

**NEW SOUTH WALES FAMILY AND COMMUNITY SERVICES
SDM® RESTORATION ASSESSMENT**

r. 05/17

Primary Carer's Name: _____
Assessment #: 1 2 3 4 5 6
Caseworker: _____

Secondary Carer's Name: _____
CSC: _____
Date of Assessment: _____

Child/Young Person Name	DOB	Cultural Background	Person #	Observed?	Participated?
1. _____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. _____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. _____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. _____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. _____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. _____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7. _____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. _____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9. _____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
10. _____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Aboriginal and Torres Strait Islander Consultation Occurred? Yes No Not applicable Date: _____
Culturally and Linguistically Diverse Consultation Occurred? Yes No Not applicable Date: _____

A. RESTORATION RISK REASSESSMENT

	Score
R1. Risk level on most recent risk assessment (not restoration risk level or risk reassessment)	
<input type="radio"/> a. Low.....	0
<input type="radio"/> b. Moderate.....	3
<input type="radio"/> c. High.....	4
<input type="radio"/> d. Very high.....	5
<input type="radio"/> e. No previous SDM risk level.....	4
R2. Has there been a substantiated ROSH report since the initial risk assessment or last restoration assessment?	
<input type="radio"/> a. No.....	0
<input type="radio"/> b. Yes.....	2
R3. Parent/carer progress toward case plan objectives	
<input type="radio"/> a. Consistently demonstrates actions and behaviours as defined in all case plan objectives.....	-2
<input type="radio"/> b. Substantially demonstrates actions and behaviours as defined in case plan objectives.....	-1
<input type="radio"/> c. Occasionally demonstrates actions and behaviours as defined in some case plan objectives.....	0
<input type="radio"/> d. Rarely or never demonstrates actions and behaviours as defined in any case plan objectives.....	4
TOTAL SCORE	_____

Restoration Risk Level

Assign the risk level based on the following chart.

<u>Score</u>	<u>Risk Level</u>
-2 to 1	<input type="radio"/> Low
2 to 3	<input type="radio"/> Moderate
4 to 5	<input type="radio"/> High
6 and above	<input type="radio"/> Very High

Document tendered by
MICHAEL KOUTU-TROTTER
 Received by
HELEN HONG
 Date: 17 / 3 / 2020
 Resolved to publish Yes / No

OVERRIDES (during current period)

No overrides apply

Policy Overrides: Indicate if any of the following issues are relevant in the current review period. Incident may be current or historic.

- 1. Sexual abuse and perpetrator has access to child/young person.
- 2. Non-accidental physical injury to a child younger than 2 years old.
- 3. Serious non-accidental physical injury requiring hospital or medical treatment.
- 4. Death of a sibling as a result of abuse or neglect in the household.

Describe:

Discretionary Override: (Restoration risk level may be adjusted up or down one level.)

Reason:

Final Restoration Risk Level (select one): Low Moderate High Very High

Manager Casework's Review/Approval of Discretionary Override: _____

Date: _____

B. CONTACT EVALUATION

Child/Young Person's Name: _____

If more than one parent/carer in the household is currently being assessed, rate each parent/carer separately. If at least one parent/carer in the household has a contact rating of 'unacceptable', the contact determination for the household is 'unacceptable'.

Frequency of Contact	Quality of Face-to-Face Contact*	
	Adequate	Inadequate
Consistently		
Routinely		
Sporadically		
Rarely or Never		

*Shaded cells indicate 'acceptable' contact.

Overrides

- Policy:** Contacts are supervised for safety. Consider contact 'unacceptable'.
- Discretionary:** May alter contact to 'acceptable' or 'unacceptable'.

Reason: _____

IF RISK LEVEL IS LOW OR MODERATE AND PARENT/CARER HAS ATTAINED AN ACCEPTABLE LEVEL OF COMPLIANCE WITH CONTACT PLAN, COMPLETE A RESTORATION SAFETY ASSESSMENT. OTHERWISE GO TO D, PLACEMENT/PERMANENCY PLAN GUIDELINES.

C. RESTORATION SAFETY ASSESSMENT

Factors Influencing Child/Young Person's Vulnerability (conditions resulting in child/young person's reduced ability to protect self; select all that apply to any child/young person):

- Aged under 5 years
- Significant diagnosed medical or mental illness
- Diminished intellectual capacity
- Developmental or learning disability
- Diminished physical capacity
- Significant behavioural and/or emotional/psychological problems
- Limited visibility in community and/or access to other adults

SECTION 1A: DANGERS

Use the SDM safety assessment danger items and definitions.

1. Are any of the dangers that led to removal still present?

- Yes, all dangers are still present. Describe evidence of continuing danger: _____

- Yes, some dangers are still present. Describe evidence of continuing danger, and actions of protection that have resolved some dangers: _____

- No, all dangers are resolved. Describe actions of protection that have resolved danger: _____

2. Are there any new dangers?

- Yes. Describe evidence of new danger: _____
- No.

IF BOTH ARE NO, skip to Section 3.

SECTION 1B: CURRENT PROTECTIVE ABILITIES

Select all that apply to at least one child/young person or parent/carer.

Child/Young Person

- 1. A child/young person has the cognitive, physical and emotional capacity to participate in safety interventions.

Parent/Carer

- 2. A parent/carer has the cognitive, physical and emotional capacity to participate in safety interventions.
- 3. A parent/carer recognises problems and threats that would place the child/young person in imminent danger if the child/young person were restored, and is actively participating in a safety plan.
- 4. A parent/carer is accessing resources/services to provide necessary safety interventions.
- 5. A parent/carer has supportive relationships with one or more appropriate persons who are participating in safety planning, AND parent/carer is accepting their assistance.
- 6. A parent/carer in the home has taken and will continue to take action to protect the child/young person from the person suspected of causing harm.
- 7. A parent/carer is accepting interventions offered by caseworker and/or other community agencies.
- 8. There is evidence of a healthy relationship between parent/carer and child/young person.
- 9. A parent/carer is aware of and committed to meeting the needs of the child/young person.
- 10. A parent/carer has historically solved problems and resolved conflict.

Other:

- 11. _____

SECTION 2: SAFETY INTERVENTIONS

For each identified danger, review current protective abilities. Given these protective abilities, can safety plan interventions adequately control the danger?

If safety plan interventions 1–8 will allow the child/young person to be restored to the home, select each intervention that will be implemented. A safety plan is required.

If no interventions can be planned that would allow the child/young person to be safely restored, select the applicable placement intervention (9 or 10), and the child/young person will remain in temporary care. Select all that apply.

Safety Plan Interventions

- 1. Intervention or direct services by caseworker. (DO NOT include the assessment/investigation itself.)
- 2. Use of family, neighbours or other individuals in the community as safety resources.
- 3. Use of community agencies or services as safety resources.
- 4. The parent/carer will appropriately protect the child/young person from the alleged perpetrator.
- 5. The alleged perpetrator has left the home, either voluntarily or in response to legal action.
- 6. The non-offending parent/carer has moved to a safe environment with the child/young person.
- 7. Legal action initiated.
- 8. Other (specify): _____

Continuing Placement Interventions

- 9. The child/young person has been in a temporary care arrangement for more than 90 days, and Family and Community Services is unable to restore the child/young person to the home. Commence care proceedings.
- 10. Child/young person remains in the care responsibility of the Secretary or parental responsibility of the Secretary or the Minister because interventions 1–8 would not adequately ensure the child/young person's safety.

SECTION 3: SAFETY DECISION

In the following table, select the appropriate safety decision for each child/young person. This decision should be based on the assessment of all dangers, current protective abilities, safety interventions and any other information known about the case. Select one response only for each child/young person.

1. **Safe.** All of the danger that led to removal has been resolved and no other dangers were identified at this time. Based on currently available information, the child/young person is not likely to be in immediate danger of serious harm.
2. **Safe with plan.** One or more dangers are present. Without effective protective actions, the planned arrangement for the child/young person would be to remain in out-of-home care (e.g., kinship care, foster care). Safety interventions have been or will be initiated and the child/young person can be restored as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED AND MUST BE COMMENCED FOR CHILD/YOUNG PERSON TO RETURN HOME.
3. **Unsafe.** One or more dangers are present, and continued placement in the care responsibility of the Secretary or parental responsibility of the Secretary or the Minister is the only protecting intervention possible. Without continued placement, the child/young person will likely be in danger of immediate or serious harm.

Child/Young Person	Safety Decision
1.	<input type="radio"/> Safe <input type="radio"/> Safe with plan <input type="radio"/> Unsafe
2.	<input type="radio"/> Safe <input type="radio"/> Safe with plan <input type="radio"/> Unsafe
3.	<input type="radio"/> Safe <input type="radio"/> Safe with plan <input type="radio"/> Unsafe
4.	<input type="radio"/> Safe <input type="radio"/> Safe with plan <input type="radio"/> Unsafe
5.	<input type="radio"/> Safe <input type="radio"/> Safe with plan <input type="radio"/> Unsafe
6.	<input type="radio"/> Safe <input type="radio"/> Safe with plan <input type="radio"/> Unsafe
7.	<input type="radio"/> Safe <input type="radio"/> Safe with plan <input type="radio"/> Unsafe
8.	<input type="radio"/> Safe <input type="radio"/> Safe with plan <input type="radio"/> Unsafe
9.	<input type="radio"/> Safe <input type="radio"/> Safe with plan <input type="radio"/> Unsafe
10.	<input type="radio"/> Safe <input type="radio"/> Safe with plan <input type="radio"/> Unsafe

Have the considerations for Aboriginal and Torres Strait Islander or culturally and linguistically diverse families been taken into account?

- Yes
- No

Safety Plan

Family Name: _____

Child/Young Person's Name(s): _____

#	What is the danger?	What will be done?	Who will do it and by when?	Who will check?

Acknowledgement of Receipt of Safety Plan

The safety plan is an outline of Family and Community Services' expectations developed with the parent(s)/carer(s).

By my/our signature below, I/we acknowledge that I/we have received this safety plan document.

Parent/Carer Signature(s)

Date

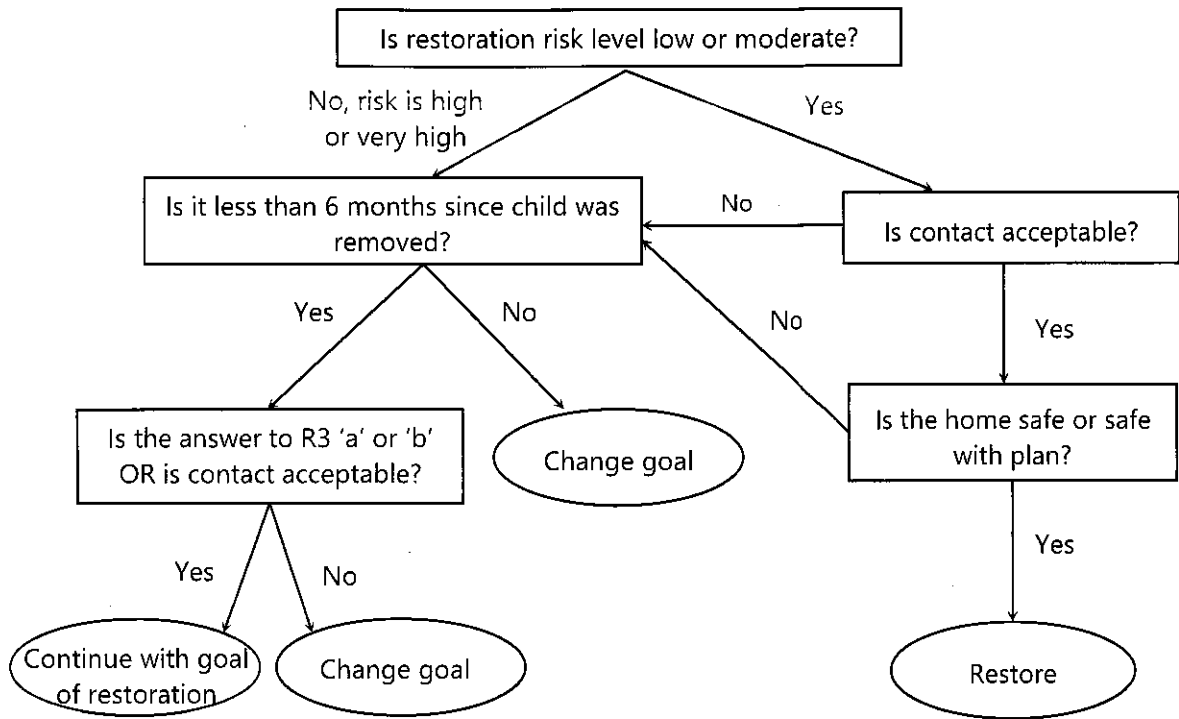
Caseworker Signature

Date

D. PLACEMENT/PERMANENCY PLAN GUIDELINES

Complete for each child/young person receiving family restoration services and enter results under E, Recommendation Summary. Consult with manager casework and appropriate statutes and regulations.

Children Age 2 and Under at Time of Removal



OVERRIDES (select one)

No overrides apply

Policy

Child has had a case plan goal of restoration for 24 months or more and has been receiving restoration services without success (change case plan goal).

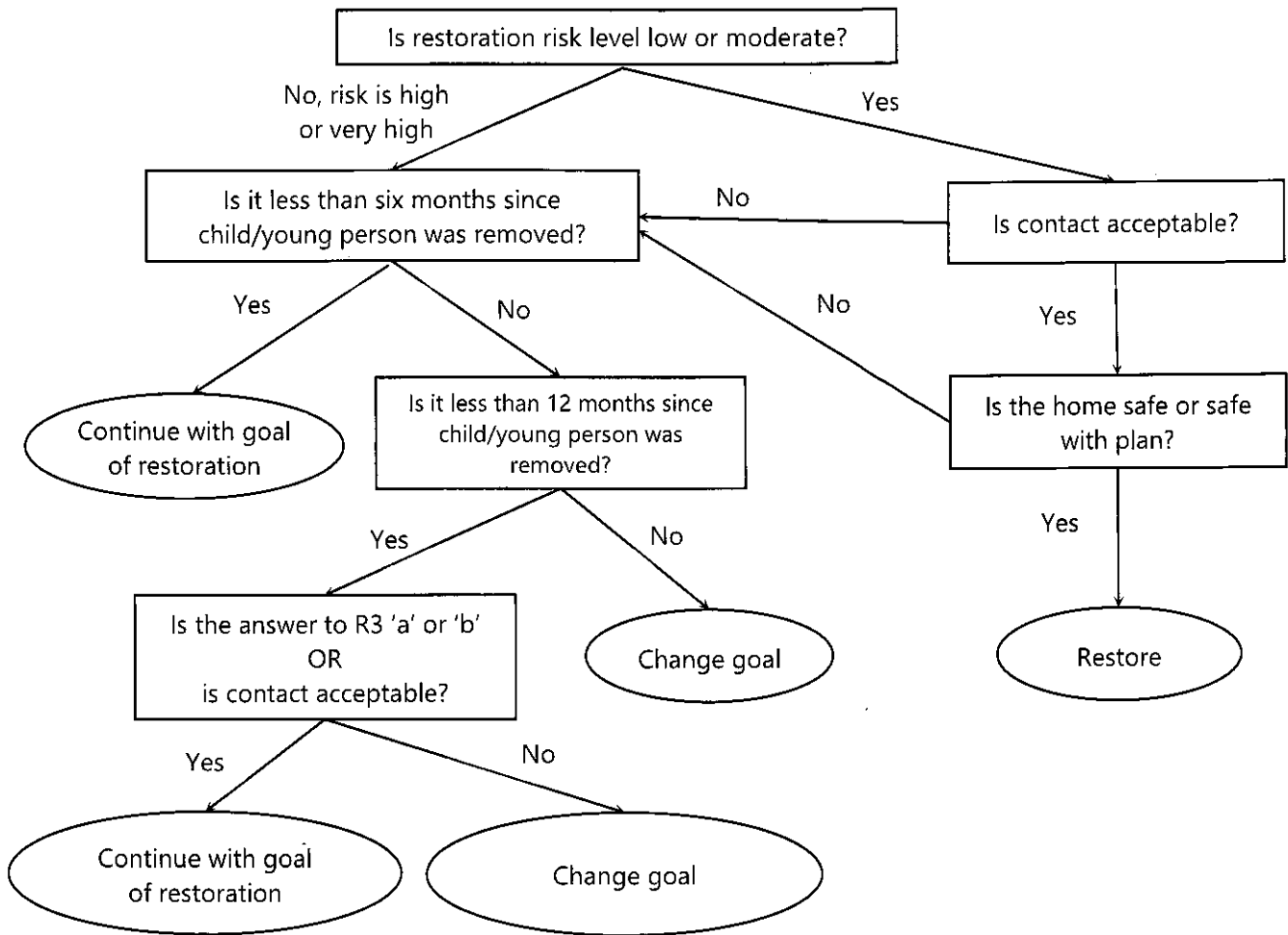
Discretionary

Specify: _____

Change recommendation to:

- Restoration
- Continue case plan goal of restoration
- Change case plan goal to guardianship or adoption or relative/kinship care or foster care

Children Over Age 2 at Time of Removal



OVERRIDES (select one)

No overrides apply

Policy

Child/young person has had a case plan goal of restoration for 24 months or more and has been receiving restoration services without success (change case plan goal).

Discretionary

Specify: _____

Change recommendation to:

Restoration

Continue case plan goal of restoration

Change case plan goal to guardianship or adoption or relative/kinship care or foster care

E. RECOMMENDATION SUMMARY

If recommendation is the same for all children, enter 'all' under 'child/young person' and complete row 1 only.

Child/Young Person	Recommendation		
	Restore	Continue Case Plan Goal of Restoration	Change Case Plan Goal to Guardianship or Adoption or Relative/Kinship Care or Foster Care
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

