

PRACTICE GUIDE

Collaborative Assessment and Planning Framework

Harm statements

What is harm?

Harm, to a child, is any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing. Harm can be caused by physical, psychological or emotional abuse or neglect, sexual abuse or exploitation or exposure to domestic and family violence. It can be caused by a single act, omission or circumstance or through a series or combination of acts, omissions or circumstances and be cumulative in nature.

Significant harm is substantial or serious harm, more than transitory and able to be observed in the child's presentation, functioning or behaviour. Research tells us '...the best guide to future behaviour is past behaviour' (Munro 2008, p77). A clear and detailed understanding of harm experienced by a child within their family is critical to predict the likelihood, type and severity of possible future harm. (Refer to worry statements within the practice guide [Collaborative assessment and planning framework](#).)

When to write a harm statement

Write harm statements to describe times when a child has been harmed in the care of their parents.

Prior to responding to a notification, harm statements can be useful for outlining the alleged parental actions or inactions and the impact on the child requiring a response.

Where an assessment identifies **harm has occurred**, and ongoing intervention will commence, harm statements assist everyone to understand the actions or inactions of the parent and what has been experienced by the child.

Child Safety uses the SDM safety assessment tool to guide decision making for whether the child is in significant and imminent danger. When an immediate harm indicator is selected and the particular harm has already occurred, write a corresponding harm statement.

Once a case is opened for a child in need of protection, the harm statements will reflect the reasons Child Safety is involved. If further harm is identified while the case is open, record these as additional harm statements.

Attention

If **no actual harm has been experienced**, but **risk of harm** has been identified, write the actions or inactions of the parent forming the basis of this risk as complicating factors and worry statements.

How to write a harm statement

A harm statement uses plain language and focusses on the past, or what is known to date. Harm statements outline the physical, emotional or psychological impacts of abuse, sexual exploitation, exposure to domestic and family violence or neglect for the child.

Harm statements must correspond to the relevant harm types outlined in the *Child Protection Act 1999*, [sections 9-10](#). Write separate statements for each abuse or harm type.

If several actions or inactions combined have led to the same type of harm, write a separate harm statement for each of the parent's actions and inactions.

A harm statement includes:

- what Child Safety (or others) know
- the parents' action or inaction (what they did or didn't do) described using clear behavioural terms and the circumstances or context for when it happened
- the impact this behaviour had on the child.

Attention

Take care to **avoid** using:

- jargon (use straight forward language, ideally the words the family use)
- broad or ambiguous terms (use words that describe exactly what behaviour occurred)

The most successful harm statements are jointly developed with the family and reflect the family's language. While they may initially be developed by Child Safety, it may be possible to jointly construct accurate harm statements with the family, adjusting the language to use the terms or phrases they use, and various viewpoints on what happened.

Ensure the severity or detail of what is known to have happened to the child, is not minimised during attempts to engage or build rapport with family members. Effective engagement is more likely with children and families when the impact of abuse for the child is clear, honest and transparent. 'We must talk very clearly with the family about the past, about harm to the child, the neglect, the maltreatment' to develop safe solutions for the future (Turnell, 2009).

Tip:

Harm statements can be direct and reflect differing views.

For example, Child Safety is aware that on three occasions since February 20XX, Simon (Dad) has gone to the casino and lost a lot of money, drunk a lot of alcohol and then touched Selena (his daughter) on the vagina and put his finger in her vagina. Selina reports this made her feel scared, sad, bad, unsafe and confused.

Simon and Sharon (mum) say that Dad never did touch Selena.

Examples of Harm Statements

Example 1: Alleged significant harm at intake

It was reported to Child Safety on 7 September that the parents, Amy and Jason are injecting speed every day and spending more than \$500 a day on drugs. Because they now have no money the parents are not buying food, not feeding Shanaya (7 years), Jake (5 years) and Poppy (18 months), which is leaving the children hungry and asking the neighbours for food every afternoon.

Example 2: Following a finalised assessment of a notification, harm has occurred, and the child is in need of protection

Maria told Child Safety that she has been disciplining Aran (age 5) and Asnee (age 4) by pinching them on the forearm and hitting them around the head with her hand. Maria said that on 6 September she used a cane to whip Aran about the legs. Aran and Asnee both have several bruises of different ages from the pinching and Aran has a 6 cm long bruise on the back of his right leg from the whip. Both boys say that the hitting about the head gives them a loud noise in their ears and a bad headache. Aran says he is very scared of his mum and does not want to go home from school.

Example 3: Following a finalised assessment where risk of harm was identified, and the child is in need of protection

As no actual harm experienced by the child was identified, no harm statement is to be written. Instead, write worry statements which explain the specific risk of harm Child Safety is worried about. (Refer to practice guide [Collaborative assessment and planning framework Worry statements](#).)

Example 4: Harm identified during intervention with parental agreement or during ongoing intervention with a child protection order

Dave (Dad) and his doctor told Child Safety that Dave has paranoid schizophrenia and sometimes he gets 'wobbly', doesn't take his medication and can't get out of bed which means there is no one to take care of Rachel (age 4).

While Rachel was at Dad's house for an unsupervised family contact visit, Dave got angry when the visit was almost over and barricaded himself and Rachel into the house. The police attended and negotiated with Dave to open the door. This experience left Rachel terrified that someone would get shot, scared of her Dad and of police.

Further reading

Practice guide: [Collaborative assessment and planning framework](#)

Version history

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