

If you need crisis support, call Lifeline on 13 11 14, or call Kids Helpline on 1800 55 1800, 24 hours a day. For general support, talk to your GP or local health professional.

8 Ways of preventing and reducing suicide by young people by the Department for Child Protection and Family Support

8.1 Introduction

Chapter 4 identifies that 20 of the 36 young people were recorded as having allegedly experienced one or more forms of child maltreatment, including family and domestic violence, sexual abuse, physical abuse or neglect. On the basis of this distinguishing factor, for the purposes of further analysis, these 20 young people have been grouped together and referred to as Group 1.

Child maltreatment, and its individual forms, has been identified in the research literature as a factor associated with suicide. An effective response to child maltreatment is therefore fundamental to reducing the risk of suicide by young people who have experienced this maltreatment.

The research literature also recognises that young people who have contact with child protection agencies have a significantly increased risk of suicide. For example, a New Zealand study found that:

Young people in contact with Child, Youth and Family are about 10 times more likely to kill themselves than New Zealand youth of the same age who have never had contact with the Department.¹⁹²

In Western Australia, the Department for Child Protection and Family Support (**DCPFS**) has a central role in protecting children and young people from maltreatment. Section 6 of the *Children and Community Services Act 2004* states:

The objects of this Act are –

...

(d) to provide for the protection and care of children in circumstances where their parents have not given, or are unlikely or unable to give, that protection and care

Chapter 5 identifies that all of the 20 young people in Group 1 had contact with DCPFS. This contact provides DCPFS with opportunities to assist in preventing and reducing youth suicide through its administration of the *Children and Community Services Act 2004*. This chapter discusses the opportunities that were identified through this investigation.

¹⁹² A Beautrais, P Ellis & D Smith, 'The risk of suicide among youth in contact with Child, Youth and Family', *Social Work Now*, no. 19, 2001, p. 9.

8.2 Child maltreatment and cumulative harm

8.2.1 The research literature identifies that different forms of child maltreatment often co-occur and their cumulative impact causes cumulative harm

The research literature finds that different forms of child maltreatment, including family and domestic violence, sexual abuse, physical abuse and neglect, often co-occur,¹⁹³ as stated below:

There is a growing body of evidence to show that maltreatment subtypes do not occur independently and that a significant proportion of maltreated individuals experience not just repeated episodes of one type of maltreatment, but are likely to be the victim of other forms of abuse or neglect.¹⁹⁴

The research literature also identifies that ‘as many forms of maltreatment co-occur and could have joint effects, their cumulative impact should not be overlooked.’¹⁹⁵ The effect of experiencing multiple forms of child maltreatment is referred to in the research literature as **cumulative harm**,¹⁹⁶ as follows:

Cumulative harm is the existence of compounded experiences of multiple episodes of abuse or ‘layers’ of neglect. The unremitting daily impact on the child can be profound and exponential, covering multiple dimensions of the child’s life.

Cumulative harm is experienced by a child as a result of a series or pattern of harmful events and experiences that may be historical, or ongoing, with the strong possibility of the risk factors being multiple, inter-related and co-existing over critical developmental periods.¹⁹⁷

The research literature observes that the way in which cumulative harm impacts on children ‘can be understood in terms of neurobiology (that is, brain development) and trauma (or psychological) theory.’¹⁹⁸ Numerous studies have found clear evidence that multiple episodes of child maltreatment adversely affect children’s brain structure and functioning.¹⁹⁹

¹⁹³ Australian Institute of Family Studies, *Effects of child abuse and neglect for children and adolescents*, Australian Institute of Family Studies, Melbourne, 2010, viewed 25 February 2014, <<http://www.aifs.gov.au/cfca/pubs/factsheets/a146141/index.html>>.

¹⁹⁴ D Higgins, ‘Differentiating between child maltreatment experiences’, *Family Matters*, no. 69, 2004, p. 51.

¹⁹⁵ L Bromfield, P Gillingham & D Higgins, ‘Cumulative Harm and Chronic Child Maltreatment’, *Developing Practice: The Child, Youth and Family Work Journal*, no. 19, 2007 pp 34-42; R Miller, ‘Cumulative harm: a conceptual overview’, Victorian Government Department of Human Services, Melbourne, 2007, viewed 26 September 2013, <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0012/589665/cumulative-harm-conceptual-overview-part1.pdf>.

¹⁹⁶ R Miller & L Bromfield, 2010, as quoted by R Price-Robertson, P Rush, L Wall & D Higgins, *Rarely an isolated incident: Acknowledging the interrelatedness of child maltreatment, victimisation and trauma*, Australian Institute of Family Studies, Melbourne, 2013, p. 7.

¹⁹⁷ R Miller, *Cumulative harm: a conceptual overview*, Victorian Government Department of Human Services, Melbourne, 2007, viewed 26 September 2013, <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0012/589665/cumulative-harm-conceptual-overview-part1.pdf>.

¹⁹⁸ L Bromfield, P Gillingham & D Higgins, ‘Cumulative Harm and Chronic Child Maltreatment’, *Developing Practice: The Child, Youth and Family Work Journal*, no. 19, 2007, pp. 34-42.

¹⁹⁹ J Belsky & M de Haan, ‘Annual Research Review: Parenting and children’s brain development: the end of the beginning’, *Journal of Child Psychology and Psychiatry*, vol. 52, no. 4, 2011, pp. 209-428.

Researchers investigating brain development use the term ‘toxic stress’ to describe the prolonged activation of stress management systems in the absence of support. Usually, stress causes a cascade of chemicals in the brain to ‘equip us to survive a stressful circumstance or event.’ However, prolonged stress ‘can disrupt the brain’s architecture and stress management systems’ and damage a child’s developing brain.²⁰⁰ Experienced early in life, toxic stress can ‘have a cumulative toll on learning capacity as well as physical and mental health.’²⁰¹

Other research literature identifies that exposure to ‘recurrent incidents of maltreatment over a prolonged period of time,’²⁰² or chronic trauma, can lead to developmental and psychological problems for children, including:

- disturbed attachment patterns;
- complex disruptions of emotional regulation;
- rapid behavioural regressions and shifts in emotional states;
- lack of self-motivation;
- aggressive behaviour against self and others;
- lack of awareness of danger, resulting in self-endangering behaviours; and
- self-hatred and self-blame and chronic feelings of ineffectiveness.²⁰³

Research into the impact of toxic stress and the psychological effects of chronic trauma has also been undertaken by the Australian Childhood Foundation, identifying the need for child protection to be ‘trauma informed’. This research identifies that:²⁰⁴

Left unrecognised and untreated, trauma related to abuse and family violence is cumulative in its impact. Multiple early victimisation significantly increases the likelihood of children and young people experiencing a range of negative emotional, psychological and behavioural manifestations which further restrain developmental resolution and identity formation.²⁰⁵

The same research also suggests that, ‘given appropriate parenting experiences, children can recover, or at least significantly improve’ after severe trauma caused by abuse and

²⁰⁰ L Bromfield, P Gillingham & D Higgins, ‘Cumulative Harm and Chronic Child Maltreatment’, *Developing Practice, The Child, Youth and Family Work Journal*, no. 19, 2007, pp. 34-42.

²⁰¹ J Shonkoff, *Investment in Early Childhood Development Lays the Foundation for a Prosperous and Sustainable Society*, Encyclopaedia of Early Childhood Development, Montreal, 2009, viewed 26 September 2013, <<http://www.child-encyclopedia.com/documents/ShonkoffANGxp.pdf>>.

²⁰² L Bromfield, P Gillingham & D Higgins, ‘Cumulative Harm and Chronic Child Maltreatment’, *Developing Practice: The Child, Youth and Family Work Journal*, no. 19, 2007, pp. 34-42.

²⁰³ R Price-Robertson, P Rush, L Wall & D Higgins, *Rarely an isolated incident: Acknowledging the interrelatedness of child maltreatment, victimisation and trauma*, Australian Institute of Family Studies, Melbourne, 2013.

²⁰⁴ J Tucci, J Mitchell & C Goddard, *Response to the National Standards for Out of Home Care Consultation Paper*, Australian Childhood Foundation, Ringwood, 2010.

²⁰⁵ C Goddard & J Tucci, *Responding to child abuse and neglect in Australia*, Australian Childhood Foundation and Child Abuse Prevention Research Australia, Ringwood and Notting Hill, 2008, p. 13.

neglect.²⁰⁶ However, if this does not occur, over the longer term, child maltreatment can have 'a wide range of adverse consequences' for a child, which can last a lifetime.²⁰⁷ The research literature identifies a powerful relationship between child maltreatment and negative health outcomes throughout a person's life span including substance abuse, depressive disorders and attempted and successful suicide.²⁰⁸

The research literature also suggests that experiencing child maltreatment can result in broader, accumulative experiences of victimisation and harm. For example, children who have been maltreated may be more susceptible than others to peer violence or exposure to crime and children who were sexually abused may be more susceptible than others to re-victimisation.²⁰⁹

8.2.2 Seventeen of the 20 young people in Group 1 were recorded as having allegedly experienced more than one form of child maltreatment, and are therefore likely to have suffered cumulative harm

Of the 20 young people in Group 1, 17 (85 per cent) were recorded as having allegedly experienced more than one form of child maltreatment, and are therefore likely to have suffered cumulative harm. The pattern of child maltreatment among these 20 young people was as follows:

- three young people were recorded as having allegedly experienced one form of child maltreatment;
- ten young people were recorded as having allegedly experienced two forms of child maltreatment;
- five young people were recorded as having allegedly experienced three forms of child maltreatment; and
- two young people were recorded as having allegedly experienced all four forms of child maltreatment.

The different forms of child maltreatment that were recorded as having allegedly been experienced by the 20 young people in Group 1 are set out below Figure 37.

²⁰⁶ J Tucci, J Mitchell & C Goddard, *Response to the National Standards for Out of Home Care Consultation Paper*, Australian Childhood Foundation, Ringwood, 2010.

²⁰⁷ Australian Institute of Family Studies, *Effects of child abuse and neglect for adult survivors*, Australian Institute of Family Studies, Melbourne, 2010, viewed 26 September 2013, <<http://www.aifs.gov.au/cfca/pubs/factsheets/a146141/index.html>>.

²⁰⁸ S Dube, R Anda, V Felitti, D Chapman, D Williamson & W Giles, 'Childhood abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings from the Adverse Experiences Study', *Journal of the American Medical Association*, vol. 266, no. 24, 2001, p. 3094; Australian Institute of Family Studies, *Effects of child abuse and neglect for children and adolescents*, Australian Institute of Family Studies, Melbourne, 2010, viewed 26 September 2013, <<http://www.aifs.gov.au/cfca/pubs/factsheets/a146141/index.html>>.

²⁰⁹ R Price-Robertson, P Rush, L Wall & D Higgins, *Rarely an isolated incident: Acknowledging the interrelatedness of child maltreatment, victimisation and trauma*, Australian Institute of Family Studies, Melbourne, 2013, p. 2.

Figure 37: Different forms of child maltreatment that were recorded as having been allegedly experienced by the 20 young people in Group 1

	Family and domestic violence	Physical abuse	Sexual abuse	Neglect
Young person				
Total	17	8	9	12

Source: Ombudsman Western Australia

In addition, of the 17 young people who were recorded as having allegedly experienced more than one form of child maltreatment:

- thirteen were recorded as having demonstrated suicidal ideation, with 12 having been recorded as having previously attempting suicide;

- eleven were recorded as having consumed alcohol at some time in their lives, and nine were recorded as having consumed illicit drugs;
- eight were recorded as having been diagnosed with a mental illness;
- eleven were recorded as having demonstrated self-harming behaviour; and
- ten were recorded as having a parent with a mental illness; eight were recorded as having a parent who demonstrated problematic alcohol or other drug use; five were recorded as having a parent who had been imprisoned; and six were recorded as having a family member, friend, or person known to them who had died by suicide.

8.3 Recognising cumulative harm when responding to child maltreatment

8.3.1 The research literature identifies that, when responding to child maltreatment, child protection authorities need to undertake holistic assessments to recognise cumulative harm

The research literature identifies that in order to effectively identify and respond to cumulative harm, child protection and family services need to be holistic and well informed, conceptualising child maltreatment as ‘a chronic problem, rather than an isolated event in a child’s life.’²¹⁰ Considering child abuse, neglect or family and domestic violence as isolated events (or even a repeated series of such events), or dealing with such issues ‘episodically:’

[F]ails to acknowledge that some children’s development is characterised by repeated incidents of maltreatment over a prolonged time, and it fails to address the cumulative impact of repeated victimisation on children’s physical, psychological and developmental outcomes.²¹¹

Noting that it is a mistake to look at abuse or neglect as a point in time event, the research literature identifies the need for child protection to ‘go beyond immediate safety issues.’²¹² Practice and systemic barriers to recognising and responding to cumulative harm in this way that have been identified in the research literature include:

Practice risks:

- An event-oriented approach to Child Protection can result in practitioners failing to observe or be able to act in response to a pattern of maltreatment;
- Information is not carried over from one notification to the next and therefore information is lost over time;

²¹⁰ L Bromfield & D Higgins, ‘Chronic and isolated maltreatment in a child protection sample’, *Family Matters*, no. 70, 2005, p. 38.

²¹¹ L Bromfield & D Higgins, ‘Chronic and isolated maltreatment in a child protection sample’, *Family Matters*, no. 70, 2005, p. 38.

²¹² L Bromfield, P Gillingham & D Higgins, ‘Families who re-enter the child protection system, data from an Australian sample’, Conference Paper presented at the Ninth Australasian Conference on Child Abuse and Neglect, Sydney, November 2003.

- Assumptions are made that the problems presented in previous notifications are resolved at closure;
- Risk frameworks consider pattern and history with the aim of predicting future behaviour of carers and likelihood of harm rather than establishing the cumulative harm suffered; and
- IT systems [that] summarise and categorise previous contact and workloads in Child Protection are demanding therefore the assumption is made that reading case files is neither necessary nor a priority.

And systemic barriers:

- Child Protection being viewed and operated as an emergency service;
- The system not recognising that families' problems can be ongoing;
- Harm thresholds mean that children considered as 'low risk' fall outside the legislative mandate;
- A child has to be significantly harmed or at risk of significant harm; and the event is likely to happen again.²¹³

8.3.2 Legislation and policies in some other states and territories explicitly identify that child protection authorities need to undertake holistic assessments to recognise cumulative harm

In Victoria, legislation and policy incorporate specific provisions to identify and address cumulative harm. The Victorian *Children, Youth and Families Act 2005* provides a legislative mandate for the need to consider the potential for cumulative harm in child protection practice, identifying that, in determining what decision or action to take in the best interests of the child, consideration must be given to 'the effects of cumulative patterns of harm on a child's safety and development' (section 10(3)(e)). Section 162(2) of the *Children, Youth and Families Act 2005* further identifies that 'the harm may be constituted by a single act, omission or circumstance or accumulate through a series of acts, omissions or circumstances.'

Guidance on considering the potential for cumulative harm developed by the Victorian Department of Human Services, which is responsible for administering the *Children, Youth and Families Act 2005*, identifies that sections 10 and 162 of the legislation 'enable earlier intervention and prevention to promote development and safety, and recognition of the cumulative impact of acts, omissions or circumstances that may result in significant harm whereby a child is in need of protection.'²¹⁴

²¹³ L Bromfield, P Gillingham & D Higgins, 2003, quoted by R Miller, *Cumulative harm: a conceptual overview*, Victorian Government Department of Human Services, Melbourne, 2007, viewed 26 September 2013, <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0012/589665/cumulative-harm-conceptual-overview-part1.pdf>.

²¹⁴ L Bromfield, P Gillingham & D Higgins, 2003, quoted by R Miller, *Cumulative harm: a conceptual overview*, Victorian Government, Department of Human Services, Melbourne, 2007, viewed 26 September 2013, <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0012/589665/cumulative-harm-conceptual-overview-part1.pdf>.

In relation to considering the potential for cumulative harm, research findings adopted by the Victorian Department of Human Services identify the following multi-dimensional practice objectives:

- i) Early intervention (early in the development of the problem and early in the child's life).
- ii) Intervention as early as possible in the development of the problem in order to divert the trajectory of maladaptive development.
- iii) Creation of resilience factors and protective factors within a child's environment including family, school and community via connectedness and engagement to mitigate future risk and commence healing.²¹⁵

These research findings also identify that the prevalence of episodic assessment may be rationalised by the practicalities of resource constraints, ongoing demand, and the increasing complexity of issues present in families. It may also be conceptualised as a 'systemic adaptation that endeavoured to prioritise the most severe cases so that the system would not be overwhelmed by demand and rendered ineffectual.'²¹⁶

Practice resources created by the Victorian Department of Human Services identify that considering the potential for cumulative harm requires that practitioners assess each report or notification 'as bringing new information that needs to be carefully integrated into the history [of the child] and in a holistic assessment of the cumulative impact on the child, rather than an episodic focus on immediate harm.'²¹⁷

In efforts to move away from episodic responses to child maltreatment and towards holistic assessments, other Australian states and territories have incorporated the following responses to cumulative harm in their legislation and policy materials.²¹⁸

- **New South Wales** - the definition of significant harm, as outlined in the *New South Wales Mandatory Reporter Guide* of 2013, identifies that 'the significance can result from a single act or omission or an accumulation of these.' The *Protecting and Supporting Children and Young People Policy* of the Department for Education and Communities further identifies that Principals and workplace managers are responsible for reporting to the Child Wellbeing Unit about the safety, welfare and wellbeing of

²¹⁵ L Bromfield, P Gillingham & D Higgins, 2003, quoted by R Miller, *Cumulative harm: a conceptual overview*, Victorian Government, Department of Human Services, Melbourne, 2007, viewed 26 September 2013, <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0012/589665/cumulative-harm-conceptual-overview-part1.pdf>.

²¹⁶ R Miller, *Cumulative harm: A conceptual overview*, Victorian Government, Department of Human Services, Melbourne, 2007, viewed 26 September 2013, <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0012/589665/cumulative-harm-conceptual-overview-part1.pdf>.

²¹⁷ L Bromfield & R Miller, *Cumulative harm: Best interests case practice model – Specialist practice resource*, Victorian Government, Department of Human Services, Melbourne, 2012, viewed 26 September 2013, <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0010/665902/cumulative-harm-specialist-practice-resource-2012.pdf>.

²¹⁸ L Bromfield, 'Recognising Cumulative Harm: Australian Child Protection Policy and Practice: Progress to date', paper presented at the Australasian Human Development Association Conference, Adelaide, 7 July 2009.

children and young people where ‘there is an observable pattern of cumulative harm that does not meet the threshold of significant harm.’²¹⁹

- **Tasmania** - in 2011, the Parliament of Tasmania’s Final Report of the Select Committee on Child Protection recommended that:

Legislation be amended to change the focus on episodic interventions to cumulative harm and new provisions introduced to enable child protection services to intervene with children who, over the long-term, have experienced cumulative trauma and harm.²²⁰

Specific information and guidance regarding cumulative harm is included in the Department of Health and Human Services 2012 *Family Support Services Operational Framework*, also supporting the view that ‘a focus on episodic assessment and immediate safety will not fully appreciate the cumulative harm experienced and its devastating impact on development.’²²¹

- **Australian Capital Territory** - the Office for Children, Youth and Family Support’s 2010 Practice Paper, ‘*Focus on Neglect*,’ identifies the cumulative nature of neglect, noting that ‘approaches to neglect need to move away from incidence-based intervention and assessment, toward assessment of cumulative harm, with intervention and support aimed at the long term.’ It further identifies that:

[T]o focus on singular incidences and respond episodically in times of crisis does not address the ongoing nature of the harm experienced in cases of neglect.²²²

- **Queensland** - specific guidance regarding cumulative harm is included in the Department of Communities, Child Safety and Disability Services’ *Practice Guide: The assessment of harm and risk of harm*. It further identifies the need to avoid episodic assessment, stating that, in assessing incidents, ‘a holistic approach is required, with harm being considered along a continuum – with any cumulative harm from past experiences together with current harms and future risks being considered.’²²³

²¹⁹ New South Wales Government, Department of Education and Communities, *Protecting and Supporting Children and Young People Policy*, Department of Education and Communities, Sydney, 2013, viewed 26 September 2013, <https://www.det.nsw.edu.au/policies/student_serv/child_protection/prot_children/PD20020067.shtml>.

²²⁰ Parliament of Tasmania, *Final Report, Select Committee on Child Protection*, Hobart, 2011, p. 191, viewed 26 September 2013, <<http://www.parliament.tas.gov.au/ctee/House/Reports/Final%20Report%20CP.pdf>>.

²²¹ Tasmanian Government, Department of Disability, Housing and Community Services, *Family Support Services Operational Framework*, Department of Disability, Housing and Community Services, Hobart, 2012, viewed 26 September 2013, <http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0019/120808/Family_Support_Services_Operational_Framework_v5_LR.pdf>.

²²² Australian Capital Territory Government, Department of Disability, Housing and Community Services, Office for Children, Youth and Family Support, *Practice Paper: Focus on Neglect*, Office for Children, Youth and Family Support, Canberra, 2010, p. 10, viewed 26 September 2013, <http://www.dhcs.act.gov.au/__data/assets/pdf_file/0008/165635/OCYFS_Neglect_Practice_Paper.pdf>.

²²³ Queensland Government, Department of Communities, Child Safety and Disability Services, *Practice Guide: the assessment of harm and risk of harm*, Department of Communities, Child Safety and Disability Services, Brisbane, 2013, viewed 26 September 2013, <<http://www.communities.qld.gov.au/resources/childsafety/practice-manual/pg-assess-risk-of-harm.pdf>>.

8.4 Western Australian legislative and policy framework for child protection, including recognition of cumulative harm

8.4.1 There are no explicit legislative requirements in Western Australia for undertaking holistic assessments to recognise cumulative harm

Administered primarily by DCPFS, the *Children and Community Services Act 2004* (**the CCS Act**) is the legislative basis for services provided to children, young people and families in Western Australia. The objects of the CCS Act set out in section 6 include:

- (a) to promote the wellbeing of children, other individuals, families and communities; and
- (b) to acknowledge the primary role of parents, families and communities in safeguarding and promoting the wellbeing of children; and
- (c) to encourage and support parents, families and communities in carrying out that role; and
- (d) to provide for the protection and care of children in circumstances where their parents have not given, or are unlikely or unable to give, that protection and care.

...

The CCS Act does not explicitly provide for recognising and responding to cumulative harm. Most relevantly, section 28(c) of the CCS Act identifies that a child is in need of protection if the child 'has suffered, or is likely to suffer, harm as a result of any one of the following:

- (i) physical abuse;
- (ii) sexual abuse;
- (iii) emotional abuse;
- (iv) psychological abuse;
- (v) neglect, and the child's parents have not protected, or are unlikely or unable to protect, the child from harm, or further harm.'

However, section 3 of the CCS Act defines 'harm' as 'harm to the child's physical, emotional, or psychological development.' This could be considered to encompass the concept of cumulative harm.

Recommendation 9: The Department for Child Protection and Family Support considers whether an amendment to the *Children and Community Services Act 2004* should be made to explicitly identify the importance of considering the effects of cumulative patterns of harm on a child's safety and development.

8.4.2 Some DCPFS policies for responding to child maltreatment address the need to undertake holistic assessments to recognise cumulative harm

DCPFS's *Policy on Neglect* explicitly identifies cumulative harm in its operational description of neglect, further stating that 'the short and long-term, as well as **cumulative effects** of neglect can be significant, whether there is intent by the parent to harm or not' (emphasis added).²²⁴ DCPFS's policy on neglect was informed by a 2008 report prepared by the Western Australian Child Death Review Committee, 'Group Analysis of Aboriginal Child Death Review Cases in which Chronic Neglect is Present' (**the Group Analysis Report**).

The Group Analysis Report found that:

There was ... a tendency for caseworkers to overemphasise small improvements often without sighting the children and there was a very worrying absence of any assessment of the potential harms being done to children. In large part this stemmed from a focus upon single incidents of neglect rather than the possible presence of cumulative harm ... Common themes arising from the analysis of the service system response can be summarised as:

- unresolved tension between child centred and family focused practice;
- a focus upon single incidents of neglect and the 'start again' syndrome;
- an over optimistic emphasis on small improvements leading to case closure;
- the absence of any direct assessment of the impact of neglect upon the child;
- inadequate risk assessment and management; and,
- inadequate case or safety planning.²²⁵

The Group Analysis Report went on to recommend:

That the review of Service Delivery Policy and Field Worker Guidelines include the development of a clear and specific procedure for undertaking a:

- a) formal and documented child impact assessment of the risks associated with cumulative harm in cases where neglect is indicated – including a rigorous assessment of their current wellbeing and development as well as any associated risks to their continuing development.²²⁶

Two further elements of DCPFS's policy framework contain indirect references to cumulative harm.

²²⁴ Government of Western Australia, Department for Child Protection and Family Support, *Policy on neglect*, DCPFS, Perth, 2012, viewed 26 September 2013

<<http://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/Neglect-PolicyOnNeglect.pdf>>.

²²⁵ K Francis, T Hutchins, S Siggers & D Gray, *Group Analysis of Aboriginal Child Death Review Cases in which Chronic Neglect is Present*, National Drug Research Institute, Perth, 2008, pp. ix-x.

²²⁶ K Francis, T Hutchins, S Siggers & D Gray, *Group Analysis of Aboriginal Child Death Review Cases in which Chronic Neglect is Present*, National Drug Research Institute, Perth, 2008, p. 57.

Firstly, the *Signs of Safety Child Protection Practice Framework (the Signs of Safety framework)* sets out an overarching approach to assessing information that raises concerns about a child's wellbeing, which should be applied during all child protection activities.²²⁷ The Signs of Safety Framework incorporates a series of questions (such as 'what are we worried about?' and 'what's working well?') to be applied to the process of ongoing assessment to gather information, undertake analysis and reach a judgement at a point in time, as follows:²²⁸

The *Signs of Safety Assessment and Planning Protocol* maps the harm, danger, complicating factors, strengths, existing and required safety and safety judgment in situations where children are vulnerable or have been maltreatment. The *Signs of Safety Assessment and Planning Protocol* and the questioning processes and inquiring stance that underpins it, is designed to be the organising map for child protection intervention from case commencement to closure.²²⁹

In the context of Safety and Wellbeing Assessments, section 5.1 of DCPFS's Casework Practice Manual (**the Casework Practice Manual**) identifies that the Signs of Safety framework encourages child protection practitioners to 'assess the concern for (a) child's wellbeing and the parent's capacity to protect including past harm (what harm has occurred to the child/ren?).'²³⁰

Secondly, Standard 2 of *Better Care, Better Services – Standards for children and young people in protection and care* requires that:

The Department for Child Protection [now DCPFS] undertakes a holistic assessment of concerns relating to the protection and safety of children and young people and takes protective action where required.²³¹

The explicit or indirect recognition of cumulative harm discussed above has not been extended to other relevant elements of the DCPFS's policy framework, which are the *Family and Domestic Violence Policy*, and the *Policy on Child Sexual Abuse*.²³²

²²⁷ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual 'Signs of Safety – the Department's Child Protection Framework*, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/03SignsofSafety-TheDepartment'sChildProtectionFramework.aspx>>.

²²⁸ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual 'Signs of Safety – the Department's Child Protection Framework*, DCPFS, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/03SignsofSafety-TheDepartment'sChildProtectionFramework.aspx>>.

²²⁹ Government of Western Australia, Department for Child Protection and Family Support, *The Signs of Safety Child Protection Practice Framework*, DCPFS, Perth, 2011, viewed 26 September 2011, <<http://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/SignsofSafetyFramework2011.pdf>>.

²³⁰ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual, '5.1 Safety and Wellbeing Assessment'*, DCPFS, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/01SafetyandWellbeingAssessment.aspx>>.

²³¹ Government of Western Australia, Department for Child Protection and Family Support, *Better care, Better Services – Standards for children and young people in protection and care*, DCPFS, Perth, 2007, p. 5, viewed 26 September 2013, <<http://www.dcp.wa.gov.au/Resources/Documents/Standards%20Monitoring%20Unit/Better%20Care%20Better%20Services%20-%20booklet.pdf>>.

²³² Government of Western Australia, Department for Child Protection and Family Support, *Policy on Child Sexual Abuse and Family and Domestic Violence Policy 2012*, DCPFS, Perth, 2009 and 2012, viewed 26 September 2013, <<http://www.dcp.wa.gov.au/Resources/Pages/PoliciesandFrameworks.aspx>>.

The importance of recognising cumulative harm, and avoiding episodic and crisis oriented child protection and family support services, was also identified in the 2007 review of the former Department for Community Development (**DCD**, now DCPFS) by Prudence Ford (**the Ford Review**). The Ford Review identified a number of concerns regarding the intake and assessment process undertaken by DCD when it received information ‘about harm or risk of harm to a child or young person or when it receives a request for assistance.’ Concerns identified with the intake and assessment process included:

In some cases it was not “holistic” and did not put together all the information available to the Department. Information could be available from case records (e.g. a series of apparently one-off contacts with the Department over some years), from other staff (e.g. Aboriginal staff involved with the family or community, parenting services staff etc).

“In cases where the Department had significant and long term involvement, the Department’s responses have often been episodic and crisis oriented in nature...”

...In some cases there appeared to be an overly optimistic view [o]n the part of the Duty Officers as to the parents’ ability to ensure their children’s safety and an acceptance of parental assurances that they would make the changes necessary to do so.²³³

²³³ P Ford, *Review of the Department for Community Development: Review Report*, Perth, 2007, p. 62, viewed 26 September 2013.
<http://www.merredin.com/merredin/d/Residents/Your_Community/Government_Portal/Department_for_Child_Protection/Downloads/FXQZZ639L6QKMTE12KI2P3UA9UC4CZ/0A2UICTV6IL2OM3.pdf/DCDRPTFordReview2007.pdf>.

8.4.3 Some DCPFS procedures for responding to child maltreatment address the need to undertake holistic assessments so as to recognise cumulative harm

At Chapter 15.2, the Casework Practice Manual sets out guidance for responding to young people who express suicidal thoughts and behaviours and/or who are engaging in self harming behaviour. This guidance does not explicitly recognise multiple forms of child maltreatment, or the cumulative harm that may result, as a risk factor for suicide. It therefore does not necessarily require DCPFS to take child maltreatment into account when it is identifying and responding to the risk of suicide by young people.

DCPFS procedures for responding to information that raises concerns about a child's wellbeing are set out below. These procedures make one direct reference to recognising and responding to cumulative harm.

Stage 1 – Duty interaction

DCPFS may first become aware of an allegation of child maltreatment or signs of cumulative harm when a person, or 'referrer', contacts DCPFS to express concern about a child's wellbeing. These contacts and DCPFS's immediate responses to them comprise the 'duty interaction' process. Section 4.1 of the Casework Practice Manual) guides 'duty officers in deciding whether the Department has a role in promoting or safeguarding a child's wellbeing based on information received from a referrer',²³⁴ as follows:

Duty interaction

Duty interactions allow duty officers to assess the information they have received and ascertain what, if any, further information and assessment is needed, and whether the Department has an ongoing role with the child in relation to the child's safety, wellbeing and/or protection.

Duty officers can perform the following tasks during a duty interaction:

- 1 clarifying information with the referrer
- 2 checking Department records in Assist and Objective [DCPFS's electronic records and case management systems], and
- 3 contacting the person/s with parental responsibility.

Stage 2 – Intake and initial inquiries

Following a duty interaction, in a range of circumstances DCPFS can 'intake' a case and undertake 'initial inquiries', which are discussed in the Casework Practice Manual as follows:

²³⁴ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual*, '4.1 Duty Interactions and Initial Inquiries', DCPFS, Perth, 2013, viewed 25 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/default.aspx>>.

Initial inquiries

An intake is completed to undertake initial inquiries when the Department has determined it:

- may have a role based on the information received in relation to concerns for a child's wellbeing (includes the care, development, health and safety of the child), or
- there is concern about the parent's capacity to protect, and/or
- the duty officer needs to make inquiries about this child outside of the Department, the parent or referrer.

In addition, the *Practice Requirements for Duty Interactions and Initial Inquiries*, set out in the Casework Practice Manual, identify that:

Where a family presents on multiple occasions (including requests for financial assistance) within a short period of time, an assessment must be undertaken:

- access previous department records
- make further enquiries with other agencies, professionals, and
- engage directly with the family.

If an assessment is not undertaken, the rationale for the decision must be recorded and approved by the designated senior officer. At every subsequent contact by the family, the need to undertake an assessment must be reviewed. This decision and the rationale must be recorded and approved by the designated senior officer.

Section 4.6 of the Casework Practice Manual relating to neglect also states:

Determining if the current referral links to previous reports or assessments

At intake, the rationale for 'no further action' on previous report(s) needs to be re-considered, and a new analysis be developed, based on the information provided in the current report. Workers must take a **cumulative harm** perspective by re-examining previous reports in the context of the new report to assess whether a number of low-level risk factors combined are placing the child at risk of significant cumulative harm [emphasis added]...

Stage 3 – Safety and Wellbeing Assessment

Section 5.1 of the Casework Practice Manual identifies that, during the initial inquiries process, child protection workers may undertake a Safety and Wellbeing Assessment (**SWA**) 'to ascertain the current circumstances of a child and family in relation to risk,

harm, future danger, safety, wellbeing and protective concerns.²³⁵ The Casework Practice Manual relevantly provides:

The duty officer should move directly [from Initial Inquiries] to a Safety and Wellbeing Assessment, with team leader approval, where the Department has a clear ongoing role. Child Protection Workers should refer to Chapter 5: Safety and Wellbeing Framework ...

Decision to commence Safety and Wellbeing Assessment (SWA)

The decision to commence a SWA within twenty-four hours (priority 1) or 2-5 days (priority 2) is made at the conclusion of the initial inquiry stage and should be recorded at the initial inquiry decision date ...²³⁶

The purpose of a SWA is to clarify if:

1. the child has suffered significant harm, or is likely to suffer harm as a result of abuse and/or neglect
2. the child's parents have not protected or are unlikely or unable to protect the child from harm or further harm of that kind
3. a safety plan is required
4. the wellbeing concerns are likely to place the child at risk of significant harm in the future if joint work is not undertaken with the family.

Harm to the child is defined in s.3 of the [CCS] Act as 'harm, in relation to the child, includes harm to the child's physical, emotional and psychological development...'²³⁷

Section 5 of the Casework Practice Manual explicitly identifies that a Safety and Wellbeing Assessment should involve 'some or all' of a number of tasks, including 'assess[ing] for the presence or risk of **cumulative harm**' (emphasis added).²³⁸

At section 5.1, the Casework Practice Manual identifies that completion of a Safety and Wellbeing Assessment can result in actions being taken to protect and care for a child, which can include:

- no further action;
- the provision of social services (section 21(1)(a));

²³⁵ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual*, '5.1 Safety and Wellbeing Assessment', DCPFS, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/default.aspx>>.

²³⁶ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual*, '4.1 Duty Interactions and Initial Inquiries', DCPFS, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/default.aspx>>.

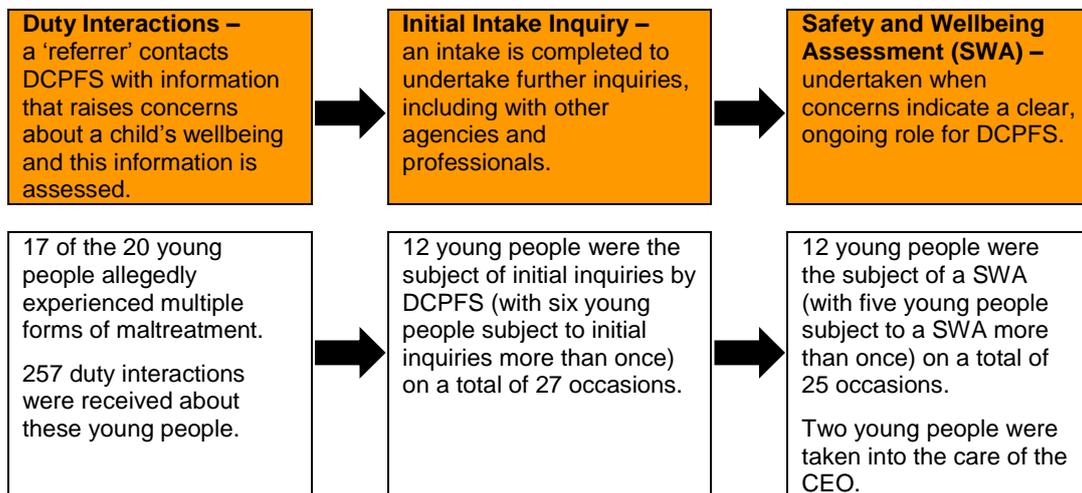
²³⁷ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual*, '5.1 Safety and Wellbeing Assessment', DCPFS, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/default.aspx>>.

²³⁸ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual*, '5.1 Safety and Wellbeing Assessment', DCPFS, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/default.aspx>>.

- the provision of child centred family support (section 32(1)(a));
- arranging or facilitating a meeting between key stakeholders to develop a plan for addressing the ongoing needs of the child (section 32(1)(b));
- entering into a negotiated placement agreement (section 32(1)(c));
- taking intervention action in respect of the child, or causing intervention action to be taken (section 32(1)(e)); and
- taking any other action in respect of the child that the Department considers reasonably necessary, or causing other actions to be taken (section 32(1)(f)).²³⁹

A summary of the DCPFS procedures for receiving and responding to information that raises concerns about a child’s wellbeing is depicted below Figure 38.

Figure 38: Overview of DCPFS procedures, and summary of actions taken for the 20 young people in Group 1



Source: Ombudsman Western Australia

Recommendation 10: The Department for Child Protection and Family Support considers the revision of its relevant policies and procedures to recognise, consider and appropriately respond to cumulative harm that is caused by child maltreatment.

²³⁹ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual*, ‘5.1 Safety and Wellbeing Assessment’, DCPFS, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/default.aspx>>.

8.5 The Department for Child Protection and Family Support's assessment of the potential for cumulative harm to have occurred when responding to child maltreatment

Section 8.2.2 above identifies that, of the 20 young people in Group 1, 17 (85 per cent) were recorded as having allegedly experienced more than one form of child maltreatment. The research literature identifies that the co-occurrence of different forms of child maltreatment has a cumulative impact referred to as cumulative harm. The legislation and policies of some other Australian states and territories explicitly identify requirements for considering the potential for cumulative harm as part of responding to allegations of child maltreatment. Central to these requirements is the need to avoid an episodic approach to assessing and responding to information that raises concerns about a child's wellbeing, and instead take a holistic approach to these assessments.

Guided by the research literature, the legislation and policies of some other Australian states and territories, the CCS Act and DCPFS policies and procedures, the Office examined whether, for the 17 young people who were recorded as having allegedly experienced multiple forms of child maltreatment, DCPFS considered the potential for cumulative harm to have occurred by undertaking holistic assessments.

Section 8.4.3 identifies that the three key stages of DCPFS's procedures are:

- duty interactions;
- initial inquiries; and
- Safety and Wellbeing Assessments.

The Office examined the assessments undertaken by DCPFS staff at each of these three stages. As indicated, the Office examined only records held by DCPFS, and the evidence the records provided about the assessments made by DCPFS staff.

8.5.1 DCPFS received information that raised concerns about the wellbeing of the young person through 257 duty interactions, and for 251 duty interactions, conducted an assessment of this information

Of the 17 young people in Group 1 who were recorded as having allegedly experienced more than one form of child maltreatment, in total, DCPFS received information that raised concerns about the young person's wellbeing through 257 duty interactions (Figure 39).²⁴⁰

²⁴⁰ This included requests for financial assistance.

Figure 39: DCPFS procedures implemented for the 17 young people in Group 1 who were recorded as having allegedly experienced multiple forms of child maltreatment

Young person	Duty Interactions	Initial Inquiries*	Safety and Wellbeing Assessments or earlier equivalents**	Young person in the care of the CEO at some time in life
Young person	7	1	1	0
Young person	7	1	1	0
Young person	5	1	1	0
Young person	7	0	0	0
Young person	5	0	0	0
Young person	3	0	0	0
Young person	52	2	2	0
Young person	12	2	2	0
Young person	23	2	1	0
Young person	8	4	4	0
Young person	17	1	1	0
Young person	36	0	0	0
Young person	55	9	8	1
Young person	11	1	1	1
Young person	2	1	1	0
Young person	6	2	2	0
Young person	1	0	0	0
TOTAL	257	27	25	2

Source: Ombudsman Western Australia

*File records for 7 Initial Inquiries could not be found.

**File records for 10 Safety and Wellbeing Assessments could not be found.

As already identified, the Casework Practice Manual sets out that the duty interactions process allows duty officers 'to assess the information they have received and ascertain whether the Department has an ongoing role with the child in relation to the child's safety, wellbeing and/or protection.' The Office identified that, of the 257 duty interactions during which DCPFS received information raising concerns about a young person's wellbeing, there is documentation to indicate that DCPFS conducted an assessment of the information they received for 251 of these duty interactions.

8.5.2 It was not possible to examine whether DCPFS assessed the potential for cumulative harm during the duty interaction process

As already identified, in conducting duty interactions, the Casework Practice Manual identifies that duty officers can perform a range of tasks including:

1. clarifying information with the referrer
2. checking Department records in Assist and Objective [DCPFS's electronic records and case management systems], and
3. contacting the person/s with parental responsibility.

Checking the DCPFS records held in Assist and Objective to determine if DCPFS had previously received information raising concerns about the young person or their family would be the first step towards recognising the potential for cumulative harm by taking a holistic approach. For 16 (80 per cent) of the 20 young people in Group 1, DCPFS received information that raised concerns about the young person's wellbeing on multiple occasions (Figure 39). However, DCPFS does not record information which would enable the Office to determine whether, in conducting their assessment of information raising concerns about a young person, duty interactions staff checked the DCPFS records held in Assist and Objective to determine if DCPFS had previously received information raising concerns about the young person or their family.

Recommendation 11: The Department for Child Protection and Family Support enables and strengthens staff compliance with the policies and procedures that are applicable to the duty interaction process.

8.5.3 During 27 instances of intake and initial inquiries, DCPFS assessed the potential for cumulative harm, or progressed to a Safety and Wellbeing Assessment to enable this to be done, on 17 occasions.

Of the 17 young people in Group 1 who were recorded as having allegedly experienced more than one form of child maltreatment, DCPFS completed intake enabling initial inquiries to be undertaken for 12 (71 per cent) young people in a total of 27 instances, (Figure 39). As already identified, the Casework Practice Manual identifies that:

Where a family presents on multiple occasions (including requests for financial assistance) within a short period of time, an assessment must be undertaken:

- access previous department records
- make further enquiries with other agencies, professionals, and
- engage directly with the family.

For these 12 young people, the Office examined whether, during the initial inquiries process, DCPFS considered the potential for cumulative harm to have occurred. The Office examined this by identifying whether there was evidence that DCPFS:

- (i) acknowledged other information already held by DCPFS about the young person and their family;
- (ii) took into account other information about the young person and their family obtained during the course of intake/initial inquiries or Safety and Wellbeing Assessments:
 - from the person raising the concern;
 - from a staff member of another State government department or authority;
 - from a staff member of a non-government organisation;
 - from the young person or their family; and
- (iii) used the information obtained through (i) and (ii) for the purpose of assessing for cumulative harm.

The Office was able to find records relating to 19 of the 27 intake and initial inquiries procedures. The Office identified that:

- there was evidence to indicate that DCPFS acknowledged other information already held by DCPFS about the young person and their family in 12 instances (**Criteria i**);
- there was evidence to indicate that DCPFS took into account other information about the young person and their family obtained during the course of intake or initial inquiries in 15 instances (**Criteria ii**);
- in 17 instances, DCPFS moved directly from initial inquiries to a Safety and Wellbeing Assessment (discussed further below); and
- in the two instances where initial inquiries did not progress to a Safety and Wellbeing Assessment, there was no evidence to indicate that DCPFS used the information obtained through (i) and (ii) for the purpose of assessing for cumulative harm (**Criteria iii**) (Figure 40).

Figure 40: Summary of examination of records of intake and initial inquiries for assessment of the potential for cumulative harm

Young person	Allegation	Criteria (i)	Criteria (ii)	Criteria (iii)
Young person	Sexual harm	N/A*	Yes	Progress to SWA
Young person	Neglect	Yes	Yes	Progress to SWA
Young person	Sexual harm	Yes	Yes	Progress to SWA
Young person	Family and Domestic Violence	No evidence	Yes	Progress to SWA
	Physical harm	No evidence	Yes	Progress to SWA
Young person	Physical harm	Yes	No evidence	Progress to SWA
	Physical harm	Yes	Yes	Progress to SWA
Young person	Physical harm	Yes	Yes	Progress to SWA
	Neglect	No evidence	No evidence	No evidence
Young person	Sexual harm	Yes	Yes	Progress to SWA**
	Physical harm	Yes	Yes	Progress to SWA**
	Physical harm	Yes	Yes	Progress to SWA
	Physical harm	No evidence	Yes	Progress to SWA
Young person	Neglect	Yes	Yes	Progress to SWA
Young person	Sexual harm	Yes	Yes	No evidence
	Physical harm	Yes	Yes	Progress to SWA
	Physical harm		Documents not found	
	Sexual harm		Progress to SWA no intake	
	Sexual harm		Documents not found	
	Neglect		Documents not found	
	Physical harm		Documents not found	
	Physical harm		Documents not found	
Young person	Neglect		Documents not found	
Young person	Sexual harm	Yes	No evidence	Progress to SWA
Young person	Sexual harm	No evidence	Yes	Progress to SWA
	Sexual harm		Documents not found	

Source: Ombudsman Western Australia

*No previous records held by DCPFS concerning this young person. Cumulative harm criteria (i) not applicable.

** Documents were not found for these SWAs.

8.5.4 As part of 25 Safety and Wellbeing Assessments DCPFS assessed the potential for cumulative harm in two Safety and Wellbeing Assessments, or earlier procedural equivalents

Of the 17 young people in Group 1 who were recorded as having allegedly experienced more than one form of child maltreatment, DCPFS undertook a Safety and Wellbeing

Assessment, or an earlier procedural equivalent, for 12 young people in a total of 25 instances (Figure 41). As already identified, 'the purpose of a SWA [Safety and Wellbeing Assessment] is to clarify if: ... the child has suffered significant harm, or is likely to suffer harm as a result of abuse and/or neglect.'²⁴¹ Harm to the child is defined in s.3 of the [CCS] Act as 'harm, in relation to the child, includes harm to the child's physical, emotional and psychological development.'²⁴² In addition, section 5 of the Casework Practice Manual identifies that a Safety and Wellbeing Assessment should involve 'some or all' of a number of tasks, including to 'assess for the presence or risk of cumulative harm' when undertaking Safety and Wellbeing Assessments.²⁴³

The Office examined each of the Safety and Wellbeing Assessments to determine whether they considered the potential for cumulative harm to have occurred. The Office did this by examining whether there was evidence that DCPFS:

- (i) acknowledged other information already held by DCPFS about the young person and their family;
- (ii) took into account other information about the young person and their family obtained during the course of intake or initial inquiries or Safety and Wellbeing Assessments:
 - from the person raising the concern;
 - from a staff member of another State government department and or authority,
 - from a staff member of a non-government organisation;
 - from the young person or their family; and
- (iii) used the information obtained through (i) and (ii) for the purpose of assessing for cumulative harm.

The Office was able to find records relating to 15 of the 25 Safety and Wellbeing Assessments. The Office identified that:

- there was evidence to indicate that DCPFS acknowledged other information already held by DCPFS about the young person and their family in eight instances (**Criteria i**);
- there was evidence to indicate that DCPFS took into account other information about the young person and their family obtained during the course of intake/initial inquiries or SWA in 12 instances (**Criteria ii**); and

²⁴¹ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual*, '5.1 Safety and Wellbeing Assessment', DCPFS, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/default.aspx>>.

²⁴² Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual*, '5.1 Safety and Wellbeing Assessment', DCPFS, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/default.aspx>>.

²⁴³ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual*, '5.1 Safety and Wellbeing Assessment', DCPFS, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/default.aspx>>.

- there was evidence to indicate that DCPFS used this information obtained through (i) and (ii) for the purpose of assessing for cumulative harm in two instances (**Criteria iii**) (Figure 41).

Figure 41: Summary of examination of Safety and Wellbeing Assessments (or earlier equivalents) for assessment of the potential for cumulative harm

Young person	Allegation	Criteria (i)	Criteria (ii)	Criteria (iii)
Young person	Sexual harm	Yes	Yes	N/A
Young person	Neglect	Yes	Yes	No evidence
Young person	Sexual harm	Yes	Yes	No evidence
Young person	Family and Domestic Violence	No evidence	Yes	No evidence
	Physical harm	No evidence	Yes	No evidence
Young person	Physical harm	No evidence	No evidence	No evidence
	Physical harm	Yes	Yes	No evidence
Young person	Physical harm	Yes	Yes	No evidence
Young person	Sexual harm	Documents not found		
	Physical harm	Documents not found		
	Physical harm	Yes	Yes	Yes
	Physical harm	No evidence	Yes	No evidence
Young person	Neglect	Yes	Yes	No evidence
Young person	Physical harm	No evidence	No evidence	No evidence
	Physical harm	Documents not found		
	Sexual harm	No evidence	Yes	No evidence
	Sexual harm	Documents not found		
	Neglect	Documents not found		
	Physical harm	Documents not found		
	Physical harm	Documents not found		
Young person	Neglect	Documents not found		
Young person	Sexual harm	Yes	No evidence	No evidence
Young person	Sexual harm	No evidence	Yes	Yes
	Sexual harm	Documents not found		

Source: Ombudsman Western Australia

Further, of the 12 young people for whom DCPFS conducted a Safety and Wellbeing Assessment, after the conclusion of their final Safety and Wellbeing Assessment, DCPFS received further information that raised concerns about the wellbeing of ten young people. A total of 76 duty interactions were conducted following the completion of final Safety and Wellbeing Assessments for these ten young people.

None of these ten young people was the subject of further intake or Safety and Wellbeing Assessment by DCPFS.

Recommendation 12: The Department for Child Protection and Family Support enables and strengthens staff compliance with any revised policies and procedures which require them to assess the potential for cumulative harm to have occurred as a result of child maltreatment.

8.5.5 Aboriginal young people

Of relevance to this investigation, Aboriginal young people were the subject of higher levels of contact and involvement with DCPFS.

- Of the 17 young people in Group 1 who were recorded as having allegedly experienced more than one form of child maltreatment, nine were Aboriginal and eight were non-Aboriginal;
- Figure 39 identifies that DCPFS received 257 duty interactions about the 17 young people; 198 (77 per cent) of these duty interactions concerned Aboriginal young people; and
- Of the 12 young people who were the subject of initial inquiries or a Safety and Wellbeing Assessment, seven were Aboriginal and five were non-Aboriginal.

DCPFS currently engages, as a specialist position, Aboriginal Practice Leaders to assist with matters relating to Aboriginal young people. More specifically:

The Aboriginal practice leader is responsible for leading consistent high standards of services to Aboriginal children by contributing to the development and implementation of effective practices relating to Aboriginal children and their families.

The Case Work Practice Manual sets out specific requirements when the Aboriginal Practice Leader should be consulted. However, this requirement for consultation is generally limited to interactions involving children in the care of the Chief Executive Officer. For example, section 15.2 *Responding to Suicide and Self harm* requires:

The Aboriginal practice leader should be consulted about Aboriginal children in the CEOs care attending funeral or Sorry events relating to suicide, in order to explore balancing child safety with cultural considerations. Whilst funeral and Sorry events are important culturally and spiritually, there may be high levels of AOD misuse, grief, and attention on the person who has passed away. The Aboriginal practice leader will be able to advise on spiritual, cultural and practical issues relating to these events.²⁴⁴

The findings of this investigation indicate that it is also important that Aboriginal Practice Leaders are consulted when the potential for cumulative harm is being assessed for Aboriginal young people, to ensure responses to this harm are culturally appropriate.

²⁴⁴ Government of Western Australia, Department for Child Protection and Family Support, *Casework Practice Manual*, '15.2 Responding to Suicide and Self-harm', DCPFS, Perth, 2013, viewed 26 September 2013, <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/default.aspx>>.

Recommendation 13: In considering revisions to its policies and procedures to recognise cumulative harm, the Department for Child Protection and Family Support considers incorporating requirements to consult with Aboriginal Practice Leaders when the potential for cumulative harm is being assessed for Aboriginal young people.

8.5.6 Conclusion

Twenty of the 36 young people were recorded as having allegedly experienced one or more forms of child maltreatment, including family and domestic violence, sexual abuse, physical abuse or neglect. Seventeen (85 per cent) of the 20 young people were recorded as having allegedly experienced more than one form of child maltreatment, and are therefore likely to have suffered cumulative harm. All of these 17 young people were known to DCPFS, many through multiple interactions. These interactions presented DCPFS with opportunities to identify and respond to child maltreatment and cumulative harm and thereby assist in preventing or reducing youth suicide. The Office found that:

- for the 17 young people who were recorded as having allegedly experienced more than one form of maltreatment, DCPFS received information that raised concerns about the wellbeing of the young person through 257 duty interactions, and for 251 duty interactions, conducted an initial assessment of this information;
- it was not possible for the Office to examine whether DCPFS assessed the potential for cumulative harm during the duty interaction process as information which would allow the Office to examine this is not recorded by DCPFS;
- for 12 young people there were 27 instances of intake and initial inquiries. During these initial inquiries there is evidence that DCPFS assessed the potential for cumulative harm, or progressed to a Safety and Wellbeing Assessment to enable this to be done, on 17 occasions. DCPFS did not progress to a Safety and Wellbeing Assessment in two instances. In these two instances, there is no evidence that DCPFS assessed the potential for cumulative harm;
- as part of 25 Safety and Wellbeing Assessments, there is evidence that DCPFS assessed the potential for cumulative harm in two Safety and Wellbeing Assessments.

Recognising and responding to cumulative harm more consistently would involve making more explicit, and expanding, DCPFS's policy framework, supported by practice resources to assist in implementation, such as DCPFS has already done with respect to its *Policy on Neglect* and associated sections of the Casework Practice Manual. This work could be informed by policies and practice resources already implemented in some other states and territories. To support these changes, DCPFS could also consider seeking an amendment to the CCS Act to make explicit reference to cumulative harm.

Recommendation 14: The Department for Child Protection and Family Support uses information developed about young people who are likely to have experienced cumulative harm as a result of child maltreatment to identify young people whose risk of suicide will be further examined and addressed through the collaborative inter-agency approach discussed in Recommendation 22.