bad" and that she would "send him away to the home for naughty boys".

- Talk to your colleagues, have they noticed anything? (when considered in isolation it may have seemed insignificant).

Having gathered your own observations and those of your colleagues, summarise the information according to the following dimensions:

- *Type:* Are there multiple types of events causing you concern (e.g., child's behaviour, parent's presentation, parent-child interactions)?
- Frequency: Has the issue(s) that you are concerned about occurred repeatedly or was it a one-off event?
- *Duration:* To the best of your knowledge, how long have the issue(s) you are concerned about been present? Is it an on-going pattern in the child's life or is it associated with a current stressful situation or crisis for the family?
- *Source of harm:* To the best of your knowledge, who is responsible for the things that you are concerned about (e.g., mum, dad, both)?
- *Severity:* Does this seem to have affected the child's development? What would be the likely impact on the child if these circumstances continued?

On balance, do you believe this child might be at risk of cumulative harm? Remember, cumulative harm refers to the effects of multiple adverse circumstances and events in a child's life, the unremitting daily impact of which can be profound and exponential.

If you believe a child to be at risk of cumulative harm, it is important that they are linked to appropriate services. Services to support the child and family might include: parenting programs, family support, the Brighter Futures program, Helping Out Families, Scarba & Family Preservation services, mental health services, drug and alcohol services, maternal and child health nurses. **If you believe the child is at risk of significant harm, then you will need to make a referral to child protection.**
You will come into contact with children whom you are concerned about, but whom are not presently at risk of significant harm. It is important that they are given the opportunity to access appropriate services.

Cumulative harm and the NSW Children and Young Persons (Care and Protection) Act 1998

The Children and Young Persons (Care and Protection) Act 1998 specifically addresses the issue of cumulative harm. Under the Act a matter must be reported to child protection if the child is at risk of 'significant harm' S.23 (1). The Act specifically addresses the issue of cumulative harm, stating that significant harm 'may relate to a single act or omission or to a series of acts or omissions' S.23 (2).

NSW Mandatory Reporter Guide

Refer to the online Mandatory Reporter Guide http://sdm.community.nsw.gov.au/mrg/app/summary.page to assist you to determine whether or not to make a referral to child protection. Note: The Guide is not intended to replace critical thinking or to stop mandatory reporters from taking action in a way he/she believes is appropriate.

Cumulative harm and the Queensland Child Protection Act 1999

Under the Child Protection Act 1999 a matter must be reported to child protection if it is deemed that the child is at risk of harm. Harm to a child is defined as 'any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing' S. 9 (1).

Mandatory Reporting

The Child Protection Act 1999 states that 'an authorised officer, employee of the department or a person employed in a departmental care service or licensed care service is required to report harm or suspected harm to a child in the care of a departmental care service or a licensee S. 148. For further information regarding mandatory reporting and how to make a report to child protection visit: http://www.childsafety.qld. gov.au/child-abuse/report/index.html

If you believe the child is at risk of significant harm, then you will need to make a report to child protection. You will come into contact with children whom you are concerned about, but whom are not presently at risk of significant harm. It is important that they are given the opportunity to access appropriate services.

- Talk to the parent. Let them know that you are concerned for them and their child.

- Engage them in a discussion about whether there are supports that they might find useful. You might provide them with information about other services available through the Benevolent Society (e.g. The Early Years Centres (EYC), Partnerships in Early Childhood (PIEC) program; supported Playgroup); or provide them with the contact details for a parent helpline or a referral service.

- Be careful when talking with parents not to sound accusatory, as this may alienate them and ultimately prevent them seeking the help they need.

- Parents may decide that they do not wish to access support at that time, let them know that 'your door is always open' if they want to discuss anything with you.

- If parents choose not to access available support services, you will need to monitor the situation. If the problems appear to escalate you will need to reassess whether or not a report to child protection is warranted. Remember to keep children's outcomes as central to your assessment of risk and wellbeing.

Practice Tool

Working with children and families with identified concerns

The aim of this tool is to provide some additional guidance to Benevolent Society practitioners about specific things you might consider to where a child might be at risk of cumulative harm. The tool consists of 4 sections representing each phase of casework: assessment (including information gathering and analysis), planning, intervention and reviewing outcomes.

Practitioners need to be alert to the possibility of cumulative harm in all-vulnerable families with whom they interact.

Phase 1: Assessment

In this part of the guide, we provide specific tips and guidance for the assessment phase of your work with children, parents or families where there is suspected cumulative harm. Comprehensive assessment is an ongoing process of gathering, analysing, comparing and synthesising information from various sources in order to come to an understanding of family strengths and needs relating to the child's safety and wellbeing (U.S Department of Human Services, 2008). As all families have their own unique strengths and needs, there is no one size fits all model for assessment. Assessment should be individualised and respectful of the families' unique strengths and needs.

There are two steps involved in assessment:
- (1) information gathering
- (2) analysis

INFORMATION GATHERING

Families who self-refer or whom are referred to The Benevolent Society for parenting or family support or for therapeutic services are vulnerable and will often be experiencing multiple and complex problems. As cumulative harm may be caused by an accumulation of a single recurring adverse circumstance or event, or by multiple different circumstances and events, cumulative harm may be a factor for any child who has experienced or is at risk of experiencing abuse or neglect. However, it is unlikely that a child will be referred for services explicitly due to concerns about 'cumulative harm'. This means that practitioners need to be alert to the possibility of multiple adverse circumstances and events impacting children in all vulnerable families with whom they interact.

Key message: First impressions last so think carefully about how you are going to engage the family to make your impression positive. Effective engagement will require you to build a trusting relationship with all family members.

Engaging families

While your role may be to gain an understanding of parenting constraints and how these are impacting children, starting a conversation by asking about or raising parenting problems is unlikely to create an emotionally safe environment for parents. This may adversely affect your capacity to gather information effectively; at worst it may damage your ability to build a relationship with the parent over time and reduce the efficacy of your practice. First impressions last so think carefully about how you are going to engage the family to make your impression positive. Effective engagement will require you to build a trusting relationship with all family members.

Parents and children's openness to engaging with services may also be affected by their past experiences with formal services and supports. For example, in a recent study McArthur and colleagues (2009) found that some of the barriers and disincentives to parent's accessing services were past experiences of feeling discriminated against or treated unequally due to their situation, feeling humiliated and embarrassed by their circumstances and fearful their children would be removed, being judged as not needy enough or not meeting set criteria, and that it was up to them to make contact with the right person the first time.

Practitioners who engage effectively with families:
- Treat family members with respect and courtesy;
- Focus on building on the family's strengths;
- Promote positive relationships among parents and children;
- Develop trust through sensitive and inclusive enquiry about their circumstances;
- Take an active, caring, whole-of-family approach to their situation;
- Link up with other relevant services and work together to avoid conflicting requirements and processes;
- Focus on the children's needs; and
- Maintain a continuous relationship with the family (McArthur, Thompson, Winkworth & Butler, 2009).

Tips for engaging parents

Parents may be struggling to meet their children's needs, but this does not mean that they do not love their children, wish to be a good parent and that they do not have hopes and aspirations for their family. Experienced practitioners suggest:
- Asking parents about their hopes, dreams and aspirations for their children.
- Being honest with parents about your concerns.

Ask parents:
- What does a good day look like? What does a bad day look like?
- In parenting your children, what things do you think you do pretty well?
- What do you see are the main issues of concern for your family?
- What things would you like assistance with at the moment?
- What would you like for your family down the track – Do you have any particular goals for the family?

Gather information from multiple sources

Practitioners need to gather information from multiple sources to form an accurate picture of the child and their family.

Case files and referral information can provide a rich source of information about the child and their family, their previous involvement with support services and provide a good starting point for information gathering. The case history and referral will often provide the initial alert that a cumulative harm assessment is required.

Speak to other professionals and services involved with the family:

- Ask other professionals specifically about the potential or actual impact of family problems on children and the potential for cumulative harm.
- How have other service systems intervened into the life of the family?
- Have you consulted with other cultural services if appropriate?
- Keep in mind that any professional opinion is of itself limited by the time, role and focus of the practitioner (e.g., maternal and child health nurses that only sees infant for brief periods once a fortnight, or the drug and alcohol practitioner who is focused on the adults recovery not their parenting capacity).

Professional knowledge is just one type of knowledge:

- Parents are experts about their family and their children and it is important to talk to them about their views of what are the strengths and stressors for their family.
- Think broadly about extended family and other key people in the child's life.
- Last, but by no means least, it is critical that the child's subjective experience be central to your information gathering to identify the impact of cumulative harm.

Talk with and observe the child

You can get a good sense of what the family environment is like for the child by watching and interacting with them, keeping in mind whether and how their demeanour and presentation may reflect the impact of cumulative harm.

- How does the child present? Watch for developmentally-appropriate play, communication, and emotional responses; comfort-seeking behaviour when distressed; parent-child interactions, the child's responses to strangers.
- Which toys are used in play and how they are used? How does the child interact and play with other children?
- Ask the children about their day. What are their routines? What happens after school?
- Ask about their home and family life. Who lives in their house? Who comes to visit? Who looks after them? What makes them happy? What makes them sad? What is the child saying/not saying? What does this tell us?

Tips for engaging children

Remember that the child may be scared and confused about what is happening, but also aware of some of the consequences of disclosure. Talking with you may raise concerns for them about being loyal to their parent – even an abusive parent.

- Meet the child at their level – kneel on the ground with them, join them on the swings.
- Make eye contact.
- Ask open ended questions that invite a conversation not a quick response.
- After asking a question of a child ensure that you leave enough time for the child to consider the question and make a response (active waiting).
- Tell children the "Why" you are there and working with the family.
- Don't ask too many questions as it can shut a conversation down.
- Ask specific questions; 'can you tell me exactly what happened?' Their responses will suggest follow up questions.
- Ask the child about events, feelings and routines rather than themselves.
- Ask the child what they would like to happen – what would they like to change?
- Avoid asking the very difficult questions too early in the conversation.
- Let them know you are taking them seriously - don't interrupt.
- Younger children in particular may feel more at ease if you talk with them while taking part in an activity (e.g. drawing) - they can choose when to make eye contact, and can take a bit of time to think about their answer.
- If the child is engaged in play, name what they are doing. For example: Oh, I see you have the blue truck, then wait for their next initiative. This lets the child know that someone is with them in their play and that they have good play ideas, which is very important for social development!
- Offer simple, direct responses to their questions.

Sources: Noble-Carr (2006); the Raising Children Network (raisingchildren.net.au)
Aarts, M. (2008). Marte Meo Basic Manual (2nd Ed.) Arts Productions, Eindhoven, Netherlands

Make your observations and interactions with children purposeful. What do your observations and interactions tell you about child development, trauma, attachment and resilience? Keep in mind that parents and children may behave differently in the contrived and often stressful situation of an assessment. Avoid making definitive assessments about parent-child relationships too early. It might be important to make multiple observations in different settings/environments.

- Is the child meeting developmental milestones?
- Is he or she displaying any signs of trauma?
- Are there any indications that the child has attachment difficulties?

Refer to the following resources to aid your observations of child development, trauma: and attachment
- Infant / Toddler Learning Foundations Book and DVD. California Department of Education
- Department of Human Services, Victoria Child Development and Trauma Guides
- Circle of Security Maps
- Marte Meo child elements check list.
- The Benevolent Society Family Assessment Tool

If you observe signs that the child is not developmentally on track or is showing signs of trauma you may consider referring the child to a specialist for a formal assessment.

Talk to parents about their child

Parents' love for their children and motivation for them to be safe and well will be the primary reason parents come to The Benevolent Society for support. Give parents space to talk about their hopes and dreams, worries and fears for their children. You will get rich information about the child and start to build a relationship with the parent around your shared aim of achieving the best outcomes for their child.

- Parents are experts about their children and will be an important source of information about whether children are developmentally 'on track' and able to relate, play, concentrate, participate and belong.
- Are there any characteristics of the child making it hard for the parent to meet their child's needs (e.g. disability, medically fragile, behavioural problems)?
- Ask parents, are there any characteristics of this child that may strengthen or undermine their resilience?

What are the family strengths and stressors?

At the beginning of your involvement, it will be important to put together a comprehensive and detailed picture of the family – its history and current circumstances, strengths and stressors and the impacts of those circumstances on the safety and wellbeing of the children. As the case progresses existing information will need to be updated and new information will need to be sought, and both assimilated into the intervention plan.

Research has shown that families in which children experience cumulative harm are frequently characterised by multiple and complex problems (Bromfield, 2005). Families with multiple and complex problems are families with multiple, chronic and inter-related problems, the constellation of which can result in children's needs being unmet (Cleaver, Nicholson, Tarr, & Cleaver, 2007; Cleaver, Unell, & Aldgate, 1999). Families with multiple and complex problems are frequently socially isolated and have an absence of strengths or protective factors (Bromfield, 2005).

What problems are being experienced?

Which are the primary problems contributing to the parent's current circumstances? Identify the events or behaviours that have brought the family to the notice of your service – what happens and when, how often, who is involved? What are the impacts on the parent as an individual? How does this situation impact their capacity to parent?

- What have the parents' experiences been?
- What is the repeating and or current pattern around the concerning behaviours?
- How is the parent's mental, emotional and physical wellbeing?
- Do they have ongoing issues that may affect their parenting capacity (e.g., disability or mental illness)?
- How has the parent's circumstances or problems impacted on their relationship with their child?
- With appropriate support, is the parent likely to be able to provide an adequate level of care to their child?

Context of the problem(s)

Ask the parent about other aspects of their life. Is this family living within a broader context of poverty, disadvantage and social isolation? Consider how a context of disadvantage and exclusion might be compounding the effects of other problems or creating barriers to the parent's ability to deal with their problems. Also explore what steps or actions are being or have been taken by the parent (alone or with the aid of another service provider) to address or manage their problems; have these been effective?

- Does the family have adequate housing?
- Are the parents in employment?
- Are parents struggling with money problems? Can they pay their bills and buy groceries?
- Does the family have access to transport? Is this affecting their capacity to meet their child's needs?
- Do they feel safe and supported in their neighbourhood?
- Does the family have supportive networks within their community (e.g. access to local services)?

Are the family support networks, or lack thereof, a source of stress or support?

What kind of relationship does the parent have with friends and extended family? Are the parents' social networks making it hard for parents to change (e.g. their friends also have substance addictions)? Is the parent isolated? Are the parents' family or friends a potential source of support?

What strengths can the parent/family build upon?

Responses within families are diverse and some are able to create supportive and nurturing environments despite parental problems. What are the strengths that families can build upon? You might need to start small, such as recognising parent's love for their child and desire for them to be happy and well, even when parents themselves cannot meet their child's needs.

- How willing are the parent's to seek support services?
- Is there a strong parent-child attachment?
- How has the family tried to manage the problems before coming to The Benevolent Society?

For further information on gathering information to form your assessment refer to the Benevolent Society Family Assessment Tool and User Guide 20, 6.

Case study: Daniel and Linda

Daniel and Linda self-referred to the family support program at The Benevolent Society's Browns Plains Early Years Centre (BPEYC) as Linda was having difficulty with staying on top of daily routines and managing Daniel's behaviour. You have been working with them over the past few weeks, assessing information to inform your planning and intervention with the family.

Over the course of two one-hour sessions with Linda at the BPEYC while Daniel is in childcare, Linda has openly discussed the parenting difficulties she is having and has revealed several personal problems that have been affecting her ability to provide adequate care to Daniel. From your sessions you have ascertained that:

- Linda and Daniel live in a housing commission unit in a neighbourhood they experience as unfriendly and at times scary.
- Linda supports herself and Daniel by receiving welfare support benefits, however she is behind on the rent.
- Daniel has never met his father. His father lives interstate and wanted nothing to do with Linda or Daniel once he found out Linda was pregnant.
- You suspect Linda suffers from depression, the symptoms of which have intensified since Daniel's birth.
- Linda has been self-medicating with prescription drugs by consistently changing doctors and often uses marijuana to 'numb the pain'.
- The drugs she takes to 'help her through' include Duromine, and Zanex.
- Linda's addiction to prescription drugs has meant that at times she has been unable to get out of bed to wash, feed and dress Daniel in the morning. She says that she finds this a 'chore'.

- Her parenting style is unpredictable. When on a 'particular high' she says she often plays with Daniel and gives him gifts. At other times she says she 'can be off in her own little world and forget that Daniel is there'. On one occasion she left Daniel in a shopping centre.
- Linda says she has difficulty managing Daniel's behaviour and has sometimes lost control and smacked him harder than she intended.
- Linda also revealed having a history of abuse and neglect in her own childhood, culminating in her and her sister being cared for by her grandparents when she was 15 after her mother overdosed for a second time. Her mother is deceased and she does not have any contact with her father.
- Linda knows that the drugs are not helping her, particularly her ability to cope with Daniel, however, she says that when she is not on drugs she feels alone and worthless. Sometimes she has felt like killing herself.
- Linda says she loves Daniel with all her heart and wants the best for him. However, she is worried that if she does not get back on track and get support 'that the same thing might happen to Daniel that happened to her'.
- Linda seems to have a good relationship with one of the Centre workers who initially suggested she might access support from a family support worker. From her observations working with Daniel in childcare, the centre worker has informed you of the concerns she has had with Daniel's development.
- Although Daniel has been a little more withdrawn in the last few weeks, no further concerns have arisen since Linda had sought further support.

ANALYSIS

You need to be a critical thinker and to juggle multiple competing needs prioritising the child's safety and development. Careful attention needs to be given to the balance of risk and protective factors, strengths and difficulties in the family. Synthesise the information you have gathered about the current context and the pattern and history and weigh the risk of harm against the protective factors.

The signs that a child was experiencing cumulative harm is frequently evident with hindsight. A cumulative harm assessment does not require practitioners to collect different or additional information. Rather, it requires careful analysis and re-analysis of the information you routinely collect, and the continuous re-assessment of information you gather over time through the course of your involvement with children and families.

Put together a picture of what's happening in the child's daily life

Put the pieces of your information together to create a picture of the child's daily life. Imagine the situation through the child's eyes, what are the characteristics of their daily-lived experience?

- Are the child's basic daily needs being met: sleeping, eating, hygiene?
- How are children spending their time? Are they playing and interacting? Going to school or childcare? Spending extended periods without interaction in their pram or in front of TV?
- Do children have a regular routine? Having a routine is important for children as it provides them with consistency, and makes the world more predictable for them. However, having a routine is not the same as having a rigid or inflexible daily schedule.
- Are parents spending time with children providing them with the nurturance, attention, love and affection they need for positive emotional development?
- What do you think the child might name as the good and bad things about their daily-lived experience?

Resilience-based analysis

To further assist in your analysis, practitioners can use a resilience- based analysis method to guide your assessment. Examples of questions used for school-aged children in the Benevolent Society Family Assessment Tool include:

Secure Base
- To what extent does the child appear to feel secure?
- To what extent does the parent/carer environment provide the child with a secure base?

Education And Learning
- To what extent does the child show interest in school and learning?
- To what extent does the child like to achieve in what s/he does?

Peer Relationships
- To what extent does the child have characteristics that help with making and keeping friends?
- To what extent does the parent/carer environment facilitate the development and maintenance of friendships?

Talents And Interests
- To what extent does the child recognise their talents and identify particular interests they enjoy?
- To what extent does the parent/carer environment encourage the development and expression of talents and interests?

Positive Values
- What level of moral reasoning does this child show for their age?
- What level of understanding of her/his feelings does this child show for their age?

Social Competency
- To what extent does the child show – age appropriate autonomy?
- To what extent does the child show – positive temperament characteristics?

For further details see Brigid Daniel & Sally Wassell, 2002 and the Benevolent Society Family Assessment Tool.

Be alert to chronic neglect

It is particularly relevant to be alert to the possibility of cumulative harm in cases of chronic neglect that are characterised by an unremitting low-level of care. The cumulative effects of chronic low-level neglect are easily missed as the term 'abuse' connotes a ring of urgency that 'neglect' does not and the effects of neglect are usually not as obvious. Frederico, Jackson and Jones (2006) caution "It is critical that neglect is not considered a lesser problem than other forms of maltreatment" (p.18).

Assessing parenting capacity in Aboriginal & Torres Strait Islander and CALD families

Parenting practices are not universal and practitioners must be careful not to impose their own cultural practices values and beliefs about parenting onto families with whom they are working. Your role is to assess whether children are safe from harm and are receiving the physical care, affection and emotional security they need. Be cautious that you are not imposing upon families how they must parent to meet these needs. For example, in some cultures the mother may not be the primary attachment figure for an infant. If there are multiple caregivers your role is to observe the infant and "to assess whether the infant seems confident of who to turn to when in need, whether there is a central person who holds the infant and their needs in mind, and to ensure that the infant does not have to attempt to get care from many people to get their physical and emotional needs met" (Jordan & Sketchley, 2009).

It is critical that you do not assume culture is a risk factor – culture can be protective for children. For example, culture and the maintenance of culture are central to healthy infant development and identity formation in Aboriginal & Torres Strait Islander communities. An Aboriginal child knows who they are according to how they relate to their family, community and land (Victorian Government Department of Human Services, 2008). Practitioners will need to assess whether, in the present circumstances, traditional, cultural parenting practices are contributing positively to the child's safety and wellbeing, or putting them at greater risk of harm and neglect. Be aware, culture and parenting practices are not homogenous and can vary across families, communities and geographic areas. Practitioners will need to determine which practices are applied in the family they are working with (Neckoway, Brownlee, & Castellan, 2007).

Practitioners need to be aware of their own values and how these might influence the way they work with families from culturally and linguistically diverse backgrounds.

Resources for practitioners

'Working with Aboriginal and Torres Strait Islanders and Their Communities' is available at www. workingwithatsi.info/content/FYU_workers.html.

This is a resource designed for practitioners to help them better understand the cultural and social reality of Aboriginal and Torres Strait Islander peoples. Implications for practice are outlined across a range of areas including home visiting, employing Aboriginal workers, and Aboriginal image and identity.

Victorian Government Department of Human Services. (2008). Aboriginal Cultural Competence Framework. Melbourne, Victorian Government Department of Human Services.

The Victorian Aboriginal Child Care Agency (VACCA) also has a booklet for purchase: Working with Aboriginal Children and Families - A Guide for Child Protection. Available for purchase from www.vacca.org/_catalog_ 66742/Conferences%2c_Reports_and_Guides

Centre for Community Child Health (2007). Working with CALD families. Childcare and children's health, 10(1). Available to download from www.rch.org.au/emplibrary/ecconnections/CCH_Vol10_No1Mar2007.pdf

NSW Department of Community Services. (2010). Culturally appropriate service provision for children and families in the NSW child protection system. Available to download at: http://www.community.nsw.gov.au/ docswr/_assets/main/documents/research_cald_families_summary.pdf

Queensland Council for Social Services (QCOSS). (2010). Culturally and linguistically diverse communities. Policy paper. Available to download at: http://qcoss.org.au/upload/4614__QCOSS%20Policy%20Position_ Feb%202010_CALD.pdf

Make a cumulative harm assessment

Draw together all of the information you have collected. To identify whether a child is at significant risk of experiencing cumulative harm it is important to summarise the information along the following dimensions:

- *Type* – What are the range of adverse circumstances and events that the child has experienced? Make particular note of any types of abuse or neglect that the child may have experienced or be at risk of experiencing.
- *Frequency* – From your knowledge of the child's history, is there a pattern of these circumstances or events being repeated?
- *Duration* – Over what period of time has the child experienced these adverse circumstances and events? Link this back to the child's age and developmental stage.
- *Severity* – what has been the impact of the circumstances or events on the child's development and wellbeing? What is the likely impact if the adverse circumstances and events are repeated over a prolonged period?
- *Source of harm* – Who is responsible for the child experiencing these adverse circumstances and events (one person or multiple people)? Does the situation make the child vulnerable to other perpetrators of abuse or neglect (e.g. extra-familial perpetrators)?

To explore these dimensions you might ask questions such as:

- Have you been aware of similar issues in the past? If so, have the problems escalated?
- Are there indicators that the child has experienced other types of adversity in addition to those made aware to you?
- Has the alleged circumstances caused, or are they likely to cause, significant harm if it were repeated over a prolonged period?

Put the child at the centre of your assessment and analysis of the impact of cumulative harm:

- How long have the problems in the family been present?
- How are parental problems and family circumstances impacting the child?

What has been the impact of cumulative harm on children

In order to recognise and respond to cumulative harm, the short and long-term affects matter. Your assessment must present the outcomes for the child should their circumstances remain unchanged.

- What has been the impact on the child to date?
- Is the child meeting developmental milestones?
- Are there any signs of trauma?
- What is the quality of parent-child relationship?
- What are the likely outcomes for the child should their circumstance remain unchanged?

In order to recognise and respond to cumulative harm, the assessment must present the likely outcomes for the child should their circumstances remain unchanged.

Phase 2: Planning

Consider whether specialist services are required to assist the child in recovery where they have experienced cumulative harm.

Planning is the second phase of casework. Thoughful consideration of what planning mechanisms are required will enable you to be purposeful in your action in developing and implementing plans.

Engaging families cooperatively to address issues of cumulative harm is essential for any intervention. Coercive forms of intervention (i.e., child protection) will sometimes be necessary, but this is a last resort. Practitioners at The Benevolent Society are well placed to intervene to assist families to change to decrease risks of harm to children and increase children's resilience.

Setting goals and objectives: The short and long-term effects matter

In setting intervention objectives, ask yourself:

*   Is the intervention child focused?
*   Is it realistic and achievable?
*   Has it been properly resourced?
*   Will the intervention be able to address bottom lines?
*   Has the intervention been developed collaboratively?
*   How acceptable and understandable is the strategy to all parties involved?

Child-focussed interventions

In partnership with the parents or carers we need to develop a rich understanding of the past experiences of the child, champion their cause in the present, and develop plans for the future that enables opportunities for healthy development.

*   What are the child's needs?
*   Does the child need trauma counselling?
*   Do they have special education needs?
*   Is the child having difficulties communicating?
*   Does the child need regular medical check-ups? Is a pediatrician required?
*   Are their attachment difficulties?
*   Do they require culturally specific services?

Phase 3: Intervention

Intervention is the third phase of casework. Timely interventions are important for all children. Use your assessment and planning to inform your intervention. It is important to remember that prior to taking action a period of reflection is required. Take the time to reflect upon the information you have gathered during the assessment and planning phases. This may be difficult if you are focused on "doing". What services, supports or interventions are needed?

The domains of resilience offer a method for putting into place deliberate strategies that, applied with persistence and consistency, can enhance the child's sense of security and belonging. Use the domains of resilience, along with the ecological framework (child, family and wider community) to think about what strategies could be put in place. fostering resilience in one domain (otherwise known as fostering 'resilience strings') can have a 'knock-on impact on other domains. for example, intervention strategies that focus on talents and interests can have positive impacts on a child's secure base and friendship networks.

What will assist the family to help better support the child?

What interventions might assist the child and family in the short and long-term? What services within the Benevolent Society or other agencies may assist both the family and child to overcome adversity and trauma? For example, is a home visiting service required, adult services such as drug and alcohol services, mental health services, family violence counselling, trauma counselling, men's behaviour change, culturally specific services? Note that any action should be based on sound analysis and be purposeful towards engaging the family members in a change process. Where there are multiple and complex problems be aware of the need for a staged intervention, and avoid overwhelming the family with too many services or issues at once. With this in mind, have you considered:

- Engaging the absent parent;
- Engaging violent partners (providing practitioner safety issues have been attended);
- Engaging the extended family; and
- Connections to universal services or community programs/clubs (e.g., schools, maternal and child health nurse, health services, child care, mentoring programs, sporting clubs, community centres, neighbourhood houses, first mothers groups, playgroups, parenting groups, toy library).

Fostering resilience: Practical intervention techniques

Using what we know about factors that contribute to children thriving despite suffering adversity, we can use the six domains of resilience model to direct possible interventions.

Secure base

It is important that children have a secure base and a healthy attachment to at least one adult. Practitioners are encouraged to complete a thorough assessment and identify possible factors that may impede the development of a child's secure attachment to caregivers. It is important to focus on helping to strengthen the attachment relationships with the caregiver, however if this is not feasible, strengthening attachments to another significant adult is important. Daniel and Wassell (2002) state that it is important to "shape interventions deliberately in response to the child's attachment style, and remember that persistence will be required".

Education

The role of early childhood education and schools goes beyond teaching academic skills, and may also involve the development of social skills, extracurricular interests, friendships, community involvement and moral/emotional development. Exploration can be encouraged by ordinary activities like storytelling or home baking but can also include special activities, such as social outings (Daniel & Wassell, 2002).

Friendships

It is important to look at the quality of children's friendships, not just whether they have friends or not. If it is evident that the child finds it difficult to develop friendships, make use of naturally occurring opportunities for the child to have contact with other children. For example, a grandparent's house can act as a base for cousins to meet. If there are no natural resources to draw from, consider mainstream activities, such as playgroups, sporting groups or swimming classes (Daniel & Wassells, 2002).

Talents and Interests

Children may benefit from being involved in leisure, sport or recreational activities that can help to build self-esteem and self-efficacy. However, it is important that children do not feel pressured to achieve. It is essential that new activities are pitched within the child's capabilities to ensure that the child can master the new task and not experience a sense of failure.

Positive values

Prosocial behaviour has been linked to educational achievement and the presence of friendships in children. Interventions should include parents, as parental factors are closely linked to prosocial tendencies in children. Ideas about positive values and desirable behaviours in children vary greatly across cultures. It is important that a child's cultural background is taken in account when designing prosocial behaviour interventions.

Social competence

Supporting the development of social competence in children and adolescents requires knowledge of important competencies to be developed and attention to age/developmental stage and culture so as to target interventions effectively. Social skills training alone is unlikely to produce significant or lasting change of psychopathology or global indicators of social competence (Spence, 2003). Rather, it is recommended that multi-method approaches that involve numerous approaches to enhancing competence, in children are implemented, including those which examine environmental contingencies for social responding, problem solving and social knowledge.

For more examples of intervention strategies in each of the domains for children in the early years (child, family, wider community) see: Daniel and Wassell, 2002, p.85-113.

To assist in planning your interventions use the Benevolent Society Planning and Intervention Plan Tools.

Remember to coordinate between services and clarify roles and communication processes. Who will do what, for whom, by when? At every stage, have you included parents, carers, teachers, childcare practitioners and any other significant person in the child's life?

In developing an intervention plan, consider how your intervention will:
- Reduce vulnerability and risk;
- Reduce the number of stressors and 'pile-up';
- Increase available resources;
- Mobilise protective processes; and
- Foster resilience.

Building a partnership with families

It is important that you plan your intervention with, rather than for, families. It is critical that professionals develop a strong relationship with the family and child. The strongest determinate of good outcomes in practice with families is the quality of the relationship between the practitioner and the family members.

Talk to parents about their wishes and dreams, their worries and concerns, what makes it hard and what might help. What have families tried previously to overcome their problems and how did this work out for them? You may ask:
- Does the parent identify areas in their own parenting they would like to change or strengthen?
- Do they have supportive positive relationships with adults outside the home they can viably call upon for support?
- Are the parents well connected in the community?

Involve children in your intervention and avoid treating them as passive recipients of services designed to 'rescue them'. Bernard (2007) identifies three qualities that characterise individuals who help children resist stress:
- A caring relationship;
- High expectations; and
- Opportunities for contribution and participation.

Practice needs to be strength-based and forensically astute and be respectful and courteous at all times. The goals of the intervention need to be developed with the family and extended family and it is critical that they are concrete, behavioural and measurable. The parents need to know when they have been successful and the practitioners need to engage them in meaningful ways that build confidence.

The reason for family services involvement must be clearly understood by the family. Clear goals and outcomes need to be established in partnership with the family in relation to what needs to change for the child and how parents will work towards these goals.

Case study: Daniel and Linda

Linda and Daniel have now been part of the family support program at the Browns Plains Early Years Centre for 3 months. In this time:

- Linda has seen a mental health practitioner who specialises in dual diagnosis clients. The practitioner has assisted Linda through detox before reassessing Linda who is now being medicated for depression. She continues to see the worker once a week who is closely monitoring Linda.

- You were able to arrange full-time childcare for Daniel during the first few weeks, which were most stressful for Linda. Daniel is now attending childcare twice a week.

- The housing commission estate has been notified of Linda's difficulty in paying the rent and you have helped Linda to negotiate a manageable payment plan with them. You have been working with Linda each week to help her to develop and manage a household budget.

- Daniel has been getting extra language assistance to help him catch up to other 4 year-old children when in childcare

You are now doing a 3-month follow up to see how Linda and Daniel are progressing and to ascertain whether other services are needed. In your follow up discussions you ascertain that:

- Linda has made steady progress on managing her drug problem and she has a better outlook on life, however she still finds managing the daily routines of caring for Daniel difficult.

- Although she is trying to develop a better outlook on life and she feels confident that she will be able to stay off the drugs, Linda still feels lonely and finds it difficult to manage Daniel on her own all the time.

- Linda finds it difficult to manage Daniel's behaviour, and tends to be quite punitive in her interactions with him. You believe she is ready to attend a parenting education program.

- You are worried about the lack of social networks in Linda and Daniel's life.

Working in partnership with other services

It is critical that services involved with children and their families communicate and collaborate with each other, sharing appropriate and relevant information on a regular basis.

In practice:

- Be purposeful and staged in your interventions with the family. Avoid creating a situation in which families are overwhelmed by the number of services and interventions with whom they are expected to engage.

- Where multiple services are involved, decide in collaboration with the family who is the 'key worker' who will have regular contact with the child/family and other professionals.

- Be clear about each services' roles, and expectations about their responsibilities and timelines for review.

Phase 4:Reviewing Outcomes

Reviewing outcomes is the final phase of casework. Decision making and analysis needs to be seen as a dynamic, recursive process which is continually evolving as new information comes to light and parents and children change and grow (Miller, 2007). As the intervention unfolds, new information may come to light or new issues emerge that alter the circumstances for the family and the child and these need to be examined, assessed and addressed.

Cases involving cumulative harm are complex. You need to access appropriate supervision throughout the process of assessment analysis and planning, action, and review.

When undertaking a formal progress review, we need to ask questions such as:
• Is the intervention working?
• Have things changed for the child? How do we know?
• Has the family been regularly attending the intervention?
• What improvements have the parent(s) made?

Since all families are different, good practice may involve trying several strategies or interventions before coming up with an approach that works. The effectiveness of what you do with and for clients needs to be constantly monitored and reviewed. We need to find the interventions or processes that are effective and engaging for each unique family situation.

However, where a family is facing multiple and complex problems, implementing interventions that have not been thought through thoroughly may exacerbate existing problems by depleting already limited parental resources or discouraging further participation in the process, putting the child at further risk of harm.

Examine closely:
• The outcomes of previous service system responses and interventions.
• Your previous responses as a practitioner.
• Which services and approaches have been most effective? Which strategies are not working, well? What needs to change to make them more effective?
• How do parents rate themselves in terms of 'where they are at' now in relation to where they want to be?
• Have parents been able to access needed practical and material support that was needed?

As hard as it can be to witness the struggles of some parents attempting to change their situations, ultimately if a parent won't change, can't change, or

If parents have been unable to change and outcomes for the child are not improving, you will need to involve statutory child protection services.

it will take too long, then the needs of the most vulnerable family members, the children, have to be prioritised. The short and long term affects matter, whether there is intent to harm or not. Remember that the desire to change dangerous and or neglectful behaviours does not equal capacity to change. Sustaining change is hard work and requires commitment and consistent evidence of changed behaviours. Statutory intervention may be required if universal and family services are unable to help change to occur within the family (Miller, 2007).

While allowing parents the space to actively work on improving their situation, practitioners need to continually ask:

- Have parents been provided "the widest possible assistance"?

- What is their capacity for change (let the parent know if you have seen improvement in this area)?

- Will change be fast enough given the child's age and developmental needs?

- If necessary, give yourself permission to say 'enough is enough' (Cousins, 2005, p. 6).

It is easy when working with parents with multiple and complex problems for our attention to be focused upon the parents, their worries and struggles and the efforts that they are making to change. Cousins (2005) writes "Sometimes, in our own hope to see things improve, we can focus on improvements that are not actually about change for the child" (p. 5).

- What treatment or support has the child received to help them process the overwhelming events? Has this helped? How do you know?

- What's changed for the child? How do we know? Is the physical, emotional and social environment now safer for the child? Are they making progress in terms of cognitive, physical, emotional and social development?

- Is the child more able to play, concentrate, relate, participate and belong?

For further information on preparing for reviews with families refer to the User Guide of the Benevolent Society Family Assessment Tool and the Benevolent Society Review outcomes Tool.

Ultimately the effectiveness of your intervention is measured in terms of what has changed **for the child.**

Closure

Closure is an important aspect of the relationship with families, parents/caregivers and children. There should be a lead up to saying goodbye to the family and time allocated to mark this period of transition. Some of the things that can be done during closure include:

• Acknowledge the hard work parents/caregivers have done to bring about changes in their lives;

• Ask the parents and the children for feedback about the service.

It may not be possible to conduct a face-to-face closure; in these cases the transition period you could say goodbye by letter or in a phone conversation.

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