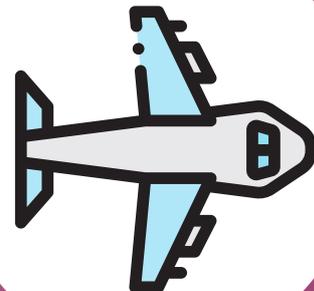
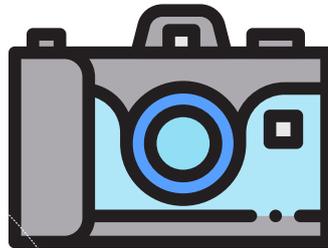


Who can say OK?

Making decisions about children
in family-based care



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Part 1 – decision-making

About this resource

All children in care require safe, stable and nurturing care. They should take part in everyday activities that offer normal experiences of childhood and family life and have access to services that will give them the opportunity to thrive and reach their potential. One way of ensuring this happens is for there to be a clear and coordinated approach to decision-making about their care.

This booklet provides guidance about making many of the day-to-day decisions involved in caring for children and young people who are under the guardianship of the Chief Executive of the Department for Child Protection (DCP).

The decisions talked about in this booklet are mostly everyday decisions that all families make about children and young people. They involve normal things such as what to do when there is a medical problem, getting a haircut, going on a holiday or enrolling in a new school.

Caring for a child and young person in care is a partnership between the child or young person, their carer and the carer's support agency, their parents and family, DCP workers and other members of the care team. This resource is a tool to assist everyone who is involved in the care of a child or young person to be clear about "who does what" when making decisions.

In some cases decision-making may be impacted by the type of guardianship order that is in place. Where a child or young person is placed under a short-term guardianship order (up to 12 months), it is expected that the child or young person's family will be involved in decision-making while reunification is being pursued.

The carer, as a natural part of the parenting process, will make many decisions where a child or young person is under a long-term guardianship order (until they turn 18 years of age). This reinforces the child or young person's sense of place and belonging in the carer's family.

A child or young person's parents remain their legal guardian when that child or young person is under the custody of the Chief Executive. This resource does not cover decision-making in these situations. In these cases, parents must be engaged to the fullest extent possible in case planning decisions and their agreement must be sought about any significant changes or decisions that will impact the child or young person's wellbeing and development.

Decisions involving resources and expenditure

This booklet does not cover specific details regarding financial aspects of decisions.

Where a decision has a financial implication that is not covered by the fortnightly carer payment, the carer should talk to their child's DCP case worker for information about what funding is available. Some costs may be reimbursed by the local DCP office.

Carers should refer to the 'Carer Support Payments handbook' and the 'Carer Reference - Who pays for what?' for up-to-date payment information. These resources are available on the DCP website at www.childprotection.sa.gov.au.



How DCP makes decisions

When a child is placed under the guardianship of the Chief Executive by court order, the Chief Executive is the lawful guardian of the child or young person, to the exclusion of all others.

This means that the Chief Executive has the full range of rights and responsibilities in relation to the welfare and upbringing of the child or young person. For children and young people not in care, these rights and responsibilities would normally sit with parents.

Many of the Chief Executive's powers as the guardian of a child or young person are outlined in section 84 of the *Children and Young People (Safety) Act 2017*. This includes making arrangements:

- to place the child or young person in the care of a suitable person
- for the education of the child or young person
- for the professional examination, assessment or treatment of the child or young person
- for such other provision for the care of the child or young person as the circumstances may require.

The *Children and Young People (Safety) Act 2017* includes a number of important principles that inform how we make decisions about the care of a child or young person. This includes acknowledging that decisions must be made in a timely manner and must take into account the views of the child or young person and the culture, disability, language and religion of children or young people.

To ensure decisions are made in a timely manner and by people with knowledge about a child or young person's individual needs, the Chief Executive delegates a range of decision-making powers to DCP workers who have case management responsibilities. These delegations vary depending on the seriousness of the decision-making power. Importantly, the Chief Executive also authorises carers to make a range of decisions about the day-to-day care of a child or young person. These decisions are outlined in this resource.

There are other factors that can inform decision-making about a child or young person under the guardianship of the Chief Executive. These can include:

- the individual needs, best interests, safety and views of the child or young person
- the type of Youth Court order that is in place (eg guardianship for up to 12 months or until the child turns 18 years of age)
- the opinions of other people concerned with the care of the child or young person (such as the carer, parents or family, the DCP case worker, carer support worker or other members of the care team)
- any agreements about case management that are reached by the child's care team and set out in the child's or young person's case plan
- other laws such as the *Consent to Medical Treatment and Palliative Care Act 1995* (covering things such as young people's consent to medical treatment) or the *Summary Offences Act 1953* (covering things such as body piercing)
- DCP policies, procedures and guidelines that affect case management and the care and protection of children
- the needs of children and young people with disabilities
- the needs of culturally and linguistically diverse children and young people and their families and communities.

Decisions about an Aboriginal child or young person will be made in accordance with the core elements of the Aboriginal and Torres Strait Islander Child Placement Principle: prevention, participation, placement, partnership and connection. When making decisions, consideration must be given to the long-term effect of the decision on the child or young person's identity and connection with family, community, culture and Country. Decisions must be made in a way that allows Aboriginal children and families to meaningfully participate in decisions that affect them. This includes supporting processes for family-led decision-making wherever possible.

Working together to make decisions

Caring for children and young people under the guardianship of the Chief Executive involves all members of the care team (the child, parents, carer, DCP case worker, carer support worker, cultural worker and other professionals where appropriate) working together to achieve the best outcomes for the child or young person.

Care team meetings provide an important opportunity for all parties to be actively involved in the planning and decision-making about the health, safety and wellbeing of a child or young person.

A key resource developed in partnership with the care team is the child or young person's case plan. This outlines what actions are required to meet a child or young person's ongoing care needs.

The unique needs of Aboriginal and Torres Strait Islander children and families require careful attention when case planning. It is essential that case plans reflect the child's right to connection to family, culture, kin, community and Country and that the traditions and values of the family and community into which the child or young person was born are valued and respected. Enabling Aboriginal and Torres Strait Islander people to participate in the care and protection of their children, and working in partnership must also underpin case planning.

These principles also apply to the development of case plans for children and young people from Culturally and Linguistically Diverse backgrounds. Case plans must consider the cultural identity and needs of children and young people, and should include all aspects of the child's culture, ranging from continued participation in religious activities and occasions through to ensuring that any specific dietary needs are met.

A clear case plan can help to ensure all members of the care team have their views and wishes taken into consideration. Important decisions about the care of the child or young

person will be documented. At times, it can be used to authorise a carer to make some decisions. This can help to ensure that carers and DCP case workers are clear about who can give approval about certain things, including where there are circumstances that are not covered in this resource.

The Children and Young People (Safety) Act 2017 requires the circumstances of children and young people in long-term care to be reviewed on, at least, an annual basis. The annual review meeting provides an excellent opportunity to work with the child or young person and their carer to review progress over the last year and plan for the future. This includes consideration about whether current care arrangements continue to be in the child or young person's best interests and are supporting them to grow up well cared for, connected and empowered.

Some questions to consider when making decisions

- Will the decision affect the child's safety?
- What are the views of the child or young person?
- Is the decision related to a normal childhood experience?
- Will the outcome be age / developmentally appropriate?
- Will the decision affect the child's future development?
- Will the decision build the child's sense of belonging and connectedness?
- Will the decision affect the child's connection to their community and culture?
- Who else should be involved in this decision, eg parents, carer, school, support worker?
- How quickly is a decision needed?
- Will the decision involve spending money and does DCP need to approve this expenditure?

The child or young person

The Charter of Rights for Children and Young People in Care states that all children and young people have the right to understand and have a say in the decisions that affect them. This means:

- understanding why they are in care
- adding information to their personal file
- expressing their opinion about things that affect them
- being involved in what is decided about their life and their care
- knowing and being confident that personal information about them will not be shared without good reason
- speaking to someone who can act on their behalf when they cannot do this.

One of the guiding principles of the *Children and Young People (Safety) Act 2017* is that children and young people have the right to express their views in all matters affecting them and to have those views heard.

Children and young people are central to the care team and will be invited to participate in meetings unless their participation is not age or developmentally appropriate or not considered to be in their best interests.

Children and young people are each uniquely different. This means that creativity and flexibility is required to support them to take part in decision-making processes. This must consider their age, ability to understand, and any disabilities that may require additional supports to enable them to express their views and wishes.

Taking time to build trust with Aboriginal and Torres Strait Islander children and young people is essential to supporting them to express their views and feel safe to participate in decision-making. Sometimes it might be helpful to have an Aboriginal or Torres Strait Islander support person involved to assist a child or young person participate in the decision-making

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- adding information to their personal file
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- speaking to someone who can act on their behalf when they cannot do this.

process, particularly when English is the second language of the child or young person. In these instances, it may be useful to have an interpreter.

Involving children and young people in decision-making processes includes the range of decisions made about their daily care. Carers are often best placed to guide and support them to be involved in these decisions. This can include helping them to participate in decisions about getting their hair cut, what school they go to, what sport and recreational activities they participate in and having contact with family and friends.

Some laws specify decisions that children and young people can make for themselves without having parents or guardians involved, for example, decisions about medical treatment.

The child's parents and family

The key principles in the *Children and Young People (Safety) Act 2017* reinforce that children should be supported, loved and cared for in a safe environment that allows them to reach their full potential, and they are given every opportunity to know and connect with their family of birth, and understand, respect and have pride in their cultural heritage.

The role of parents and family in decisions about the child or young person may depend on the kind of guardianship order that is in place. Where reunification is being pursued and a child or young person is placed under a short-term guardianship order it is important that parents and family are involved in the development of case plans and in decisions that affect the child or young person as far as possible. Where a child is under a long-term guardianship order, efforts should be made to preserve and strengthen the child's connection with their family. Parents should continue to be consulted about major long-term issues about the child or young person and, to the fullest extent possible, in case planning decisions.

Participation is a core element of the Aboriginal and Torres Strait Islander Child Placement Principle. When working with Aboriginal and Torres Strait Islander children and young people it is critical that their parents and extended family and community are supported to be involved in significant decisions and decision-making processes. This means that their expert knowledge, views and experiences can be heard and listened to. Aboriginal and Torres Strait Islander children and young people belong to a diverse and complex kinship system and many adults may be actively involved in decision-making.

There are certain decisions that only the child or young person's parents or next of kin can legally make. The child or young person's case plan will include details about when their parents or other family members need to be consulted.

The carer

Carers play a fundamental role in the lives of children and young people. The love, care, stability and support they provide is vital for enabling children and young people to reach their full potential.

When a child or young person is placed with a carer, the carer must receive information about a child or young person to ensure they are able to provide the child or young person with the best possible care.

Carers are essential members of the child or young person's care team. They must be supported to participate in decision-making about the child or young person's health, safety, welfare and wellbeing and to share their in-depth knowledge about the child or young person's needs, behaviours, strengths and challenges.

Carers are responsible for making most day-to-day care decisions about a child or young person in their care. This includes decisions about daily routines, supporting their day-to-day education and routine medical and dental treatment.

When a complex or sensitive decision needs to be made, carers should discuss the matter with the child or young person's DCP case worker who will consult with their supervisor, principal Aboriginal consultants, principal social workers, disability support workers and psychologists, as required. This will make sure that sensitive decisions are made by the appropriate person, all options are considered, and the decision is well documented and communicated.

At times, a carer may seek to take on greater decision-making responsibility for a child in their care beyond what is outlined in this resource. On these occasions, consideration may be given to the Chief Executive delegating additional powers to the carer under section 76 of the *Children and Young People (Safety) Act 2017* to make decisions about specific issues. A delegation from the Chief Executive may occur as part of the development of the child's case plan or at any point in the case planning cycle.

The non-government foster care support worker / kinship care support worker

Every foster carer has the ongoing support of a worker from their non-government foster care support agency. Kinship carers receive the ongoing support from a support worker from the kinship care program within DCP.

Carer support workers are part of the child or young person's care team and are important people to be involved in discussions about the care needs of a child or young person.

When a foster care agency or DCP is considering placing a child or young person with a carer, carer support workers play a critical role in ensuring that a carer receives information about a child or young person. This information assists the carer to make an informed decision about whether to accept the placement of the child or young person into their care.

Once a placement commences, carer support workers help to make sure that the placement is safe and is working well for both the child or young person and the carer. They also ensure that carers continue to receive important information about the child or young person's needs to enable the carer to provide the best possible ongoing care for the child or young person.

The DCP case worker

It is expected that every child or young person under the guardianship of the Chief Executive has a DCP case worker. A case worker's role is to support the child or young person's placement in care and ensure the child or young person's ongoing care needs are best met.

A child's DCP case worker is responsible for ensuring that the child or young person's case plan is developed and is regularly reviewed to reflect the child or young person's changing needs. The DCP case worker will actively support the child or young person, their carer and other members to participate in the development of the case plan and in other decisions about the child or young person's care. The DCP case worker has a lead role in implementing all actions within the case plan.

In circumstances where DCP is responsible for making a particular decision, case workers provide an important role in explaining the reason for the decision to both a child or young person and their carer.



Raising concerns or seeking a review of a decision

DCP is committed to listening and responding to concerns about decision-making.

A carer, child or young person, parent or family member or any other person affected by a decision is encouraged to contact the child or young person's caseworker or supervisor if they have any concerns about arrangements for the care of the child or young person. DCP aims to resolve issues at the local level and usually a conversation with the DCP caseworker or supervisor can help.

Making a complaint

If the issues are not resolved, a person who is concerned about a decision can contact DCP's Central Complaints Unit who can take further steps to resolve the matter. The Central Complaints Unit can provide information about DCP complaints processes as well as external organisations, such as the Ombudsman SA or the Office of the Guardian for Children and Young People.

Seeking an internal or external review

The *Children and Young People (Safety) Act 2017* provides that a person who is aggrieved by a decision made by DCP under Chapter 7 of the Act (other than a decision under Part 4 of that Chapter) can request that DCP carry out a review of that decision. A request for a review must be made within 30 days of receiving the decision, or such longer time as DCP may allow. A staff member who was not involved in the decision will carry out the review. Once a review has been carried out the reviewer may confirm, vary or set aside and replace the earlier decision.

If an aggrieved person is still not satisfied following the internal review undertaken by DCP, in some cases they may make an application to the South Australian Civil and Administrative Tribunal (SACAT) for external review. Matters cannot proceed to SACAT unless an internal review has been conducted by DCP.

Contact the DCP Central Complaints Unit for further information about the internal and external review processes.

Contact DCP's Central Complaints Unit

Contact the DCP Central Complaints Unit by:

- completing the online complaints form
- phoning the Central Complaints Unit on 1800 003 305
- printing and completing the complaints form and sending it to:

Central Complaints Unit

Department for Child Protection
GPO Box 1072
Adelaide SA 5001



Part 2 – making decisions: Who can say OK?

Education

Education strongly contributes to the development and wellbeing of all children and young people and sets them up for a positive future.

Preschool

Children under the guardianship of the Chief Executive may start preschool from 3 years of age and continue to attend until they are aged 6.

It is the responsibility of the **DCP case worker** to:

- consult with the carer to discuss the child's needs and preschool enrolment options
- enrol the child in preschool, in consultation with the carer and the preschool director or principal
- provide the preschool director or principal with the required documents, including the Department for Education Information Sharing Form.

School enrolment and attendance

All children and young people between 6 and 16 years must by law be enrolled in school and must fully participate in the education program arranged and approved by the school.

All young people between the ages of 16 and 17 are required to participate in a full-time approved learning program. A learning program can include education or training delivered through a school, university or registered training organisation, an apprenticeship or traineeship, or a combination of these.

A carer is responsible for supporting a child or young person's attendance at school on a day-to-day basis. This includes:

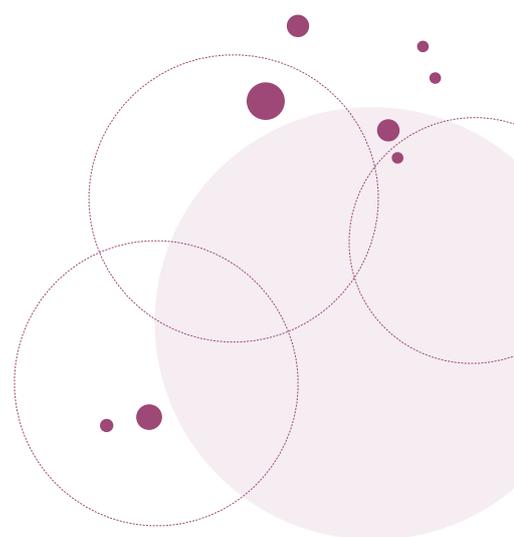
- attending parent/teacher interviews
- signing school reports
- being the first point of contact if there is a medical emergency at school
- supporting a child or young person's participation in curriculum related activities.

Exemption from attendance

An application for exemption from school must be made if a decision is reached that it is necessary to take a child out of school either temporarily or permanently. The application must be signed by the **DCP supervisor** and submitted to the school principal.

An exemption from attending school may be sought for:

- family travel or holidays
- medical or health reasons
- home education
- full-time employment
- disability or behaviour problems requiring part-time exemption.



Enrolment in government schools

There is a specific process to enrol a child or young person in care in a government school. This is to ensure that the school matches the child or young person's needs.

The **DCP case worker** is responsible for making sure a child or young person is enrolled in school. This includes ensuring that:

- the child or young person and their carer are consulted about the child or young person's needs and school enrolment options
- the appropriate documentation is signed and sent to the school. This includes providing the school with the Department for Education Information Sharing Form at the time of enrolment or at the beginning of each school year. If there is any change in circumstances, updated information must be provided. This form details who needs to be contacted and who can consent to day-to-day decisions about school activities, excursions or concerns that arise.

The DCP case worker will provide a copy of the completed Department for Education Information Sharing Form to the carer.

Enrolment in non-government schools

School enrolment decisions should consider the educational needs of the child or young person, stability, continuity, special needs or disability, sense of belonging for the child or young person and connection within a family.

In some situations, it may be permissible for DCP to approve the enrolment of a child or young person in care in a non-government school, and make a contribution toward the payment of non-government school fees.

A decision to enrol a child or young person into a non-government school must be made following discussions between the carer and DCP case worker before enrolment.

If financial assistance is required, it is the responsibility of the **DCP case worker** to complete an application for exceptional resource funding for the partial or full payment of non-government school fees.

The **DCP case worker** is also responsible for:

- updating the child or young person's case plan to include details about the decision to enrol the child or young person in a non-government school
- enrolling the child or young person in a non-government school, in consultation with the carer
- ensuring that the appropriate documentation is signed and sent to the school.

Changing schools

Transitions between schools

Sometimes a child or young person will transition from one school to another. It is the responsibility of the **DCP case worker** to follow the enrolment procedures outlined above and work in consultation with education staff to provide the relevant transition support including attendance at education planning meetings. Additional practical support may be required while a transition occurs. Children and young people, and their carers, are encouraged to discuss transition requirements with their DCP case worker.

Transition from year 7 to year 8

The transition from primary school to secondary school is a critical time for all students.

Young people under guardianship who are in year 7 are able to enrol and be accepted into any government secondary school of their choice in South Australia. If a young person wishes to attend a secondary school other than their local (zoned) school, the carer should meet with a representative of the young person's primary school and DCP case worker to discuss enrolment options. This should occur early in year 7.

Education plan

An education plan is necessary to ensure that a child or young person's developmental, cultural, social, psychological and educational needs are considered and adequately met. The implementation of One Plan is a graduated process that commenced in term 1, 2018. One Plan will be embedded in all public schools by the end of 2021. In preschools and schools where One Plan has not yet been implemented, the use of the Individual Education Plan will continue.

The Principal (or nominee) will facilitate an education planning meeting. The education plan will be reviewed at 6 months in the student's first year at the preschool or school and then at least annually, or when the child's circumstances change.

The education plan will be developed in conjunction with:

- the child or young person
- the carer
- the DCP case worker
- professionals involved in providing services for the child or young person.

Education plans in non-government schools

There are a variety of non-government schools in South Australia. Depending on the school, an education plan may go by different names and be developed in different ways. When a child or young person is enrolled in a non-government school the DCP case worker should contact the school to encourage the development of an education plan. The education plan is to be developed in conjunction with:

- the school principal, or their nominee
- the child or young person
- the carer
- the DCP case worker
- professionals involved in providing services for the child or young person.

Aboriginal and Torres Strait Islander students

There are strong links between the academic success of Aboriginal and Torres Strait Islander students, positive cultural identity and culturally supportive school environments. Culturally responsive schools build collaborative relationships between teachers, Aboriginal and Torres Strait Islander students, their parents and families, carers and communities to support student learning.

The Department for Education's Aboriginal Education Strategy 2019-2029 aims to improve the educational outcomes for Aboriginal students by increasing opportunities for children and young people to engage with Aboriginal languages and create learning environments that include students' cultural needs. It also encourages the development of detailed individual learning plans for all Aboriginal and Torres Strait Islander children and young people to support student achievement and transitions to further study, training and employment.



School activities and excursions (including camps)

Carers can provide consent for a child or young person to attend day-to-day activities in the preschool or school (including excursions and activities) - as per any special requirements outlined in their case plan. This information will also be recorded in the Department for Education Information Sharing Form that is completed by the DCP case worker and provided to the school at the time of enrolment or at the beginning of each school year.

Formal consent for significant preschool or school events, activities or trips (such as interstate camps and swimming/aquatics programs) must be provided through the **DCP supervisor**.

School and holiday camps can provide a wealth of positive experiences for children and young people.

Attending a camp in South Australia

A **carer** can provide consent for a child or young person to participate in a camp held in South Australia that is coordinated by a school or a non-government agency (eg YMCA, Scouts or Guides).

Attending a camp interstate

A **DCP supervisor** must provide consent for a child or young person to attend a camp held interstate that is coordinated by a school or a non-government agency (eg YMCA, Scouts or Guides).

Making arrangements for a child or young person to attend a camp

Before a child or young person can attend a camp (both in SA or interstate), the carer should tell the DCP case worker about the child or young person's interest in attending the camp. Ideally, this will be identified during the case planning process. The carer should also talk to the DCP case worker about:

- the camp supervision arrangements and potential safety issues
- transport and other arrangements for the child to attend the camp

- any potential impacts the camp will have on family contact arrangements, and if necessary, the need for the DCP case worker to arrange alternative contact times.

Financial assistance to help with camp costs

In some cases, DCP may be able to provide financial assistance to help with some of the costs of a camp. A carer should talk to the **DCP case worker** for additional information.

School card

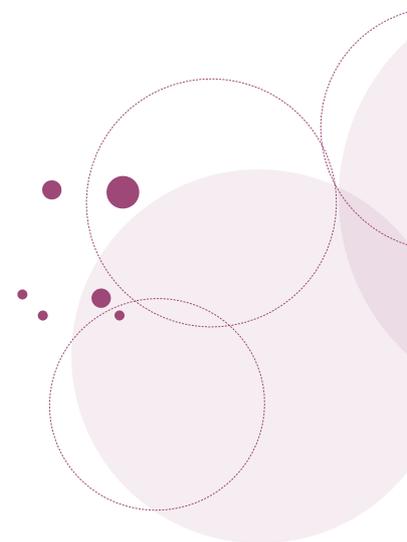
Government schools

If a child or young person is enrolled in a government school, a carer does not need to complete an application for a School Card. The name of a child or young person who is recorded as being under guardianship at the time of their enrolment is collected centrally and automatically approved for a School Card. A carer should contact the school for further information.

Non-government schools

If a child or young person is enrolled in a non-government school, a School Card is not automatically approved. A carer must complete an application for a School Card if one is required. The application form (Form F) is available from the school or from the Department for Education website at www.education.sa.gov.au.

Depending on the school, eligibility for a School Card may or may not affect the level of school fees. The carer should contact the school for further information.



Out-of-school-hours care

The decision for a child to regularly attend outside school hours care and school holiday care (vacation care) should be agreed between the carer and DCP case worker and clearly documented in the case plan.

In some circumstances, the Australian Government's Child Care Subsidy may help with the cost of approved outside school hours care or vacation care. A carer should talk to the DCP case worker about options for financial assistance. Agreements reached about the payment of fees should be clearly recorded in the child's case plan.

Child care

Child care can include long day care, family day care and occasional care. High-quality child care can have a positive impact on a child's short and long-term learning and development. It can also make it possible for a carer to work, study, volunteer, attend training or to take a break.

The decision for a child to attend child care for a specified number of hours or days should be agreed between the carer and the DCP case worker. This agreement should be clearly recorded in the child's case plan.

The Australian Government's Child Care Subsidy may help with the cost of approved and registered child care. A carer should talk to the DCP case worker about options for financial assistance to help cover the cost of child care. Agreements reached about the payment of fees should be clearly recorded in the child's case plan.

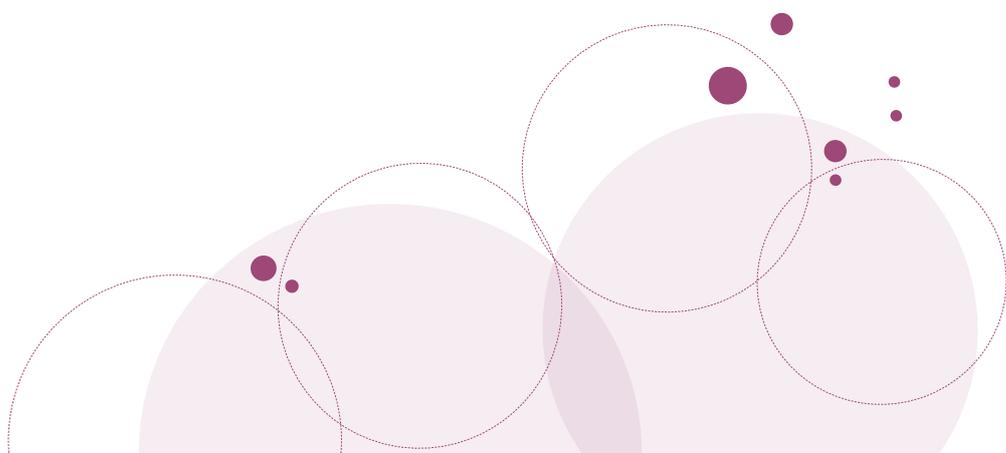
School photos

It is a normal and important part of childhood for children and young people to be included in school photos and videos. In fact, carers and the DCP case worker should actively promote this.

A child or young person's participation in photos or videos may be agreed as part of the case planning process or education planning meetings. Generally, as long as the child or young person is not identified as being under the guardianship of the Chief Executive, they may be included in:

- school and sport photos
- award ceremonies
- newsletters
- video recordings (such as recordings of a school play)
- photos and videos on school messaging and information apps.

In all circumstances, it is necessary to consider the safety and wellbeing of the child or young person. It is the responsibility of the DCP case worker to provide the Department for Education Information Sharing Form to the school and to ensure that the school and carer are aware of any special requirements to protect the safety of the child or young person. This may include when the location of the child or young person needs to remain confidential.



Health (medical, dental and wellbeing)

It is essential that all children and young people have access to quality health care to address their medical needs and support their healthy development. This includes access to culturally appropriate and safe medical services for preventive health (such as access to an Aboriginal Medical Service).

The Health Standards for Children and Young People under guardianship describes the roles and best practice for SA Health and DCP in relation to priority access to health services for children in care. These standards are available on the DCP website. The *Consent to Medical Treatment and Palliative Care Act 1995* also provides guidance for medical and dental practitioners about the assessment and treatment of children and young people.

Who can make decisions about a child in care accessing health services depends on the seriousness of the medical intervention. Section 84(1)(g) of the *Children and Young People (Safety) Act 2017* gives the Chief Executive the power to make arrangements including the admission to hospital for the professional examination, assessment and treatment of a child or young person. This power is delegated to a range of staff in DCP. Carers are also authorised to consent to many day-to-day medical treatments for a child or young person in their care.

For Aboriginal and Torres Strait Islander children and young people, cultural identity is central to their health and wellbeing. Promoting a strong and positive sense of cultural identity is important to a child or young person's mental health. It can affirm a sense of belonging, connectedness and self-worth and help to protect against the impact of racism.

Blue Book (Child Health and Development Record)

All infants in South Australia receive a 'Blue Book' to record their health and development. This is an important record for the child and should remain with them. If a child does not have a 'Blue Book', the carer should contact their DCP case worker.



Children and young people making their own medical decisions

Providing medical treatment to young people who are 16 years or over

Section 6 of the *Consent to Medical Treatment and Palliative Care Act 1995* provides that a young person aged 16 years and over has the same rights to consent or not consent to medical treatment as an adult. This means that a **young person who is 16 years** or over has the right to make their own decisions about their health care.

In an emergency situation, if a young person aged 16 years and over is unable to consent, the medical practitioner is able to administer treatment if this is necessary in the medical practitioner's opinion to meet an imminent risk to the life or health of that young person. This must be supported by the written opinion of another medical practitioner who has personally examined the young person (unless it is not practicable to obtain that opinion), and the young person must not, to the best of the medical practitioner's knowledge, have refused consent to treatment.

If a young person (aged 16 years or over) has decision-making capacity and refuses medical treatment the health practitioner must not proceed with treatment.

Providing medical treatment to children and young people who are under 16 years

Section 12 of the *Consent to Medical Treatment and Palliative Care Act 1995* deals with providing medical treatment to children and young people who are under 16 years of age. If a child or young person is under 16 years of age a guardian of the child or young person can consent to the administration of medical treatment. This means that the **Chief Executive (or a delegate of the Chief Executive)** can consent to a child or young person's medical treatment.

A child or young person can also consent to their own medical treatment if the medical practitioner is of the opinion that the child or young person understands the nature, consequences and risks of the proposed

treatment. This opinion must be supported by the written opinion of at least one other medical practitioner who has personally examined the child. This recognises that as children and young people get older they gradually acquire the right to take on more responsibility for making decisions about their health care. Some circumstances when a young person may seek to make their own decisions about their health care include obtaining contraception or terminating a pregnancy.

Health assessment

In line with the Health Standards for Children and Young People under guardianship, it is the responsibility of a **DCP case worker** to refer a child or young person who has recently been placed under the guardianship of the Chief Executive to:

- a preliminary health check as soon as possible, and ideally no later than 30 days, after the child or young person has entered care to determine areas of immediate concern
- a comprehensive health and developmental assessment within 3 months of entering care, and
- ongoing health monitoring, assessment and treatment.

The **DCP case worker** must organise appointments for health checks and assessments in consultation with the child or young person's carer. As it is often carers who are responsible for taking children and young people to appointments, it is critical that DCP case workers keep carers advised of appointment times and locations.

The outcomes of health checks and assessments must be communicated with the carer and be recorded in the child or young person's case plan. The **DCP case worker** must action any outcomes in collaboration with the carer.

Routine treatment

Carers can provide consent to routine medical treatment. This may include:

- making and attending an appointment with a general practitioner or hospital clinic
- seeking assessment, investigation and treatment for common illnesses or minor ailments and injuries
- consenting to medical treatment if it is advised by a medical practitioner and does not involve the administration of a general anaesthetic or surgery
- consenting to diagnostic tests for new conditions such as an ultra sound or x-ray
- buying and administering medication in accordance with the advice of the treating medical practitioner
- minor dental treatment including:
 - local anaesthetic
 - routine dental treatment, including fillings
 - x-rays, extraction of deciduous (baby) teeth
 - diagnostic procedures required for orthodontic assessment.

If a general practitioner makes a referral for a child or young person to see a specialist to diagnose or treat a health condition, the carer must let the DCP case worker know. The decision to pursue the referral must be made by a **DCP supervisor**.

If a carer is presenting a child to a hospital for medical attention, a carer should take their foster and kinship carer ID card, along with the carer's photo ID and the child or young person's signed verification of a child in care card. This will help the medical team know who to deal with for what decisions.

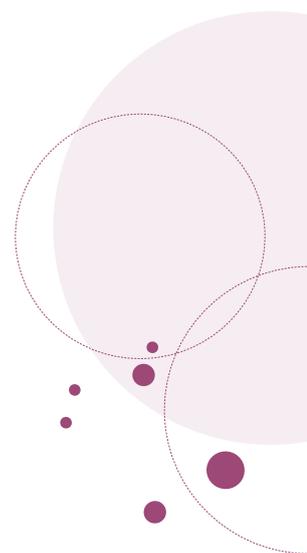
It is always helpful if the carer lets the DCP case worker know about any recent medical treatment the carer has consented to so this information can be documented in the child's case record.

Cost of medical treatment

The fortnightly carer support payment includes an amount to cover basic medical treatment and over the counter medications, prescriptions and pharmaceuticals for a child in care. If additional expenses arise that are associated with a child's health care, this expenditure must be assessed and pre-approved by DCP. Carers should refer to the Carer Support Payments handbook and the Carer Reference - Who pays for what? for further information. These resources are available on the DCP website at www.childprotection.sa.gov.au.

Ongoing medical treatment

Where a child has a diagnosed medical condition and the medical practitioner has prescribed a course of medication or ongoing treatment, this should be noted in the child's case plan. In most cases, the authority to consent rests with the carer and this should also be noted in the child's case plan. This treatment could be a series of medical or allied health appointments because of a diagnosis of chronic illness such as asthma.



Non-routine medical treatment

Referral to a specialist

Where a general practitioner refers a child to a specialist (including a paediatrician) for further assessment, the decision to pursue the referral must be made by a DCP supervisor.

Administration of psychotropic medication

Psychotropic medication includes antidepressants, antipsychotics and sedatives and may be prescribed by a doctor to treat mood and behaviour disorders.

The use of psychotropic medication must be approved by a DCP supervisor and recorded in the child's case plan. Any approval for the use of psychotropic medication should be informed by specialist medical advice. Once the psychotropic medication is approved and recorded in the child's case plan, the medication can be administered by a child's carer.

A carer must let the DCP case worker know if the doctor alters the psychotropic medication or dosage so its use can be monitored and documented.

General anaesthetic and surgical procedures

A DCP supervisor or above must consent to the administration of a general anaesthetic and surgical procedures. In an emergency this can be done quickly by the hospital or medical practitioner faxing or emailing their consent form to the DCP office concerned for signature. If the supervisor responsible for the case is not available, another DCP social work supervisor or the manager of the relevant DCP office is able to give consent.

The consent of a **DCP supervisor** is also needed for a general anaesthetic associated with a dental procedure.

After hours, a carer should contact the DCP Call Centre on **13 16 11** to seek consent from a DCP supervisor or above.

Before the supervisor signs the consent form they must ensure that they understand the nature of the procedure and the associated

implications. Usually this will require a phone conversation with the registrar, or another appropriate medical officer, prior to signing the consent form.

The DCP case worker must consult with the child's carer before and after treatment, as carers are in the position of managing the child's health and medical needs on a day-to-day basis.

If the proposed surgical procedure has family, cultural or religious implications (eg circumcision for medical reasons), the **DCP case worker** must consult with the child's family.

Urgent medical treatment

If a child or young person is having a medical emergency a carer should dial 000 or take them immediately to the hospital emergency department. If the child or young person requires a health intervention where consent is required, such as surgery, consent must be sought from a **DCP supervisor** or above (see 'Consent for general anaesthetic and surgical procedures').

If contact cannot be made with a DCP supervisor or above to obtain consent, medical practitioners are provided with discretionary powers to administer treatment if it is necessary in the medical practitioner's opinion to meet an imminent risk to the life or health of the child or young person. This must be supported by the written opinion of another medical practitioner who has personally examined the child or young person (unless it is not practicable to obtain that opinion).

High-risk medical procedures

Only the DCP Chief Executive or Deputy Chief Executive may make decisions about medical procedures that are of a high risk in situations when the life of a child or young person under 16 years is threatened due to illness, trauma or injury.

Allied health

Allied health is a term used to describe the broad range of health professionals who are not doctors, dentists or nurses. This may include audiologists, occupational therapists, osteopaths, optometrists, speech pathologists, dieticians, social workers, physiotherapists, psychologists and podiatrists.

Consent for initial allied health treatments will be provided by the **DCP case worker** in consultation with the child's carer and the referring health professional.

Ongoing consent for treatment will be determined during the case planning process and it is expected that the authority to provide ongoing consent will rest with the carer. This will be clearly set out in the case plan.

Alcohol and other drug treatment services

There are a range of treatment services that may be available to help children or young people to address alcohol and other drug use issues. Where possible, it is important that DCP is informed that a child or young person has been referred to a treatment service as this helps to ensure that their treatment is coordinated.

As with other medical treatment, a **young person who is 16 years or over** can consent to their own alcohol and other drug treatment.

The consent of a **DCP supervisor** is required for young people under 16 years to attend treatment in a residential treatment setting or inpatient detox facility and for young people under 14 years to attend a counselling appointment or drug diversion program.

Immunisation

Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

It is expected that all children and young people under the guardianship of the Chief Executive receive all immunisations recommended by the National Immunisation Program (South Australia Schedule) at the recommended times. There may also be times when it is recommended that a child or young person receive additional immunisations that are not included on the National Immunisation Program to maximise their health outcomes. This can include extra immunisations that are recommended for Aboriginal and Torres Strait Islander children and young people.

It is the responsibility of the DCP case worker to check that the child or young person is up-to-date with all immunisations. When a child or young person is placed under a short-term guardianship order, the DCP case worker will discuss immunisations with the child or young person's parents (where possible and appropriate).

The DCP case worker will provide the carer with all relevant details about a child or young person's medical history, including any information about allergies and allergic reactions to previous vaccines.

To ensure the child or young person's immunisations are up to date, the carer is authorised to make the necessary arrangements and can consent to a child or young person being immunised. This includes immunisation through school programs and vaccines required for travel, training or employment.

When attending an appointment, a carer should take:

- their verification of a child in care card
- their foster or kinship carer ID card
- the child's Medicare card, and
- the child's Child Health and Development Record (Blue Book), if the child is under 5.

The carer must let the DCP case worker know about any immunisations the child or young person has received so this information can be noted on the child or young person's case record.

If, for a medical reason, a child or young person cannot be safely immunised, a medical exemption form must be completed by a general practitioner and submitted to the Australian Childhood Immunisation Register. The medical exemption must be recorded in the child or young person's case plan.

The **DCP case worker** must continue to ensure that a child or young person is up-to-date with all immunisations. Where a child or young person is not up-to-date, or consent is not provided by a carer, the DCP case worker is responsible for arranging and consenting to immunisations.

Dental

School dental clinic

All children and young people under 18 years of age are eligible to attend the School Dental Service. **DCP case workers** are responsible for ensuring the child is registered with a school dental clinic. The case worker is also responsible for informing the school dental clinic of a child's change of address or if their guardianship status ends. Treatment plans should be noted in the child's case plan.

Major dental treatment – including orthodontic treatment

The consent of a **DCP supervisor** is needed for orthodontic, oral surgery and other specialist dental treatment. When providing consent, DCP will discuss the details of the specialist treatment with the carer so that everyone understands the risks of the treatment and how best to help the child or young person manage their oral health care at home.

Dental treatment for young people aged 16 years and over

A **young person aged 16 years or over** may consent to their own dental treatment if the dental clinician considers the young person is able to understand the nature and effect of the treatment.

Disability (NDIS)

When a child or young person who is identified as having a disability or development delay enters care, the **DCP case worker**, with support from the Regional Disability Support Officer, will be responsible for submitting an Access Request to the National Disability Insurance Scheme (NDIS).

The **DCP case worker** is the parental representative and is responsible for the NDIS access request, planning, plan implementation and review processes. To ensure the best outcomes for the child, the access request, planning and review process should include the carer and the child, where appropriate.

Once the child's NDIS plan is developed, decisions must be made about the implementation of the plan. Implementation of the plan will require selection of service providers/therapists, or other decisions regarding how the plan funds may be utilised. While the **DCP case worker** has the decision-making authority regarding where, when, how and by whom services are provided, this should be informed by the carer and the child. In most circumstances, non-government service providers delivering supports under the NDIS are required to adhere to quality and safeguarding requirements under the *National Disability Insurance Scheme Act 2013*. **DCP case workers** are responsible for the selection of registered NDIS service providers to ensure children and young people are supported by providers that adhere to these legislative requirements.

In many cases the outcomes of the NDIS plan, such as taking the child to appointments and assessment activities, will be actioned by the carer.

The **DCP case worker** will be responsible for the management of the NDIS plan. Wherever possible this should be done in collaboration with the carer. A copy of the plan **must** be provided to the carer.

End-of-life decisions

The **DCP Chief Executive (or Deputy Chief Executive)** is required to make decisions about end-of-life care for a child or young person under 16 years. This may involve decisions about withdrawal of treatment, palliative care plans, Advanced Care Directives and Do Not Resuscitate orders.

In these situations, a medical case conference should be convened to develop a medical treatment plan and case plan. All relevant parties should attend this conference, including: the child or young person (as appropriate), the carer and their carer support person, members of the child or young person's family, DCP staff (including supervisors, Principal Aboriginal Consultants, Principal Social Workers or Multicultural Services), treating medical practitioners, hospital social workers, Aboriginal health workers or Aboriginal liaison officers.

Principal Aboriginal Consultants will provide cultural advice and assistance in relation to specific cultural considerations for end-of-life care decisions about Aboriginal and Torres Strait Islander children and young people. This may include advice about decision-makers involved in the end-of-life journey and family obligations or responsibilities to conduct any cultural business. If there is an Aboriginal health worker or Aboriginal liaison officer available, the family may wish to talk with them. A culturally appropriate care plan needs to be written in partnership with the child or young person (as appropriate), family spokesperson or others nominated by the family.

When a child dies

In the tragic circumstances that a child or young person in care dies, the guardianship order ends and the powers and responsibilities of the Chief Executive under the *Children and Young People (Safety) Act 2017* cease and revert back to the child's parents.

Organ and tissue donation

Decisions about organ and tissue donation are to be made by the child's **senior available next of kin**. The *Transplantation and Anatomy*

Act 1983 defines "senior available next of kin" as the first in order of priority of the following persons who is available at the time:

- a parent of the child
- a brother or sister of the child, who is aged 18 years or older
- a guardian of the child.

A person who is considering donating a child's organs or tissues will be encouraged to consider any views expressed by the child or young person during his or her lifetime about the removal and donation of their organs and tissue after their death. A child or young person's carer or DCP case worker may be able to offer insight.

Gender identity

Being gender diverse or transgender means that a person's inner sense of gender identity is different from their biological sex assigned at birth. Transgender and gender diverse children and young people can experience higher rates of depression, anxiety, self-harm and attempted suicide. However, research tells us that with supportive, gender-affirming care during childhood and adolescence, mental health and wellbeing outcomes can be significantly improved.

When a child or young person is questioning their gender or identifies as transgender, there are a range of healthcare and support services that may be available. These will vary depending on the individual needs of the child or young person. A good first step is to phone the Gender Service at the Women's and Children's Hospital for help and advice. They can discuss the case and help to work out which doctors/psychiatrists need to be involved and what referrals need to be made.

A plan for support and treatment will be developed with the medical practitioner, the child or young person, their carer, their parents and family, DCP workers and other members of the care team. If the treatment plan includes hormone treatment, consent must be provided by a DCP supervisor or above.

Sexual health

It is important that all children and young people have access to information to make informed decisions about sexual and reproductive health.

A **young person 16 years or over** can make their own decisions about their sexual health care.

Carers are often best placed to support a young person in their care to make decisions about their health care and can provide consent to a young person under 16 years to access sexual health services. This includes consenting to the use of contraceptives, such as the Pill, Implanon and Intra-uterine devices.

Carers can also provide consent for a young person in their care to access counselling services provided by professional sexual health counsellors, including social workers or mental health workers. If the young person's carer is not available to provide consent, this can be provided by the DCP case worker.

If a young person does not feel comfortable talking about their sexual health or contraception with their carer or DCP case worker, they should be encouraged to talk with a doctor, social worker or counsellor. When a DCP case worker or carer is not involved in conversations, or has not provided consent, a second doctor's opinion is necessary for a young person under 16 to receive sexual health treatment. SHINE SA and some other health services have 2-doctor clinics for young people under 16 who do not have consent from a parent/carer or guardian.

Pregnancy

If a young person is pregnant, it is important that they know there are people they can talk to that can support them to discuss their options and help them make a decision that is right for them. This may be someone that they are close to, or someone experienced in this area such as a social worker, nurse, doctor or counsellor.

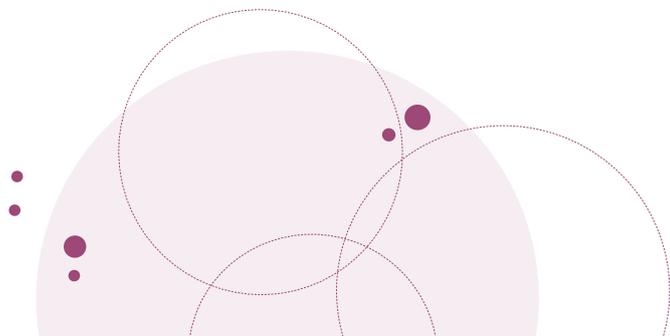
A young person can contact SHINE SA to discuss pregnancy options, including continuing the pregnancy, abortion and adoption. If a young person chooses to continue with a pregnancy, they should be encouraged to contact their GP or major hospital to discuss options regarding antenatal care. Aboriginal and Torres Strait Islander women can also access services provided by the Aboriginal Family Birthing program and Nunkuwarrin Yunti.

A **young person aged 16 years and over** has the same rights as an adult to consent to their own antenatal care. As much as possible, DCP case workers and carers should be involved in supporting a young person to make decisions about their antenatal care and be involved in the development of a birth plan.

After the birth, the infant is in the care of the mother. It is important that the young person who gave birth is supported to provide consent and be consulted with by medical staff about the infant's care and any medical treatment that the infant may need.

Termination of pregnancy

If a young person makes a decision to terminate a pregnancy, a medical assessment is legally required. **Young people 16 or over** can make the decision themselves. If a young person is under 16 years of age and feels they cannot talk to their carer or DCP case worker about the pregnancy, they can discuss this with a doctor, social worker or counsellor. A young person under the age of 16 can obtain a termination without the consent of a guardian if certain requirements are met.



Medicare cards

All children under the guardianship of the Chief Executive must have their own Medicare card.

A Medicare card enables access to a range of medical services, free or at a lower cost, including doctors, specialists, optometrists and at times dentists and other allied health professionals, lower cost prescriptions and free care as a public patient in a public hospital. The card also enables continuity of access to these services regardless of placement changes.

The **DCP case worker** is responsible for making an application for a Medicare card. Once received, the Medicare card can be held by the carer.

There may be occasions where a child's Medicare number is needed urgently when a child first enters care. In these circumstances, carers should contact the **DCP case worker** for assistance in obtaining the Medicare number.

A young person who is 15 years or over can apply for their own Medicare card and should talk to their DCP case worker or carer for assistance.

Health Care Cards

All children under the guardianship of the Chief Executive are entitled to receive a government Health Care Card.

A carer can apply directly for a Health Care Card for a child in their care.

When applying for a Health Care Card, a carer will need:

- a copy of the child's birth certificate
- evidence that the child is in their care (verification of child in care card).

Application details are available on the Department of Human Services website at www.humanservices.gov.au or by telephone on 13 61 50.

My Health Record

My Health Record is an online summary of a person's key health information. All Australians have a My Health Record. People can opt out of the scheme and can choose to delete their record at any point in their life.

Children and young people under guardianship and custody orders have a My Health Record.

When a child comes into care, DCP places a restriction on their My Health Record to ensure the child or young person's details remain confidential. The My Health Record can still be viewed by the child's health care providers.

If carers need to access information in a child or young person's My Health Record, they should discuss this with the child's DCP caseworker.

From age 14 young people have the legal right to manage their own My Health Record. If a young person in care expresses interest in managing their own My Health Record, they should discuss this with their DCP case worker.

For further information about My Health Record: <https://www.myhealthrecord.gov.au/>

Foster and kinship carer ID card

A foster and kinship carer identification card verifies a carer's status as a carer and their relationship to a child or young person in their care.

A carer should show their foster and kinship carer identification card to:

- staff at hospitals and community health services (such as CAMHS)
- the SA Dental Service, doctors and pharmacists.

When using the identification card, carers will also need to show their photo identification and the child or young person's signed verification of a child in care card.

A carer should talk to the DCP case worker for information about obtaining a foster and kinship carer identification card or verification of a child in care card.

Ambulance cover

All children under the guardianship of the Chief Executive have cover for costs associated with emergency ambulance attendance and transport.

Private health insurance

A carer can make a decision to place a child on their private health care cover. This must be at the carer's own cost.



Identity and connection with family

Contact with family members

Positive and consistent contact between a child or young person and their family can help to enhance a child or young person's psychological wellbeing and identity.

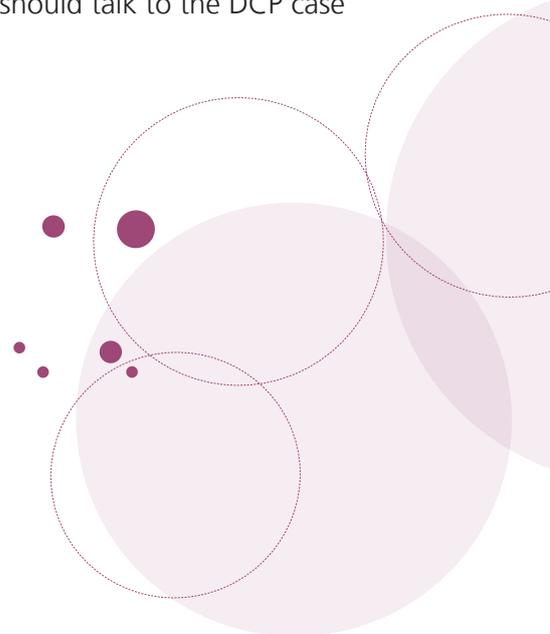
Contact can be between a child or young person and a parent, sibling, extended family member or a person that is significant to the child or young person. Contact arrangements can take place through a range of mediums. This may include face-to-face visits, telephone or video calls or the exchange of photographs and letters.

DCP is responsible for making decisions about a child or young person's contact arrangements. Before making a decision, DCP will take into account the views of the child or young person, their parents and family, their carer and other relevant people involved in the child or young person's life. An assessment of a child's contact needs will consider the Aboriginal and Torres Strait Islander Child Placement Principle and the need for an Aboriginal child or young person to maintain connection to culture and community.

When a contact determination is completed by DCP it forms part of the child or young person's case plan. A copy of the contact determination is provided to each person who is to have contact with the child or young person. Some people may be provided with a 'no contact determination', which means they cannot have contact with the child or young person.

If a person who is subject to a contact determination does not agree with decisions made about contact arrangements, they have the right to apply for the determination to be reviewed by the Contact Arrangements Review Panel (CARP). A person can request a review by CARP within 14 days of receiving a determination, although CARP may accept applications for review outside the 14 day timeframe where they decide appropriate. CARP is made up of people who are not directly involved in the case. This might include psychologists, child protection professionals and other DCP caseworkers. An Aboriginal representative is also present for all reviews that involve Aboriginal and Torres Strait Islander children. To seek a review by CARP phone 1800 003 305.

Carers play an important role in supporting a child or young person's contact with their family. Carers are ideally placed to notice the impact of contact arrangements. This may include noticing changes in the child's mood or behaviour before or after contact or comments that the child or young person may make about contact. Carers will be told of cancellations or changes to contact arrangements as soon as possible. If contact arrangements are affecting the child or young person or are causing difficulty, carers should talk to the DCP case worker.



Culture and community

DCP case workers and carers should actively support a child or young person to engage in activities to enhance their connection to culture.

Aboriginal and Torres Strait Islander children and young people

When making decisions about Aboriginal and Torres Strait Islander children or young people, consideration must be given to the importance of keeping them connected to their culture in order to preserve and enhance identity and connections with family and community.

Keeping Aboriginal children connected to culture is central to their identity. A child's culture helps define how a child attaches, how they express emotion, how they learn and how they stay healthy.

Aboriginal cultures are very diverse, distinct and complex, and vary across communities in Australia. Culture is a living and evolving mix of social, political and spiritual beliefs and values that include ceremonies, stories, songs, history, traditions, customs and law. It is founded on the deep social, economic and spiritual connection with the sea and land. Aboriginal and Torres Strait Islander cultures are not just remnants of the past; they are living forces that are still growing and adapting even today.

Connection to community usually means the network of Aboriginal and Torres Strait Islander people who live locally and feel a connection to the place or area and with others who live there. Due to dispossession, transience/mobility and other factors, many Aboriginal and Torres Strait Islander people do not live on their own Country. Some Aboriginal and Torres Strait Islander people will identify with more than one place and may belong to several communities. It is common for Aboriginal and Torres Strait Islander people to identify with the traditional countries of both of their parents.

DCP case workers and carers should actively support a child or young person to engage in activities to ensure they remain connected to family, community and culture.

A child or young person's Aboriginal Cultural Identity Support Tool (ACIST) is a critical tool for planning to reconnect, establish, and maintain Aboriginal children and young people's connection with family, community, Country and culture. The ACIST must be attached to the child or young person's case plan.

Aboriginal Family Support Services (AFSS) also develop a Cultural Plan for each Aboriginal child placed with an AFSS carer or in an AFSS Residential Service. This can occur in consultation with the DCP case worker as part of a child's case plan.

There are many ways of promoting Aboriginal and Torres Strait Islander culture. This can include:

- participation in significant cultural events throughout the year such as NAIDOC week, Reconciliation Week and other community cultural activities or events
- visits to a child or young person's traditional Country. This can provide young people with the opportunity to have personal experience of their culture and to meet and learn from local Aboriginal and Torres Strait Islander community members.

Keeping Aboriginal sibling groups connected through cultural activities is important for maintaining their relationships and connections with their culture as well as developing a sense of connection and a positive identity.

Culturally and linguistically diverse children and young people

Helping children and young people from culturally and linguistically diverse backgrounds to maintain their connections with their family, community, language, religion and culture is a critical consideration to their long-term development and wellbeing.

DCP case workers and carers should support children and young people from culturally and linguistically diverse backgrounds to attend activities that enhance their connectedness to their cultural group. This should be documented in the child's Cultural Maintenance Plan which is attached to their case plan.

Funeral arrangements

When a child in care dies, it can be challenging to manage the necessary end-of-life arrangements in a way that is properly inclusive of all parties.

Decisions about funeral and burial arrangements rest with the child's next of kin. In most cases this will be the child's parents. However, while this power rests with the child's next of kin, it is important that the child's carers are involved. For this reason, DCP encourages decisions be managed in partnership between the child's next of kin, the child's carers and DCP.

DCP may help a child's carer and the child's next of kin to resolve any disagreement about funeral arrangements or dealing with the child's remains. One or both of the parties may request DCP to assist in resolving a disagreement.

Aboriginal and Torres Strait Islander communities

Families from Aboriginal and Torres Strait Islander communities may have culturally specific ways of dealing with grief and loss, including special requirements about who is involved in arrangements and about the location of the burial or cremation.

When an Aboriginal child or young person passes it is respectful to notify the child or young person's family in the first instance.

A Principal Aboriginal Consultant or other senior Aboriginal staff can be consulted as needed to provide cultural advice on observing cultural practices or rituals to ensure cultural sensitivity. This is particularly sensitive when a post-mortem examination is required that may offer vital information about the cause of death. Be aware that some Aboriginal people regard post-mortem examination as desecration of the body.

It is important to be aware of Aboriginal cultural protocols and practices of that child or young person's community or Country during Sorry Business. Always be guided by an Aboriginal or Torres Strait Islander person when discussing Sorry Business or the passing of a family member. Decision-making is usually the responsibility of the child or young person's family and not the individual.

Supporting Aboriginal and Torres Strait Islander children and young people following the death of a family member

For Aboriginal and Torres Strait Islander people the time before and following death are subject to a number of customary practices.

An Aboriginal or Torres Strait Islander child or young person may be expected to visit with family during the passing of a family member and to attend the funeral or other customary rituals to honour and show respect to the deceased and their family.

If an Aboriginal or Torres Strait Islander child or young person has suffered the loss of a member of their family or community, cultural advice must be sought from an Aboriginal Family Practitioner or Principal Aboriginal Consultant. This includes advice about appropriate communication practices as well as the supports needed for the child or young person for dealing with grief and loss.

It is important to consider the role of the child or young person's carer. For example, it may not be culturally respectful for the child or young person's carer to attend a funeral, particularly if the carer is not Aboriginal or Torres Strait Islander.

Culturally and linguistically diverse communities

Culturally and linguistically diverse families may have specific ways of dealing with grief and loss following the death of a child, including special requirements for who is involved and the location of the burial or cremation. An interpreter may be required to assist in these discussions.

Specialists in DCP Multicultural Services can provide advice and support for burial ceremonies and customs for children from culturally and linguistically diverse communities.

Change of a child's name

A child's name is an important part of their identity. It is encouraged that a child retains their own name while they are in care. A child's name includes the first, middle and family name listed on their birth certificate.

For various reasons some children and young people express a clear wish to informally change their name (first, middle or family). In these situations, they may choose to be known by a preferred name, but retain their legal name in official documents (such as their passport or driver's licence). The decision for a child or young person to be informally known by a different name should be recorded in the department's case management system.

Where a child wishes to legally change their name, the process is guided by the provisions in the *Births, Deaths and Marriages Registration Act 1996* and the *Children and Young People (Safety) Act 2017*. Generally, this process requires the consent or views of the child's parents to be sought.

The **DCP case worker** will make an assessment about the request from a child or young person to legally change their name. This will include consultation with the child or young person and their parents and carers. The DCP case worker will also consult with a range of other professionals, such as principal social workers and principal clinical psychologists.

For Aboriginal or Torres Strait Islander children, their name may provide ties to their Aboriginal cultural identity, including their language, customs and lore. In these cases, consultation must take place with a Principal Aboriginal Consultant, and an Aboriginal Family Practitioner if relevant, prior to any decision-making.

A DCP supervisor must approve an application to change a child's name. Only the Chief Executive may direct the Births, Deaths and Marriages Registrar to register a change of name for a child or young person.

Change of a child's religion

If a request is made to change a child or young person's religion, the DCP case worker will consult with the child or young person, their parents and their carer about the request.

Where the child's change of religion is contrary to the beliefs of the child's parents, the **supervisor** is responsible for approving the change.

A decision will be made considering the reasons for the request, the age and maturity of the child, cultural identity, impact on relationships and most importantly, the best interests of the child and their unique needs and circumstances.

Haircuts

The views of a child or young person should be taken into account when making any decisions about haircuts, colours or styling. How much weight their opinion carries depends on their age and stage of development. Where reunification is being pursued, it is important that the parents/family is included in this decision and that their wishes are taken into account. Where the child or young person is in long-term care, the **child or young person and their carer** should make these decisions together.

Tattoos and body piercing

Tattoos

No young person in South Australia under the age of 18 can get a tattoo except for medical reasons, and it must be undertaken by a legally qualified health practitioner.

Supporting connection to culture through Aboriginal body art

Keeping Aboriginal and Torres Strait Islander children and young people connected to their family, community and culture is critical to their wellbeing and positive self-identity.

One way that Aboriginal and Torres Strait Islander children and young people can be supported to connect to their culture is through Aboriginal body art. This is a very traditional practice and can vary between Aboriginal groups and their geographic locations. The use of colours in body art among Aboriginal groups has different meanings and significance and is associated with telling stories.

In South Australia, the *Summary Offences Act 1953* is the law that says at what age a child or young person can obtain a body piercing, undergo a body modification procedure or get a tattoo.

Body piercing – non-intimate areas

Young people over 16 years of age can consent to a body piercing procedure, such as an earlobe piercing. Young people under the age of 16 are required by the *Summary Offences Act 1953* to have the consent of their guardian. In these circumstances, the consent of the DCP case worker is required.

Young people wanting some form of body piercing should be supported in their decision-making by their carer, **DCP case worker** and family (where appropriate). We encourage collaborative decision-making that takes into account what is culturally appropriate, their age and ability to understand the long-term implications.

As they mature, young people should have a greater role in decision-making about the style, number and form of piercing they wish to have.

Body piercing – intimate areas

No young person in South Australia under the age of 18 can have an intimate piercing (eg genitals and nipples) or other body modification procedure (eg earlobe stretching, body scarification, body implantation and tongue splitting, or any other form of body modification). A young person's guardian cannot give consent to this.

Birth certificate

DCP can apply to the Registrar of Births, Deaths and Marriages for a birth certificate for a child or young person in family-based care. A birth certificate is an important document used to prove identity for many purposes such as obtaining a passport or driver's licence, opening a bank account or obtaining access to government payments and services.

A certified copy of the child or young person's birth certificate must be provided to their carer.

Pocket money

DCP does not pay pocket money directly into the bank accounts of children. The fortnightly carer payment has been calculated to include pocket money for the child.

Ideally, the amount of pocket money provided will match the amounts paid to other children in the home including the carer's own children. This is encouraged to help the child feel like a normal, accepted and appreciated member of the carer's family.

If a carer is unsure how much pocket money to pay, the DCP resource 'carer payment rates and loadings' provides suggested amounts. This resource is available on the Department for Child Protection website at www.childprotection.sa.gov.au

Carers do not need to provide pocket money for young people aged 16 years and over who are receiving Youth Allowance.

Media publication or broadcasts

Media items that do not identify a child or young person as being under guardianship

Sometimes there may be a request for an image of a child or young person to be released for broadcast or publication that does not identify them as being under guardianship. For example, a photo of a child participating in a sporting event may be requested for publication in the local newspaper.

In these circumstances, the approval of a **DCP supervisor** is needed for the image to be released for broadcast or publication. DCP will assess the request and consider the impact that the media coverage may have on the child or young person.

Media items that identify a child or young person as being under guardianship

The **DCP Deputy Chief Executive** must approve any request to publish or broadcast photographs, film, articles or anything that identifies a child or young person as being under guardianship. A carer should talk to their DCP case worker if this situation arises.

See the 'missing children' section of this document for information about media campaigns to assist in locating missing children or young people.

Example

A child in care has won first place at the under 14s state swimming championship. The local paper wants to do a story that names that child or young person, but does not convey that the child is under guardianship.

This can be an important way of recognising and celebrating the child's achievements. The carer should talk to their DCP case worker, who will seek approval from a DCP supervisor to make sure there are no risks in going ahead with the article.



Legal matters

Bail, surety and payment of fines

The **DCP case worker** is responsible for responding to issues relating to bail, surety and payment of fines that involve the child. The carer should tell the child's DCP case worker about these things if they happen.

Bank accounts

All children and young people in care should have their own savings account and learn money management skills. This is especially important when a young person is receiving financial payments from the Australian Government (eg Abstudy, Austudy or Youth Allowance).

If a child or young person does not already have a savings account, a **carer** can discuss this with the DCP case worker and support the child or young person to open an individual account.

Proof of identification documents are required to open a savings account for a child or young person. The **DCP case worker** is responsible for providing the carer with a certified copy of the child or young person's birth certificate to assist with opening an account.

Marriage

All young people aged 16 to 17 who are under guardianship need consent from the Chief Executive to get married. An application must also be made to the relevant court to seek an order from a judge or magistrate authorising the marriage.

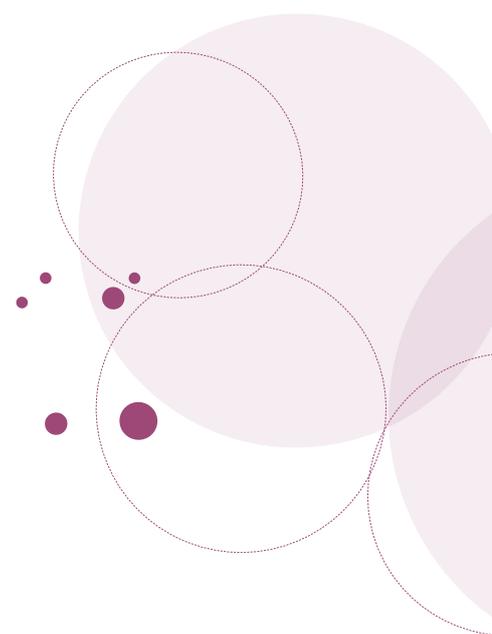
Money held on behalf of a child or young person

There are a number of circumstances when a child or young person in care may receive a lump sum of money. This could be when the child or young person receives a gift or inheritance, victims of crime compensation, native title compensation or royalties.

The *Children and Young People (Safety) Act 2017* provides for the **Chief Executive** to receive these funds on behalf of the child or young person and sets out how the money must be held and when it must be returned to the child or young person.

In most cases, the **DCP case worker** will make arrangements for this money to be referred to the Public Trustee to be held on behalf of the child or young person. When it is known that a child or young person will cease to be under the guardianship of the Chief Executive, the **DCP case worker** will contact the Public Trustee to ensure that proper arrangements are made for the money be returned to the child or young person.

A child or young person should not be accessing their funds while in care and before the age of 18 years unless there are exceptional circumstances. In the rare situation that a child or young person does seek to access or spend funds while in care and before the age of 18 years, the written approval of the **Chief Executive** is required.



Police interviews

If a child or young person in care is suspected or alleged to have been involved in a crime and needs to be interviewed by the police, their carer must advise the DCP case worker or supervisor. After hours, the carer should contact the DCP Call Centre on **13 16 11**.

A police interview should be conducted in the presence of an appropriate adult who can observe, support and advocate for the child or young person. DCP case workers are responsible for arranging the attendance of an appropriate adult. In some circumstances, this may require a negotiation with the police to ensure that the interview takes place at a time that can be accommodated by an appropriate adult.

In most cases it will be the child or young person's carer or a DCP worker that attends the interview. A carer can refuse a request to attend if they feel uncomfortable or they are unable to be present. If the interview cannot be attended by a carer or DCP worker, other options may include a legal representative, relative or suitable friend suggested by the child or young person as long as that person is over 18 years.

Where an appropriate adult is not available, the police may seek a trained volunteer through the Red Cross Police Call Out program.

Aboriginal and Torres Strait Islander young people are overrepresented in the South Australian youth justice system. This is a complex problem related to multiple layers of socioeconomic disadvantage experienced by many Aboriginal and Torres Strait Islander people. When an Aboriginal or Torres Strait Islander young person is required to attend a police interview, the Aboriginal Legal Rights Movement should be contacted for assistance and support.

If the child or young person is from a culturally and linguistically diverse background, ensure that the support person is culturally appropriate.

Victims of crime compensation

If a child or young person has been a victim of a crime, they may be eligible for compensation. It is the **DCP case worker's** responsibility to ensure that victims of crime statutory compensation applications for the child or young person are made before the child or young person leaves care, or information about their possible eligibility is provided to them when they leave care.

Wills for children and young people

Most children will not have a Will because generally the law does not allow people under the age of 18 to make a Will unless they are married or have been married.

However, a child can make an application to the Supreme Court asking that an order is made allowing them to make a Will in specific terms approved by the court, or to revoke a Will.

A carer should talk to the **DCP case worker** if they think there may be special circumstances that warrant a child or young person in their care making a Will.



Missing children

Missing persons reports

If a missing child is under 10 years of age, or the child or young person is in danger, the **carer** must call the police immediately on **000** to make a missing persons report.

The carer should then contact the DCP case worker as soon as possible.

When a child or young person is missing, the **carer** should use their judgement to decide whether they contact the police, or notify the child or young person's DCP case worker (or the DCP Call Centre after hours on **13 16 11**). **DCP case workers** will work in partnership with **carers** to respond if a child or young person is missing.

Carers can lodge a missing persons report with the police. If the carer judges the situation is not urgent, the **DCP case worker or after-hours DCP Call Centre worker** will lodge a missing persons report with the South Australia Police (in circumstances where a report has not already been made), and record the child as missing on DCP's case management system.

If it is appropriate, the DCP case worker will notify the child's parents or other family members about the child being missing and what is being done to find them.

The South Australian Police (SAPOL) and DCP have entered a Memorandum of Administrative Arrangement that commits both parties to work in cooperation to ensure a safe, coordinated and effective response when children or young people who are in the custody or under the guardianship of the Chief Executive are missing.

Media campaigns for missing children and young people

When a child or young person is missing, SAPOL may request the use of a photograph for a public media campaign. A **DCP Regional Director** must approve the release of information and a photograph for use in such a media campaign.

Missing persons – Youth Justice Orders

In some cases, young people under a Care and Protection Order may also have a Youth Justice Order specifying conditions such as naming people they need to be in contact with or where they are to live. If the young person is missing, they may be in breach of these conditions.

The care and protection of the young person is the responsibility of DCP, while compliance with the conditions of a Youth Justice Order is the responsibility of the Department of Human Services. These agencies work together for the best interest of the young person.



Mobile phones and the internet

Mobile phone use

At times, a child or young person may ask for or need a mobile phone. This falls within the range of day-to-day decisions that all families must make. Carers are well placed to talk with children and young people about purchasing and setting up a mobile phone. As nearly all mobile phones can access the internet, when making this decision it is also important to consider a child or young person's use of social media and the internet.

Carers can talk to the child or young person's DCP case worker to discuss any safety concerns about a child or young person having a mobile phone.

Internet safety

The internet is a valuable information resource, communication tool and source of entertainment. It is important that we support children and young people to use the internet safely, responsibly and enjoyably. Depending on their age and level of vulnerability, it may be appropriate to regulate, monitor, supervise and restrict their use of the internet.

Carers are well placed to have conversations with children and young people about their access to and safe use of the internet and communication technology. Some things for carers to think about are:

- establishing family rules for safe and respectful use of the internet
- monitoring online use and locating computers in open family areas
- installing programs to block access to unsafe sites
- being familiar with current online activity and use
- requiring a young person to include the carer in online activity eg as a friend on Facebook or as a follower on Instagram.

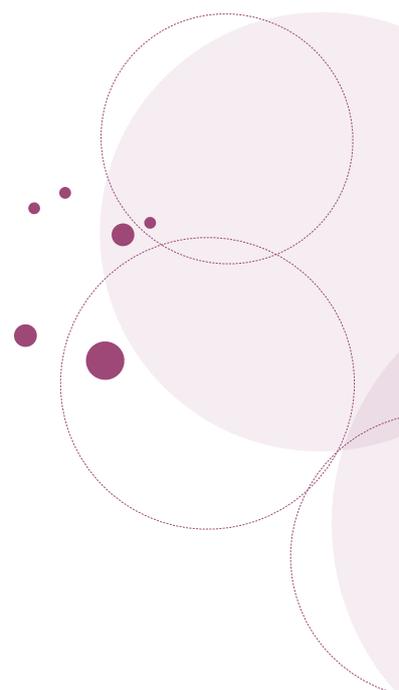
Safe social networking for children and young people

Social media is an increasingly common way for children and young people to communicate and connect with others. It is important that they are provided with guidance, information and supports to ensure that they are able to do this in a positive and safe way.

The minimum age for opening a Facebook, Instagram, Twitter, Pinterest, Tumblr, or Snapchat account is 13. Creating an account with false information is a violation of the terms of these networking platforms. This includes accounts registered on behalf of someone under 13 years of age.

Social media sites can be helpful for children and young people to maintain connections with others, including siblings, friends, parents and extended family members.

Carers can speak with the child or young person's DCP case worker when deciding if contact with others through social networking is suitable, as there may be restrictions about with whom the child is able to have contact.



Posting images of children on social media

Families often enjoy using social media to celebrate achievements and life experiences. However, it is important that carers consider the legal and privacy implications of using social media to post images and information about children in their care. As each situation is unique, the decision whether or not to post photos of children must be assessed on its own merits and consider the case direction.

The Children and Young People (Safety) Act 2017 makes clear that a child's personal information must be kept confidential and should only be disclosed when it is necessary to those who need it. This is also reinforced in the Charter of Rights for Children and Young People in Care. This states that children and young people have the right to know and be confident that personal information about them will not be shared without good reason.

A common sense approach is to ensure that any commentary that accompanies a photo on social media does not include identifying references to the child or young person's care situation. This includes references to the child or young person as a foster child, or a child in care, a child subject to a court order or court proceedings or references to child protection involvement.

Children and young people have the right to express their views about matters that affect them and to be heard. For this reason, it is important that carers talk to the child or young person about whether they wish to have their photographs posted on social media. When appropriate, it may also be necessary to use the care team to seek the views of the child's parents, extended family, caseworkers and other professionals about social media use.

Sometimes there are safety risks to a child or young person and it is necessary to be extra cautious about posting information or photographs that may identify a child's name or location. If a carer is unsure if there is a safety risk, they should talk to the DCP case worker or carer support worker.

Carers should ensure that the privacy settings on any social media platforms are restricted and should limit access to photographs and information about a child in care to family and close friends only.

Further information

www.esafety.gov.au

www.thinkuknow.org.au



Preparation for adulthood

Learning to drive

Getting a driver's licence involves progressing through a series of stages until a young person is ready to graduate to a full driver's licence. This process starts by obtaining a learner's permit for supervised driving. As a driver grows in knowledge, skills and driving experience, the restrictions are gradually lifted through the provisional stages.

At age 16, a young person can apply for a learner's permit. A **young person's** decision to apply for a learner's permit, and then a provisional licence, can be made with their carer, in conversation with their DCP case worker. This should be recorded in the young person's case plan.

Carers are generally best placed to support a young person to get their learner's permit, to attend driving lessons and in some cases to supervise the young person driving. If needed, the young person's DCP case worker can also provide assistance in finding other qualified supervising drivers.

In some cases a DCP office may provide funding toward the cost of driving lessons and the fees associated with obtaining a learner's permit and provisional driver's licence. A carer should talk to the DCP case worker for additional information.

Employment

Employment for young people is often very good for their development and wellbeing.

If part-time employment is not detrimental to the young person's health and development, and does not conflict or interfere with their schooling or other plans, they should be supported in finding and participating in suitable part-time employment.

This decision should be made between the **young person** and their **carer**. Maintaining a good balance between work, home, school, homework, family and recreational activities is important to consider when making the decision to start work.

Australian Defence Force

The approval of a **DCP supervisor** is needed for a young person to join the Australian Defence Force (ADF). The ADF comprises three armed services: the navy, army and air force, supported by the Department of Defence. The minimum age for entry is 17 with guardian consent. A young person should talk to their DCP case worker if they are interested in joining the ADF.

Sleepovers and babysitting

Babysitting

There may be times when a carer may need to arrange for a child or young person to be cared for by a babysitter. Babysitting is considered occasional child minding and is usually for a period of hours at a time. A **carer** is able to make a decision to use a babysitter in situations when the babysitting arrangement is once-off and is organised at short notice.

However, it is important that carers and support workers are communicating as much as possible about care arrangements for a child or young person. When it becomes necessary for a carer to engage a babysitter on a more regular basis, not just a once-off arrangement, this must be discussed with the carer's support worker and the child's DCP case worker.

Working with children check

A working with children check is not required for a babysitter who is engaged on a once-off basis when it is a personal arrangement between the babysitter and the carer (whether or not the arrangement involves payment to the babysitter).

Any person who provides regular babysitting to a child in care is considered a regular household guest and will be supported in obtaining a working with children check.

Overnight stays / sleepovers

Sleepovers with friends are a normal part of growing up. Attending sleepovers can help with the development of important life skills, including providing children and young people with an experience of being on their own in a structured, supportive and supervised environment.

Decision-making about an overnight stay with a friend is different to planning and approval for respite care. A carer must talk to their support worker if they need respite care arrangements.

Wherever possible, respite care is a planned placement, but it may also occur in emergency situations (see 'respite care').

Overnight stays / sleepovers (up to 2 nights)

A child's **carer** is generally in the best position to make a decision about the suitability of a sleepover with a friend and may consent to a **stay for up to 2 consecutive nights**.

There are times when this decision must be made in collaboration with a carer's support worker and DCP, and includes situations when it is requested that a child attend an overnight stay at the home of another approved carer. In these circumstances, the carer must discuss and seek prior approval from the carer support worker and DCP case worker.

It is also important that when arrangements are made for a child to attend an overnight stay with a sibling or a member of the child's extended family, the arrangements must align with the child's Contact Determination (refer to 'contact determinations').

Sometimes there may be:

- grounds for concern that the child or young person may, through their own behaviour, put themselves or others at risk of harm
- other factors that would make an overnight stay difficult for a child or young person (such as a disability or medical condition).

These issues may be known by the DCP case worker at the commencement of the placement or may become known to the carer at some stage throughout the placement. In both of these circumstances, the DCP case worker and the carer should collaborate to develop strategies to manage potential risks that may be involved in an overnight stay. This is to be recorded in the child or young person's case plan.

If a carer is unsure about a particular situation, they should talk to the DCP case worker.

When consenting to a sleepover, a carer should use their judgement about how safe and appropriate it is for the child to stay overnight in their friend's home. Some questions to consider when consenting to a sleepover are:

- what does the child think about the sleepover?
- is the child sufficiently independent and settled to be separated from the carer overnight?
- what is known about the family?
- what are the standards of behaviour in the family?
- what supervision will there be at the sleepover?
- what are the sleeping arrangements?
- who else will be at the sleepover (eg older siblings, extended family members or other people)?
- what activities are planned and are they age appropriate (eg DVDs or games)?
- what plan should be in place if the child needs to contact the carer at any time during the sleepover, especially if the child is worried?

Overnight stays (3 nights or more)

A carer should contact the DCP case worker if there is a plan for a child to stay with another family for 3 nights or more. The DCP case worker must consult with a DCP supervisor to seek approval for these plans and to determine any additional conditions on a case-by-case basis. The decision to provide consent will be guided by the principle that, as far as possible, children and young people in care should be able to do the same things as their peers in the wider community.

A working with children check

If a child attends an overnight stay with a specific family on an occasional basis, the adults of the household are not required to complete a working with children check.

If a child attends an overnight stay with a specific family on a regular basis, the DCP case worker must discuss this arrangement with the carer and consider whether a working with children check is required.

Respite care

Respite care is when a child spends regular, short, planned and agreed periods of time (eg 2 nights per fortnight) with another carer other than their primary carer. This is different to making arrangements for a child to have a sleepover at a friend's house or to occasionally use a babysitter.

Respite care placements can:

- provide carers with a break from child care responsibilities
- provide children with an opportunity to experience different care environments
- support placements, especially where children have special and high needs
- give siblings who are placed separately an opportunity to have time together.

Respite care can be planned and regular, but it may also occur in emergency situations. Respite care must be arranged in collaboration with the DCP case worker, the child or young person, the carer and the carer's support worker. All approved respite is recorded in the child's case plan.

A carer should talk to their support worker and the child's DCP case worker about respite care.

Travel, sport and recreation

Intrastate (within South Australia)

A carer can take a child or young person for trips and holidays within South Australia, where the travel does not conflict with the child or young person's case plan or family contact. A carer should let the DCP case worker know of travel plans, so that DCP can keep a record of contact details and travel dates.

Interstate travel

Interstate day trips

A child in care may need to travel interstate for a day trip for a range of reasons. For example, when a child lives close to a state border and needs to travel interstate to go shopping, play sport or to visit family and friends.

A carer does not need DCP approval to take a child or young person on an interstate day trip.

There may be special circumstances that could have an impact on a child being able to travel interstate on a day trip, for example, when a child has medical needs and must remain in close proximity to emergency medical services. In these cases, the DCP case worker and the carer should jointly develop strategies to manage potential risks.

Interstate trips involving overnight stays

If the interstate travel involves overnight stays, approval from a **DCP supervisor** is required. On these occasions, the carer should contact the DCP case worker to discuss the proposed travel arrangements.

What information will help DCP make a decision:

- **Travel details:** purpose, destination and dates of trip, supervising adult and contact details for supervising adult and child
- **Case plan:** will the travel trip have an impact on the child's case plan? For example, family contact, attendance at significant family, cultural, sporting, school events, medical or counselling appointments and the child's reunification plan.
- **Schooling:** will the trip impact on schooling?
- **Views of the child:** how does the child feel about the proposed travel?
- **Special arrangements:** does the child have any medical requirements, special care or dietary needs that should be taken into account?
- **Cost:** is the carer covering the costs involved or are there costs that require a financial contribution from DCP?

When a child or young person is placed under a short-term guardianship order, the DCP case worker should discuss the proposed travel arrangements with the child's parents, where possible and appropriate.



Frequent interstate travel involving overnight stays to the same location

Some children and young people have regular trips interstate that involve overnight stays.

This may be because:

- the child or young person, or their carer, has relatives interstate
- the child or young person lives close to an interstate border and needs to travel across the border for normal or everyday activities, eg shopping, sport, visiting family and friends or to go on holiday
- the child or young person needs to travel interstate to traditional land or Country to attend significant cultural events or funerals.

In these circumstances, carers are encouraged to talk to the DCP case worker about obtaining a letter of approval from DCP. This can give a carer permission to travel to a specific interstate destination with a child or young person on trips that involve overnight stays, without the need to obtain consent from DCP on every occasion. This letter of approval must be reviewed and reissued every 12 months.

Example

Alice is a carer who lives in Adelaide, South Australia. Alice's mother lives in Warrnambool, Victoria and is in poor health. It is often necessary for Alice and her family to travel to Warrnambool at short notice.

In this example, Alice should talk to the DCP case worker about obtaining a letter of approval giving written permission for Alice to travel with a child or young person who is in her care to Warrnambool when needed for an agreed period of time.

Overseas travel

The approval of a **DCP regional director** is required for a child in care to travel overseas. This approval is to be sought as early as possible prior to the planned departure date. Travel bookings are not to be made until approval has been granted.

The carer is to contact the DCP case worker to discuss the proposed overseas travel arrangements. The DCP case worker will prepare a submission to ask for approval from a regional director. In preparing this submission, the DCP case worker will consult with the child's parents to seek their views about the proposed overseas travel plans.

What information will help DCP make a decision:

- **Travel details:** purpose, destination and dates of trip, supervising adult and contact details for supervising adult and child
- **Travel advice:** does the Australian Government's Department of Foreign Affairs and Trade Smart Traveller website contain any related travel warnings and is a risk management / safety plan in place?
- **Case plan:** will the travel trip have an impact on the child's case plan? For example family contact, attendance at significant family, cultural, sporting or school events, medical or counselling appointments and the child's reunification plan.
- **Schooling:** will the trip impact on schooling?
- **Views of the child:** how does the child feel about the proposed travel?
- **Special arrangements:** does the child have any medical requirements, special care or dietary needs that should be taken into account?
- **Cost:** is the carer covering the costs involved or are there costs that require a financial contribution from DCP?

Passport applications

All children and young people in care should have the opportunity to obtain a passport. A passport provides children and young people with immediate opportunities to travel overseas. It is also an important document that can help to verify a child or young person's identity when they first seek access to a range of services and benefits.

A **DCP manager** must provide approval for an application for a child in care to obtain a passport.

The **DCP case worker** will apply for a passport on behalf of the child. A passport application for a child in care can sometimes be a complex and lengthy process. This is because there are requirements for obtaining the consent of all people with parental responsibility for the child before the passport can be issued. As part of the passport application process, evidence of the Australian citizenship of the child or young person's parents is also required. If this is not available, DCP will need to apply to the Department of Home Affairs for proof of citizenship - this can take several weeks.

An application for a passport can commence at any time and may occur well in advance of making overseas travel plans. Carers should not make travel bookings until a passport has been issued and travels plans have been approved by DCP (see overseas travel on page 47).

Recreation and sporting activities

Low-to-moderate risk sporting and recreational activities

A **carer** can consent to a child or young person participating in sporting and recreational activities that are of low-to-moderate risk. Some examples of low-to-moderate risk activities include athletics, swimming, football, netball, hockey, ice skating and skate boarding.

A carer should contact the DCP case worker if they are unsure whether an activity is low-to-moderate risk.

A carer should always ensure that the organisation that is running a sport or recreational activity has child safe environment policies and procedures in place and that people within the organisation working with children have had a working with children check.

Higher-risk sporting and recreational activities

The approval of a **DCP supervisor** is needed for a child or young person to participate in a sporting or recreational activity that involves higher risk of harm.

What is "higher risk of harm" is discretionary and subject to age and the environment where the activity is occurring. Some examples of higher-risk activities include abseiling, motorbike or quad bike riding, parachuting, hang gliding, bungee jumping, white-water rafting and scuba diving.

In making a decision, the DCP supervisor may consider:

- the views of the child, parents and carer about participation in the activity
- the suitability of the activity in relation to the child's age, developmental level and experience
- the risks involved
- the qualification of the organisation or individuals providing the activity (including whether the organisation has appropriate child-safe policies and procedures in place)
- protective strategies to minimise the level of risk (for example, adult supervision and the supply and use of safety equipment).

Useful contacts

Review and complaints

DCP Complaints Unit The DCP Complaints Unit can provide advice about making a complaint or seeking a review of a decision made by DCP.	t: 1800 003 305 w: www.childprotection.sa.gov.au/complaints
South Australian Civil and Administrative Tribunal (SACAT) SACAT is a state tribunal that helps South Australians resolve issues within specific areas of law, either through agreement at a conference, conciliation or mediation, or through a decision of the tribunal at hearing.	t: 1800 723 767 e: sacat@sacat.sa.gov.au w: www.sacat.sa.gov.au
Ombudsman SA The Ombudsman South Australia is independent and investigates complaints about South Australian government and local government agencies.	t: 1800 182 150 e: ombudsman@ombudsman.sa.gov.au w: www.ombudsman.sa.gov.au

Support for children and young people

The Guardian for Children and Young People (GCYP) GCYP is a monitoring and advocacy body for children in care. In some circumstances GCYP can directly represent the voice and views of children if there is a need for an independent advocate.	t: 1800 275 664 or 8226 8570 e: gcyp@gcyp.sa.gov.au w: www.gcyp.sa.gov.au
The Commissioner for Children and Young People The Commissioner for Children and Young People is an independent statutory office. The Commissioner promotes and advocates for the rights, development and wellbeing of all children and young people in South Australia.	t: 08 8226 3355 e: CommissionerCYP@sa.gov.au w: www.ccyp.com.au
The CREATE Foundation The CREATE Foundation is the national consumer body representing the voices of children and young people with a care experience.	t: 1800 655 105 e: sa@create.org.au w: www.create.org.au

Support for carers

Connecting Foster and Kinship Carers (CF&KC-SA) CF&KC-SA is the peak representative body for foster and kinship carers in South Australia. CF&KC-SA aims to improve the lives of children and young people in care through provision of services valuing and supporting Carer families to sustain strong and positive relationships.	t: 1800 732 272 e: support@cfc-sa.org.au
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Aboriginal and Torres Strait Islander services and agencies

<p>Aboriginal Family Support Services (AFSS)</p> <p>AFSS is the lead Aboriginal foster care agency in South Australia. It also provides a range of family support programs in South Australia including Circle of Security-Parenting, Seasons for Healing (grief and loss program), Healthy Homes, Resilient Families, Reunification, Targeted Intervention, Aboriginal Gambling Help Services and a broad range of cultural services.</p>	<p>t: 8205 1500 e: afss@afss.com.au w: www.afss.com.au</p>
<p>Watto Purrinna Aboriginal Primary Health Care Service</p> <p>Watto Purrinna Aboriginal Primary Health Care Service provides a free comprehensive program of culturally sensitive services across Adelaide's northern and central regions. 'Watto Purrinna' is a Kaurna term meaning 'the branch of life'.</p>	<p>t: 8182 9206 to find out more about Watto Purrinna or to make an appointment.</p>
<p>Nunkuwarrin Yunti of SA Inc. - Health Services</p> <p>Nunkuwarrin Yunti is the largest Aboriginal community-controlled health service in South Australia. It offers a wide range of primary health, social and emotional wellbeing, health promotion and health training and development services to Aboriginal and Torres Strait Islander people.</p>	<p>t: (08) 8406 1600 for more information</p>
<p>Nunkuwarrin Yunti's Link-Up SA Program</p> <p>Nunkuwarrin Yunti's Link-Up SA Program provides family tracing, reunion and counselling services to Aboriginal and Torres Strait Islander people and their families who have been separated under past policies and practices of the Australian Government. Assistance is also provided to people over the age of 18 years who have been adopted, fostered or raised in institutions.</p>	<p>t: (08) 8406 1600 e: nunku@nunku.org.au</p>
<p>DeadlyKidsSA</p> <p>DeadlyKidsSA aims to support Aboriginal children to be happy, healthy and strong by providing a number of different activities to promote the health and wellbeing of Aboriginal children and their families across South Australia. Its activities include supporting fun and healthy cultural events, such as the annual Strong Aboriginal Children's Health Expo and the provision of 'Get Set, Go!' backpacks through the Aboriginal Children's Backpack program.</p>	<p>e: HealthDeadlyKidsSA@sa.gov.au for further information</p>

Glossary of terms

Carer	Foster, kinship and specific child-only carers.
Care team	Members of the child or young person's care team can include the child or young person, birth family, carer(s), carer support agencies, DCP case worker and care partners involved in the development of the case plan.
Case worker	The person responsible for supporting the child's placement and making sure that the conditions of the child's guardianship order are carried out.
Child or children	It is expected that every child or young person under the guardianship of the Chief Executive is allocated a DCP case worker.
Child's case plan	<p>Section 28 of the <i>Children and Young People (Safety) Act 2017</i> (the Act) requires that each child in custody or under guardianship pursuant to the Act have a case plan that is developed and maintained in partnership with the children, families, carers and relevant professionals. A case plan must include the following parts as may be relevant to the child or young person's circumstances:</p> <ul style="list-style-type: none"> • decisions made at a family group conference • a cultural maintenance plan • a reunification plan • contact arrangements • how disputes about matters included in the plan are to be resolved • a physical health plan • a mental health and emotional wellbeing plan • an education and development plan.
Working with children check	Working with children checks are an essential mechanism in protecting South Australia's children and young people from harm. The checks are conducted by the Department of Human Services Screening Unit.
Connected Client Case Management System (C3MS)	DCP's case management and record system.
Department for Child Protection (DCP)	The South Australian Government's statutory child protection service agency.
Family-based care	Children in care living with foster, kinship and specific child-only carers.
Guardianship of the Chief Executive	The Chief Executive of the Department for Child Protection is the child's legal guardian. Guardianship is ordered by the Youth Court of South Australia and may be for a period of up to 12 months or until the child turns 18 years of age.
Kinship carer support worker	The support worker from the DCP Kinship Care program who is responsible for supporting the kinship carer(s) in caring for a child or young person.

National Immunisation Program (NIP)	<p>The NIP was set up by the Commonwealth and state and territory governments in 1997 and aims to increase national immunisation coverage to reduce the number of cases of diseases that are preventable by vaccination in Australia.</p> <p>The NIP is available for babies, young children, teenagers and older Australians. The program also targets people of all ages who are at greater risk of serious harm from certain diseases.</p>
NGO carer support worker	<p>The support worker from the funded Non-Government Organisation who is responsible for supporting the foster carer(s) in caring for a child and/or young person.</p>
Parent and family	<p>The child's immediate and extended family of origin. Also known as the birth family.</p>
Reunification	<p>The planned process of reconnecting children and young people safely with their families through providing services and supports to the child or young person, their families and their carers.</p>
Respite care	<p>Agreed periods of regular, short, or planned time that a child spends with another carer other than their primary carer. This could be regular weekends, school holidays or one-off overnight stays.</p>
South Australian Civil and Administrative Tribunal (SACAT)	<p>SACAT is a state tribunal that helps South Australians resolve issues within specific areas of law, either through agreement at a conference, conciliation or mediation, or through a decision of the Tribunal at hearing. In particular, SACAT has jurisdiction to hear reviews of decisions under Chapter 7 of the <i>Children and Young People (Safety) Act 2017</i> (excluding Part 4 of that Chapter) that have already been subject to an internal review by DCP.</p>



Government of South Australia

Department for Child Protection

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