

A Framework for Practice: The Best Interests Case Practice Model Summary Guide



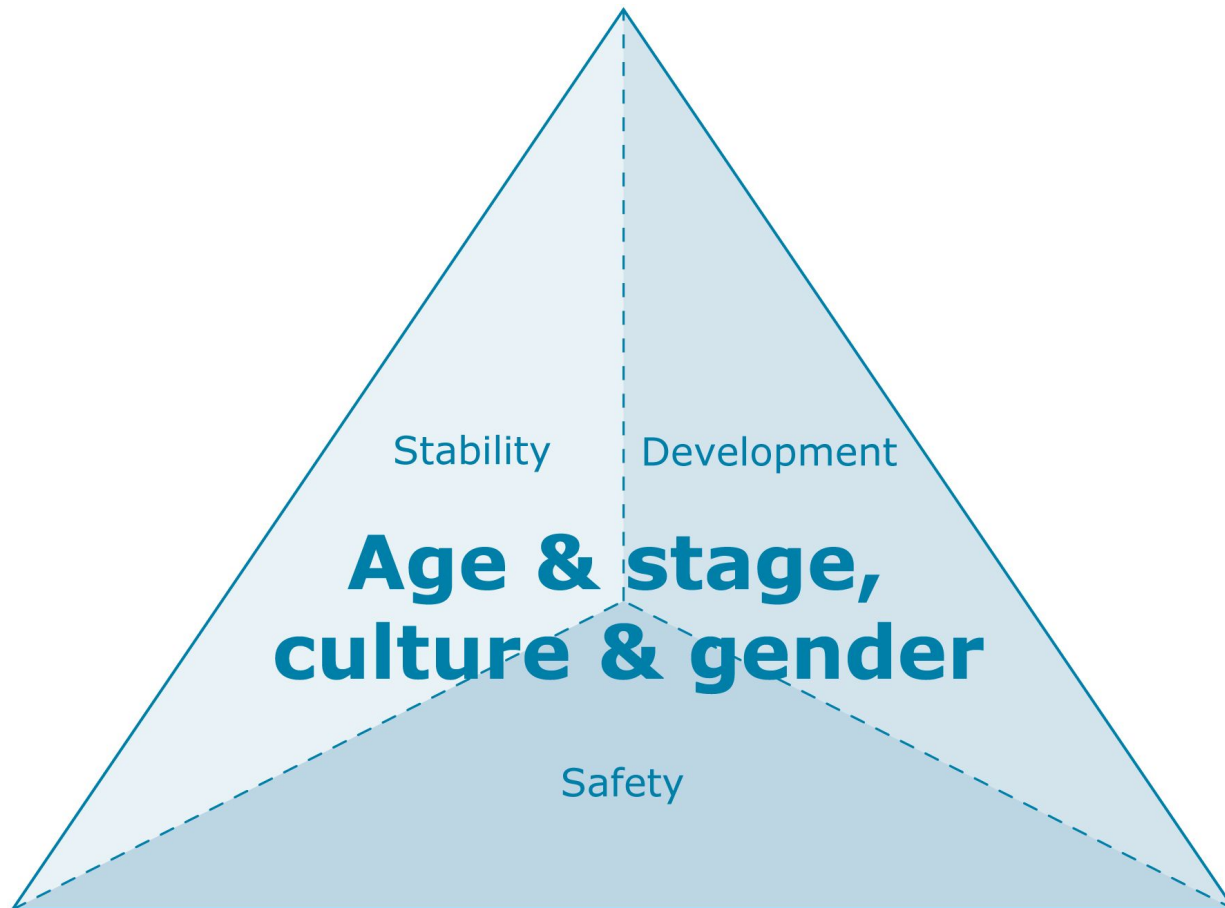
Program Outline

- Overview of Best Interests Case Practice Model (BICPM)
- The BICPM Summary Guide
- Strategies for leading the integration of the BICPM into your workplace

Introductory Activity

1. What have you had to leave behind to come to this training?
2. Why did you nominate for this role?
3. What questions do you have about the Best Interests Case Practice Model and promoting its use among your staff?

The Best Interests Framework

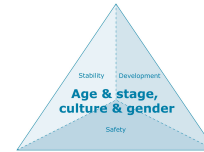


How it all fits...

The Children, Youth and Families Act 2005



The Best Interests Framework



Best Interests Conceptual Overview



Cumulative Harm Conceptual Overview



Best Interests Case Practice Model

Resource Guide

Summary Guide

(under development)



Trauma and Development Guide

Specialist Practice Guides

Learning and Development Strategy

Phase 1 – Preparing for Enactment

Phase 2 – Embedding Reforms

Phase 3 – Ensuring Lasting Cultural
Change

Lead the way!!



What we do and How we do it



Key Message

We can only do the “What” we do effectively if we attend to “How” we do it

Key Message

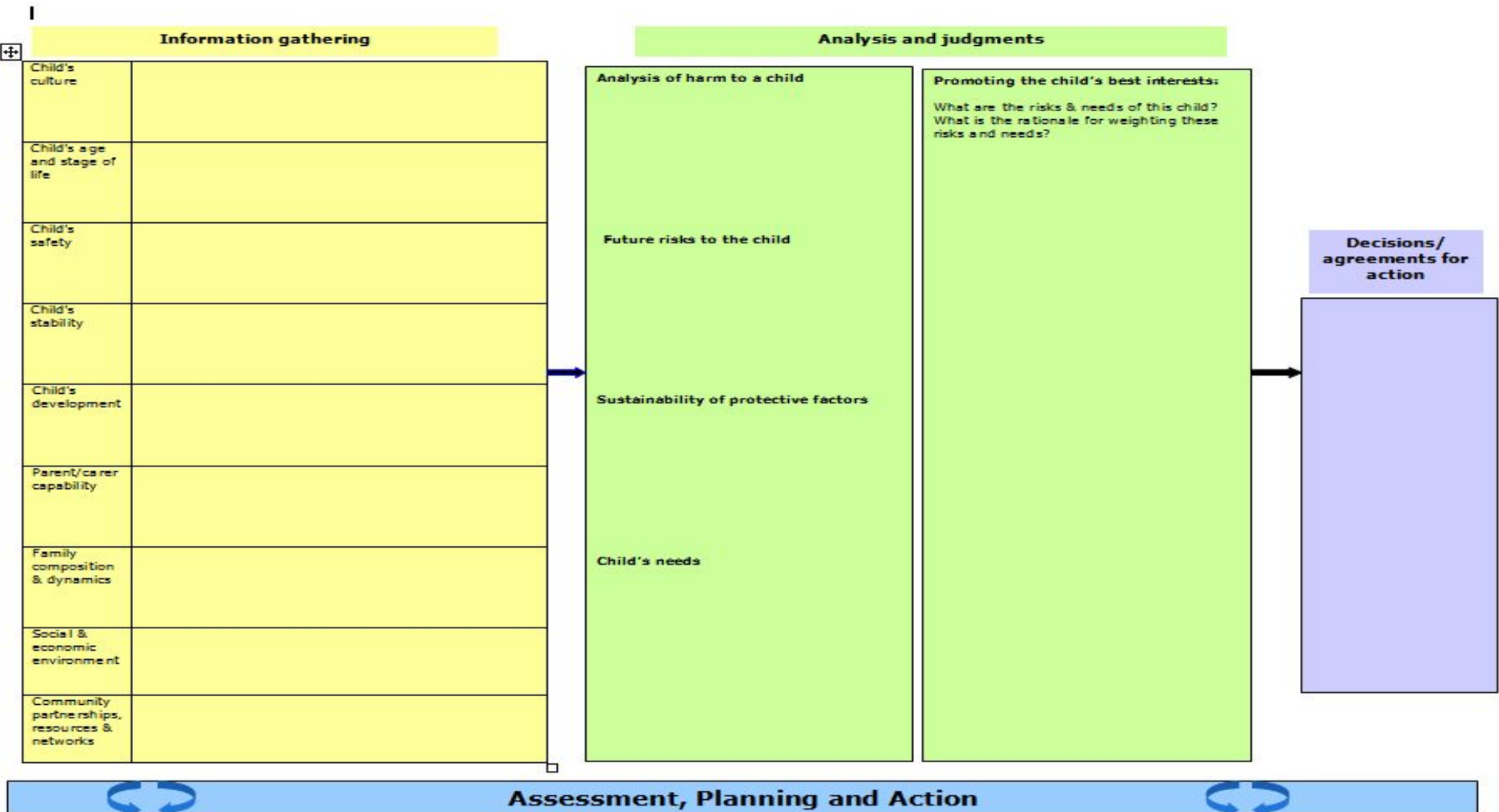
**The Best Interests Case
Practice Model is a process and
a way of thinking.
It is not an event.**

What is it not?

- A checklist
- A tool to be “done”
- A prescriptive document
- A manualised treatment model
- An additional “task” to be added to people’s workload
- All “new” concepts

The Model as we know it...

Best Interests Case Practice Model



Trauma and Development

The parents of the children we work with are often impacted by trauma themselves.

“Remain compassionate to the distress that children and families experience and mindful that anger and resistance usually reflect the hurt and overwhelm that lies beneath” (Summary Guide p.15)

How trauma and deprivation can impact on parenting:

- Inability to regulate own emotions
- Never learning what healthy parenting looks and feels like.
- Not knowing what to expect for healthy development
- Dissociative states
- Misinterpreting child's normal behavioural and developmental responses as an attack.
- Projecting image of perpetrator on to the child.
- Maladaptive survival strategies, such as substance abuse.
- Fear of child's anger
- Currently in fear or traumatisation.
- Living in a state of chaos and crisis that crowds out anything other than survival

(Annette Jackson, Take Two/Berry Street)

What we do and How we do it

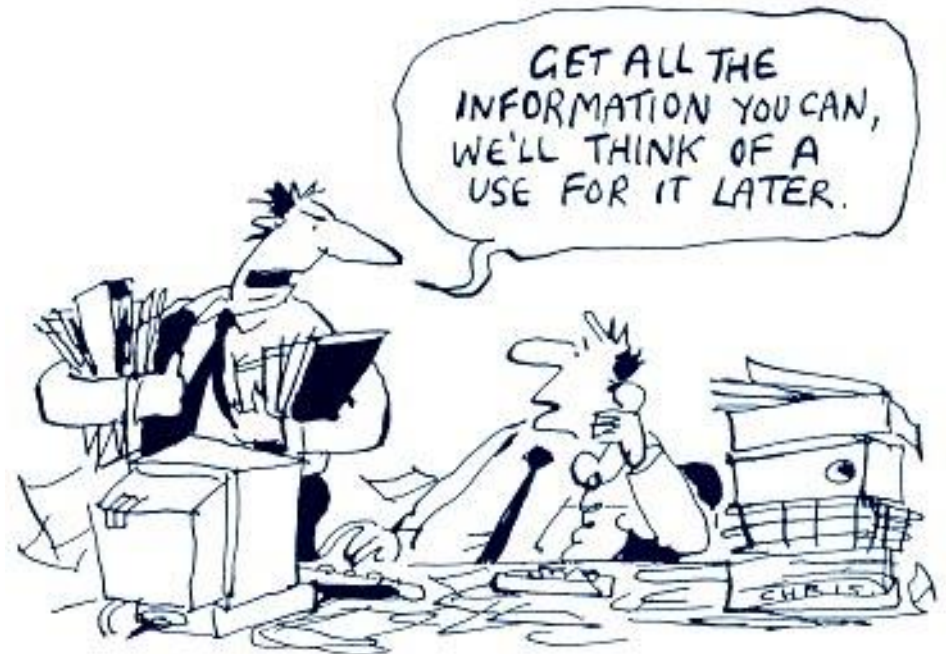


Information-Gathering

“Any risk or safety assessment or future casework is only as good as the quality of information on which it is based”

BICPM Summary Guide

p.17



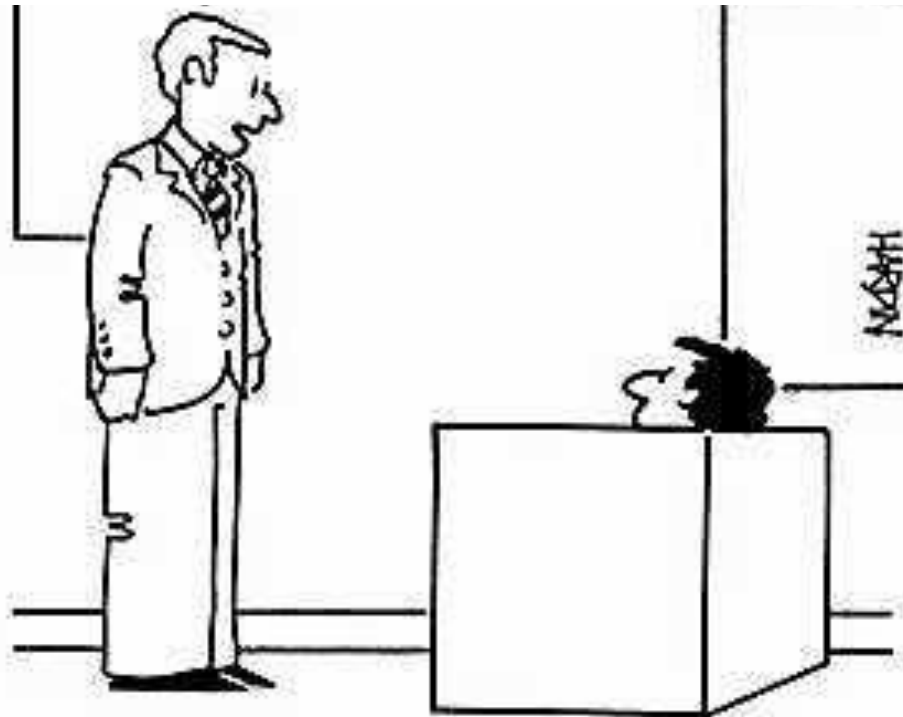
Tools for Information-Gathering: How we do it

- Genograms
- Eco-maps
- Timelines

Assist in drawing out the family's story

Assist practitioners to think and act systemically

Analysis and Planning



"Henderson - You'll never make it in this business unless you learn to think outside the box."

Analysis

The BICPM is based on a *professional judgement* model – analysis supports workers to make considered judgements and to be able to clearly articulate the rationale behind these judgements.

Professional judgement

“It is important that practitioners are aware of the problems associated with professional judgement. These problems include a lack of recognition of known risk factors, the predominance of verbal evidence over written, a focus on the immediate present or latest episode rather than considering significant historical information, and a failure to revise initial assessments in the light of new information”.

(Munro 1999)

Resource

Key reference:

“Effective Child Protection Practice”
(Eileen Munro, 2002)

- relevant to all who work with vulnerable children and families, not just Child Protection practitioners.

Analysis

“Research and experience has shown that there is usually lots of information available about the child and family, however reviews of practice often find that there was insufficient shared analysis to form a good plan”

Summary Guide p. 9

Analysis – Risk Assessment

- The BICPM should not be viewed by practitioners only as a risk assessment tool – it is a *framework for practice*.
- The BICPM asks us to carefully analyse the information we have, taking into consideration historical, systemic and ecological factors, to inform our risk and needs assessment, as well as our planning, actions and review.

Key message: The BICPM does not become redundant once you have done your risk assessment.

Definitions

- Harm/Cumulative Harm
- Impact
- Vulnerability
- Sustainability
- Culture

Activity: define these terms

Harm - Considerations

What has happened or is likely to happen **to the child?**

- Distinguish between **harm** and **harm-causing behaviour**
- Describe the **evidence** of harm i.e. injuries, behaviours which indicate harm, developmental delay that has been assessed by a medical professional as non-organic, high-risk adolescent behaviours etc.
- Harm = acts of omission and commission

Cumulative harm

Child's unmet needs = harm to development over time

'Research evidence has shown that a child can be as severely harmed by the cumulative impact of less severe risk factors e.g. neglect and family violence, as by a single, severe episode of harm'

Summary guide page 8

Impact - Considerations

- What effect has the harm had on the child's safety, stability and development?
- How severe do you judge this impact to be?

Vulnerability - Considerations

- Considering the child's age, stage, culture and gender, how do these factors increase/decrease this particular child's vulnerability to further harm?
- Does the child's particular temperament/personality impact on their vulnerability to further harm?
- Does the child have a physical/intellectual disability that adds to their vulnerability to further harm?
- Are there socio-economic factors that make this child more/less vulnerable to further harm?
- Do family patterns indicate increased vulnerability to the child?

Sustainability - Considerations

- Where strengths and/or protections have been identified, how do we assess the likelihood that they can be **sustained over time?**

Strengths should not be confused with safety

Culture - Considerations

- Culture is a broadly-defined concept that encompasses a child's core identity, the **meaning** of that identity to that child and their family, and the wraparound scaffolding that maintains that cultural identity i.e. family/cultural connectedness (extended family, community), family rituals and customs, stories and music etc.

Key message: Culture is not a "Yes/No" question to be ticked off!!

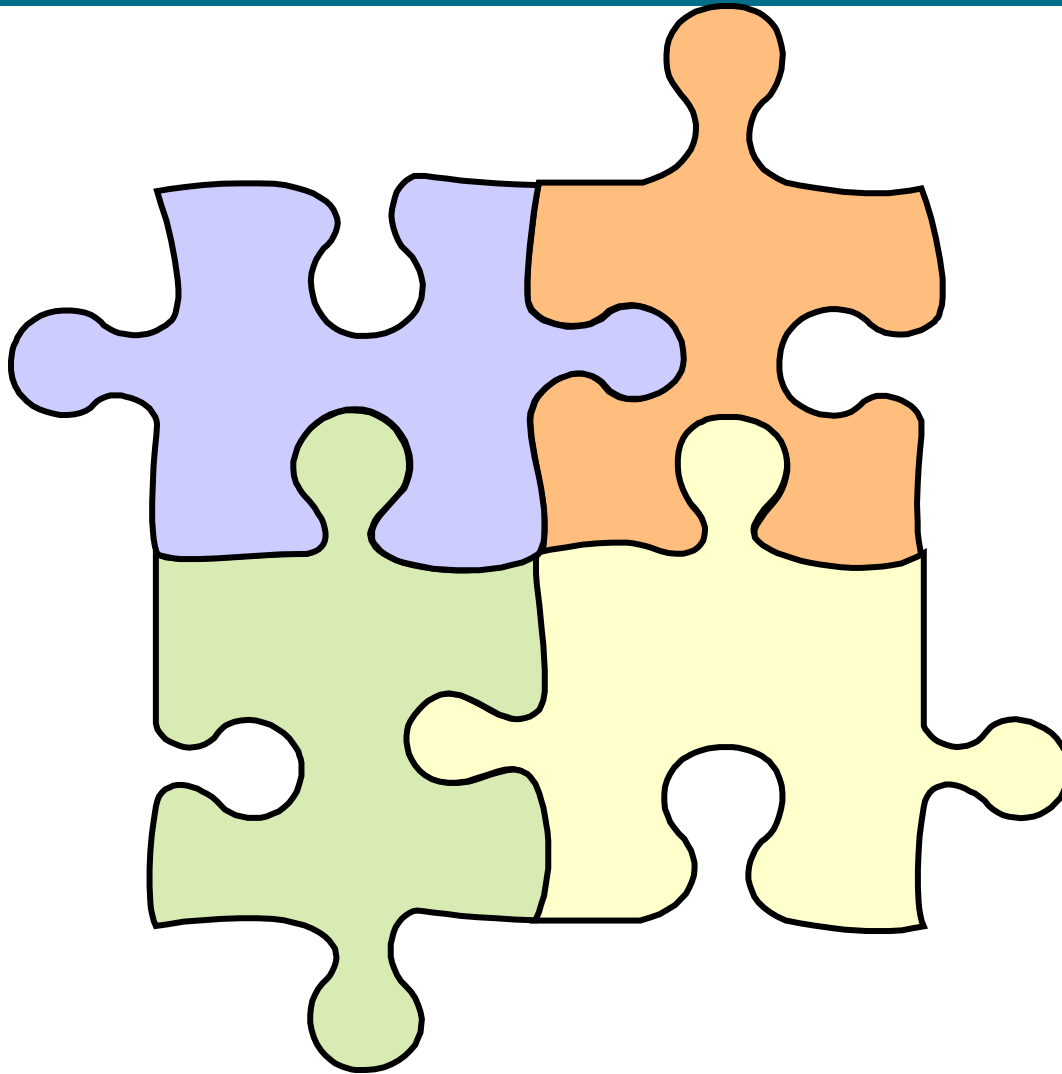
Thinking...



Taking a good look...



Putting the pieces together...



Making sense of it all



The 5 C's

Context

Circularity

Constraints

Connectedness

Curiosity

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graph TD; Context --> CA[Current assessment]; Circularity --> CA; Constraints --> CA; Connectedness --> CA; Curiosity --> CA; CA --> BIP[Best interests plan];
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Current assessment

Best interests plan

Articulating Your Analysis

“Practitioners need to be able to present evidence to the Children’s Court that shows the **effects of harm**...and future risks to children’s safety, stability and development. The Court will also want to know the **rationale** for professional judgements and decision-making, what assistance has been provided to the family and the outcomes of previous interventions, **all supported by evidence.**”

Summary Guide p.4

Articulating your Analysis



Articulating your analysis



Articulating your analysis



Articulating your analysis



Articulating your analysis



Activity – Articulating Analysis

- 1) Harm and impact – what is going well/not well for Jake and what are your thoughts about the reasons for these?
- 2) Pattern and history (constraints/strengths)
- 3) Beliefs and relationships (constraints/strengths)
- 4) Current environment (complicating factors, system/service factors) – (constraints/strengths)

Key Message

Any plans and recommendations that we develop must clearly and logically flow from our analysis.



Action

“Any action should be based on sound analysis and be purposeful towards engaging the family members in a change process”

Summary Guide p.38

Action

- Engagement of the family in an action plan is fundamental to its success
- True engagement is when the family signs on to a *common agenda for change*.

Engagement

“Possibly the strongest indicator of engagement is when you feel you can talk about change without fear of jeopardising the relationship”

(The Bouverie Centre 2006)

Family Group Conferencing and Aboriginal Family Decision Making

- AFDM and FGC give a strong message of *partnership* and *empowerment* to the family.
- AFDM is culturally appropriate
- AFDM/FGC convenors exist in DHS in each region
- We must give greater consideration to engaging absent fathers and their families

Implications for Practice - Children

“Effective therapeutic and enrichment interventions must recruit other adults in a child’s life - caregivers, teachers, parents - to be involved in learning and delivering elements of these interventions, in addition to the specific therapy hours dedicated to them during the week.” (Perry, 2005, 38)

Key Message

“Where there is harm, referral to another service will not ensure that the family will engage or that change will occur. There needs to be active casework to ensure that the family engages with the service in a meaningful way.”

(Summary Guide p.29)

Review



Review

“Review is the continual process of being curious about our effectiveness”

Summary Guide p.45

Review

“Review information frequently. Identify gaps. Be open to changing your initial views rather than interpreting new information in a way that supports a pre-existing opinion of a child or family”

BICPM Summary Guide p.17

The child's lived experience



Spot the difference

1. “The child is at risk due to exposure to parental substance abuse, the parent has refused to access a treatment service and has not complied with Child Protection’s investigation. This child needs a safe and stable environment where her physical and emotional needs are met.”

Spot the difference

2. “The child’s physical safety is at risk as the parent’s substance use occurs when the parent is the sole supervisor of the child. The child displays evidence of harm to her development in her delayed speech, her untreated eczema and her significant weight loss over the past month”

The model is

- relationship based, child focussed, family centred
- ecological and systemic
- culturally competent

The model is (cont)

- developmentally and trauma informed
- gender aware and analytical
- dynamic and responsive

The model is (cont)

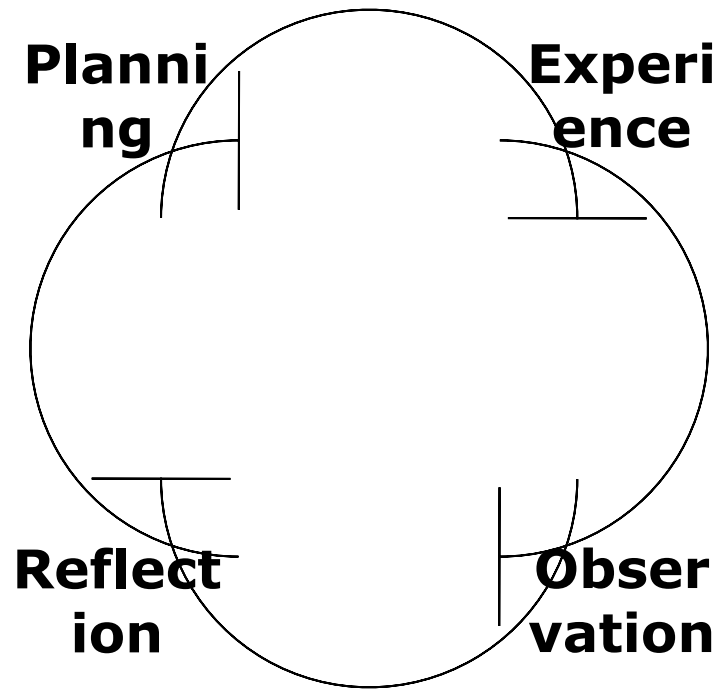
- based on professional judgement
- strengths based
- outcomes focussed

Reflective Practice

The BICPM requires reflective practice:

“In Victoria there is a strong commitment to strengthening a culture of reflective practice so that the best interests of children are achieved” (p.49)

Reflective Practice



Forums for Reflective Practice

- Supervision
- Case conferences
- Peer supervision
- Team meetings
- Individual reflection

Reflective Practice prompts are in the Summary Guide (p.49)

Activity: Where to from here?

What are we doing well?

Where do we need to further develop in terms of Best Interests?

What strategies can I use to promote Best Interests:

- 1) Within my team
- 2) Within my organisation
- 3) Across services in my local area
- 4) Across my region

What networks/resources do I know of that can be a part of this strategy?

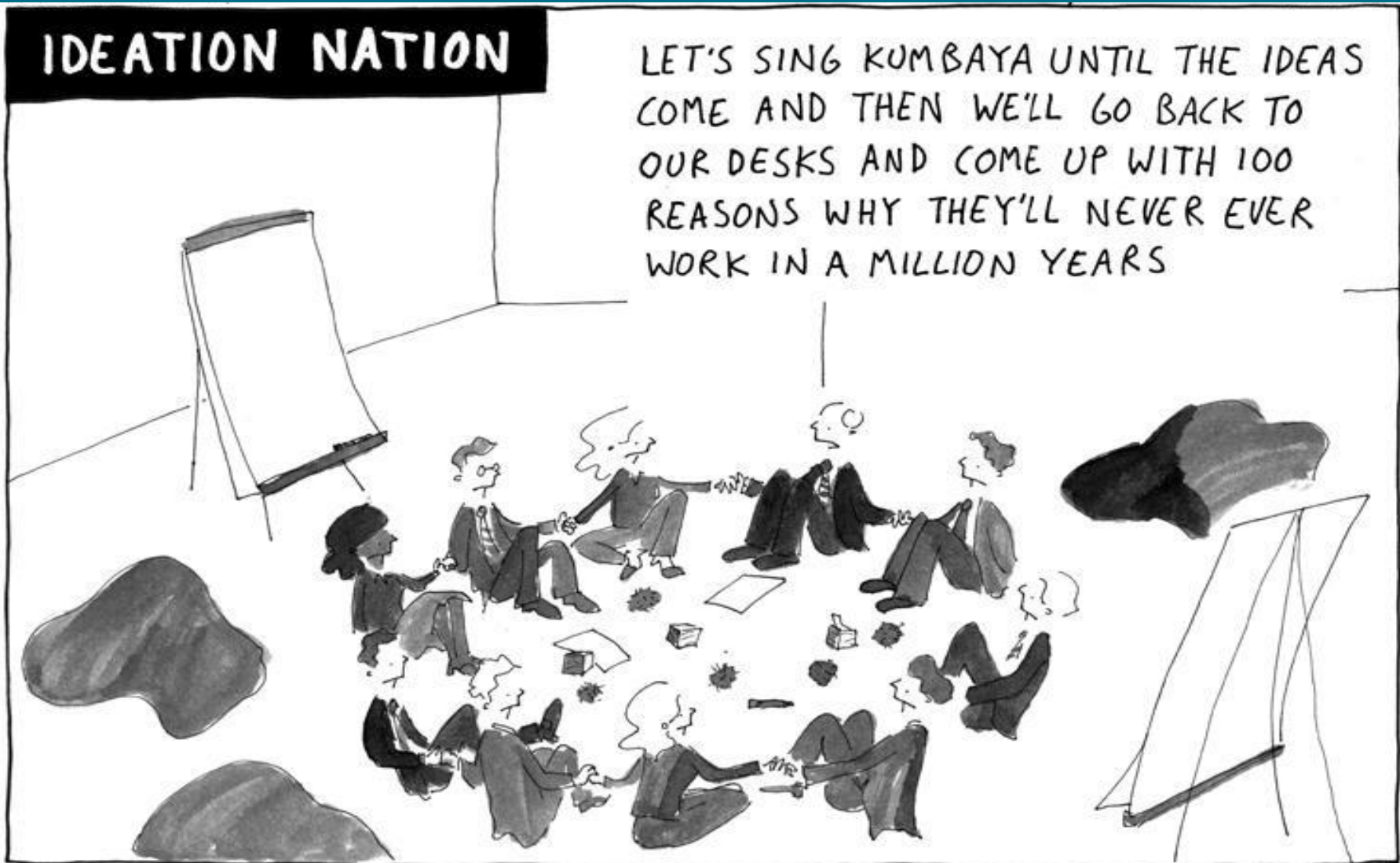
Where to from here?

Possible obstacles to embedding the Best Interests Case Practice Model?

- Crisis driven; dealing with the urgent, neglecting the important
- We're too busy
- I already act in children's Best Interests, always have.
- Workplace culture
- Hierarchy
- CRIS compatibility
- CSO Registration process
- Resources
- Recruitment and retention

What can we as "champions" do to address these?

Obstacles...



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- Overview of Best Interests Case Practice Model (BICPM)
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Resources

- *every child every chance* documents on website:

The Best Interests Framework

The Best Interests Principles – Conceptual Overview

Child Development and Trauma Guide

Cumulative harm – Conceptual Overview

Stability – Guidance Paper

Strategic Framework for Family Services

Fact Sheets

- Reference list at back of Summary Guide
- Child Protection Practice Manual

Resources – Specialist Practice Guides

By end 2008

- Working with vulnerable infants
- Young people 10-14 years with problematic sexualised behaviours
- Children under 10 years with problematic sexualised behaviours
- Engaging parents: assessing and enhancing parenting capability/capacity
- Working with young people
- Working with families in which someone is abusive

By mid 2009

- Stability – child and family
- Stability in long term out of home care
- Stability and issues associated with reunification
- Cumulative Harm

Lead the way!!

