



Manual of Practice: Supporting children and young people in care chapter

The Department for Child Protection (DCP) Manual of Practice has been developed to support and guide DCP staff to undertake child protection practice. The Manual of Practice is reviewed and updated regularly to ensure it provides best practice guidance to staff based on research and in alignment with relevant legislation. DCP practitioners are encouraged to apply professional judgment to each individual child protection case in its specific context.

The DCP Manual of Practice contains links to websites that are external to DCP. DCP takes reasonable care in linking to websites but has no direct control over the content of the linked sites, or the changes that may occur to the content on those sites. It is the responsibility of users to make decisions about the accuracy, currency, reliability and correctness of information contained in linked external websites.

Purpose

To outline the activities required to support the child or young person's placement and their health, wellbeing, cultural identity and social development. This chapter also provides guidance about the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle, which recognises the importance of Aboriginal and Torres Strait Islander children and young people in care being connected to family, community, Country and culture.

Scope

All DCP staff responsible for:

- providing case management and cultural support to children and young people in care
- supporting family-based placements, and
- working in collaboration with residential care staff.

The term 'DCP case worker' is used throughout the Manual of Practice to refer to the range of roles held by DCP staff with case management responsibility. Certain powers and functions prescribed by the *Children and Young People (Safety) Act 2017* can only be exercised by DCP staff in specified roles. DCP staff must refer to both the [Guide to authorisations and delegation of powers and functions - by legislative provision](#) and the [Authorised child protection officers – list of positions eligible for authorisation](#) for guidance about what powers can be exercised within their role. It is the decision maker's responsibility to ensure they have the appropriate delegation so that decisions are lawfully made.

'Aboriginal and Torres Strait Islander' is used throughout the Manual of Practice to refer to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. Efforts should be made to explore the specific Language group or Nation an Aboriginal or Torres Strait Islander infant, child or young person may identify with, acknowledging that a family may not hold information about this due to experiences of cultural dispossession.

The term 'culturally and linguistically diverse (CALD) background' is used throughout the Manual of Practice to refer to all children and young people, families and communities from culturally and linguistically diverse backgrounds, inclusive of those who identify as belonging to new and emerging Communities (NECs).

Principles

- The safety of children and young people is the paramount consideration.



- Decision making is child and young person centred.
- Children, young people, their carers and their family are actively supported to participate in case planning and decision making.
- Active efforts are taken to implement the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle and the Identity precursor.
- Aboriginal and Torres Strait Islander infants, children and young people have a right to know and participate in their culture to support their physical, spiritual, social and emotional wellbeing.
- Children and young people are aware of and supported to exercise their rights.
- Timely, holistic and high quality assessment is essential to identifying and meeting the needs of children and young people.
- Connections with family, community, language, religion, culture are key to nurturing children and young people's sense of identity.
- Carers are proactively supported to provide quality care for children and young people.
- Decisions are transparent and staff are accountable for their decisions.

Significant decisions with Aboriginal and Torres Strait Islander infants, children and young people

When supporting children and young people in care, the following decisions are considered significant for Aboriginal and Torres Strait Islander infants, children and young people:

- decisions relating to maintaining and supporting the child or young person's contact with family, community, culture and Country.
- decisions related to case planning, including the development and review of the case plan, inclusive of the Aboriginal Cultural Identity Support Tool (ACIST) and annual reviews.
- decisions related to placement, including transitions between placements and decisions to remove the child or young person from the placement.

Family led decision making is an important aspect of culturally safe practice and is enabled when Aboriginal and Torres Strait Islander infants, children, young people and their families are supported to participate in these decisions. For further practice support when working with Aboriginal and Torres Strait Islander infants, children, young people and families, refer to the Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompts throughout this chapter, which should be read in conjunction with the [Family Led Decision Making for Aboriginal families Framework](#) and the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

Authority

Chapter 2, Chapter 7, Part 4, and Sections 10, 17, 53, 68, 72, 76, 77, 79, 80, 81, 82, 84, 86, 91, 93, 112, 112A, 152, 157, 158, 159, 161, 164, 168 of the [Children and Young People Safety Act 2017 \(CYPS Act\)](#) and Regulations 24, 25, 26, 40A, 40B, 41 of the [Children and Young People \(Safety\) Regulations 2017](#).

Sections 64A and 65 of the [Criminal Law Consolidation Act 1935](#)

Sections 12 and 13 of the [Marriage Act 1961](#)

[South Australian Public Health Act 2011](#)



Section 6 of the *Consent to Medical Treatment and Palliative Care Act 1995*.

Regulation 27 of the *Education and Children's Services Regulations 2020*

Child Safety (Prohibited Persons) Act 2016

Family Relationships Act 1975

Section 25A of the *Births, Deaths and Marriages Registration Act 1996*

Victims of Crime Act 2001

Civil Liability Act 1936

Banking Act 1959

Flowcharts

- [Support the child or young person to develop and maintain family and community connections through contact arrangements flowchart](#)
- [Support the child or young person to change their name flowchart](#)
- [Remove the child or young person from a placement flowchart](#)
- [Support the safety of the child or young person by issuing a written direction flowchart](#)
- [Victims of Crime compensation process flowchart](#)

Key steps

1. Maintain regular face to face contact with the child or young person
2. Support the child or young person to understand their rights
3. Seek the views of the child or young person
4. Work in partnership to make decisions about the child or young person
5. Support the placement
6. Support the child or young person to develop and maintain family and community connections through contact arrangements
7. Access health services for the child or young person
8. Identify and respond to the psychological and emotional needs of the child or young person
9. Refer a child or young person with complex needs to a Complex Case Review Meeting
10. Identify and respond to the cultural needs of Aboriginal and Torres Strait Islander infants, children and young people
11. Identify and respond to the cultural needs of children and young people from a culturally and linguistically diverse (CALD) background
12. Identify and respond to the child or young person's developmental and disability needs
13. Support the child to attend child care
14. Identify and support the child or young person's education and employment needs
15. Support the development of the child or young person's identity
16. Support the child or young person to obtain legal proof of identity documents
17. Support the child or young person to change their name
18. Transporting children and young people
19. Support the child or young person to travel interstate or overseas
20. Manage the publication of photos, images and information for the child or young person
21. Support the young person to obtain their driver's licence
22. Remove the child or young person from a placement
23. Support the child or young person to transition between placements



24. Support the safety of the child or young person by issuing a written direction
25. Respond when a child or young person is missing or absent
26. Victims of Crime compensation
27. Hold money on behalf of the child or young person

1. Maintain regular face to face contact with the child or young person

Regular and direct communication with the child or young person is essential in supporting the child or young persons safety and wellbeing and promoting relationship based practice.

Regular face to face contact is distinct from sighting the child or young person as part of an investigation. Sighting the child or young person is required to assess their immediate safety and circumstances. For further guidance about sighting the child or young person as part of an investigation, refer to 'Sight the child or young person' [under Conduct the investigation: Engage with and assess the child or young person](#) in the Intake, investigation and assessment chapter of the Manual of Practice.

Regular face to face contact enables DCP case workers to be appropriately responsive to the child or young person's dynamic circumstances. The DCP case worker is responsible for maintaining regular face to face contact with the child or young person to:

- assess and monitor their safety and wellbeing
- establish and maintain a positive relationship with the child or young person
- obtain the child or young person's views (about issues such as their care arrangements, their needs and wishes or contact arrangements)
- inform assessment, case conceptualisation and decision making about the child or young person.

Face to face contact should consist of:

- in-person sighting of the child or young person in a variety of settings (including, but not limited to their home or placement or community settings)
- observation of the child or young person's verbal and/or non-verbal cues (including behaviour and interactions with others, including their carer)
- using proactive engagement skills, including verbal and non-verbal communication strategies, to build rapport with the child or young person
- obtaining the child or young person's views (for further guidance, refer to [Seek the views of the child or young person](#) in this chapter of the Manual of Practice).

While there are a range of technological modes available to maintain contact with children and young people (including telephone or video call), these must not replace in-person contact. Maintaining in-person contact, particularly in the child or young person's home or placement, is a critical case management responsibility.

At minimum, face to face contact with the child or young person must occur at least once per month. Individual assessment regarding the frequency of contact is critical as more frequent contact may be required for a range of reasons.

In circumstances where the DCP case worker is unable to undertake face to face contact, this must be done by an additionally assigned DCP case worker or DCP staff member temporarily undertaking case management responsibilities on the DCP case worker's behalf.

Face to face contact with the child or young person must be recorded as part of case noting in C3MS. For further guidance refer to [Creating a Note – C3MS Guide](#).



2. Support the child or young person to understand their rights

It is the DCP case worker's responsibility to ensure that children and young people in care have access to information about their rights. This supports children and young people to feel empowered and to access assistance when they need it. The rights of children and young people include the right to:

- express an opinion about things that affect them and have their views sought and considered as part of decision making about their life and care
- safety, stability and attachment
- access physical and psychological health care
- access quality education and support for their learning
- develop and maintain connection with their family, kinship and community networks, including siblings (for further guidance about Aboriginal and Torres Strait Islander kinship systems and definitions of family, refer to [Identify and respond to the cultural needs of Aboriginal children and young people](#) in this chapter of the Manual of Practice)
- practice their own culture, language and spirituality
- practice their religion (where relevant)
- request the support of an adult to act on their behalf when necessary
- receive support for their transition to adulthood
- know who to go to if they have a problem or want to make a complaint.

Provide the child or young person with information about their rights

The most appropriate way to inform the child or young person of their rights will depend on their developmental capacity and age. That said, even young children can understand their rights and must be provided with developmentally appropriate information.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Aboriginal and Torres Strait Islander infants, children and young people have the right to know about, and connect with, their cultural heritage and identity. This is reiterated in Article 31 of the United Nations Declaration on the Rights of Indigenous Peoples, which recognises that Aboriginal and Torres Strait Islander peoples have a right to their culture and traditions, including the development of their individual cultural identities.

The DCP case worker must, where developmentally appropriate, provide the child or young person with a copy of the [Charter of Rights for Children and Young People in Care](#) developed by the Office of the Guardian for Children and Young People (OOGCYP). This must be recorded in the child or young person's annual review report.

The DCP case worker can support the child or young person to understand their rights by:

- providing the child or young person and their carer with the DCP case worker's contact details and those of their supervisor and advise the child or young person they can contact either of them to discuss any issues or concerns
- supporting the child or young person to access developmentally appropriate information about their rights from the OOGCYP website's [Your Rights in Care](#) page



- advising the child or young person they can contact the OOGCYP if they require support or advocacy, and provide them with information about how to make contact
- ensuring the child or young person (and their carer) is aware of the right to request a review of contact arrangements via the Contact Arrangements and Review Panel (CARP) and an internal review for reviewable decisions
- for children and young people in residential care advising them of the process of using the [Reflection Form](#) following an incident.

Developmentally appropriate resources designed to support children and young people to understand their rights are available from the [OOGCYP website](#). The DCP case worker should ensure that information about rights is reinforced at regular intervals to support the child or young person's understanding.

The OOGCYP performs a range of functions to support and advocate for children and young people in care. These include (but are not limited to):

- providing individual advocacy and support to children and young people who contact the OOGCYP to report an issue or make a complaint about their experiences in care
- monitoring the safety and wellbeing of children and young people in care, and
- visiting young people in residential care through the Young Person's Visitor scheme.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

The [Commissioner for Aboriginal Children and Young People \(CACYP\)](#) is an independent body created solely to promote the rights, development and wellbeing of Aboriginal and Torres Strait Islander children and young people, working alongside other bodies such as the OOGCYP. The DCP case worker should advise Aboriginal and Torres Strait Islander children and young people that they can contact the office of the CACYP if they require further support or advocacy, and provide them with [information about how to make contact](#).

Advocate for the child or young person

DCP case workers play an important role in advocating for children and young people as part of case planning and making decisions about their care.

Opportunities for advocacy on behalf of the child or young person include (but are not limited to):

- [care team meetings](#)
- case consultations
- case conferences or [complex case review meetings](#)
- [case planning, review and annual review meetings](#)
- meetings with professionals working with the child or young person, such as educators or health professionals
- when making referrals for services or therapy.

For further information, refer to the OOGCYP's [Natural advocacy – how you can empower a young person](#).



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Aboriginal and Torres Strait Islander children and young people should be informed that the Office of the GCYP has Aboriginal advocates available to assist them. If the child or young person does contact the Office of the GCYP and speaks with a non-Aboriginal advocate, they will ask if the child or young person if they would like to speak with an Aboriginal or Torres Strait Islander advocate.

Advocate for the rights of children and young people with disability

Children and young people with developmental delay or disability may require additional support to understand and exercise their rights, including their right to make a complaint or provide feedback about DCP services. For further guidance about providing additional supports for children and young people with disability, refer to the [Working with children and young people with disability Practice Paper](#).

For support and advocacy for children and young people receiving services through the NDIS, the DCP case worker should contact the DCP Regional Disability Team. For further information, refer to [Identify and respond to the child or young person's developmental and disability needs](#) in this chapter of the Manual of Practice.

Respond to complaints from the child or young person

Provide the child or young person with information about making a complaint

Children and young people must be provided with information about their right to make a complaint and the available pathways. The DCP case worker must ensure that:

- the child or young person is aware of who they can contact if they want to raise feedback or make a complaint
- the child or young person and their carer are aware of options for lodging a complaint via the DCP website, including options for making a complaint anonymously
- this information is reinforced multiple times during the child or young person's time in care
- the carer is aware of options for supporting the child or young person to make a complaint.

Respond to a complaint

It is preferable that complaints or feedback from children and young people in care be resolved by the DCP case worker, or where necessary the supervisor or office manager. When responding to complaints or feedback from the child or young person, the DCP case worker should:

- listen to the child or young person, seek clarification or further information where necessary, and confirm that they have understood the nature of the child or young person's complaint
- ask the child or young person about their desired outcome for the complaint (and be transparent with them about what is or is not possible)
- ask the child or young person whether they would like a support person or advocate to be present during discussions about the complaint
- provide the child or young person with options for how they would like to be informed about the progress of their complaint
- take appropriate action to address the complaint



- discuss the outcome with the child or young person, including any action taken to address their feedback
- seek the child or young person's views about whether they are satisfied that their complaint has been resolved
- if the complaint has not been resolved, provide the child or young person with contact details for the supervisor and advise them of the process for escalating the matter for resolution (including, where necessary, raising the complaint to the office manager), and
- remind the child or young person of their rights to advocacy through Office of the GCYP and for Aboriginal and Torres Strait Islander children, the Commissioner for Aboriginal Children and Young People.

Details of complaints from the child or young person and action taken to respond to them should be case noted in C3MS. For further guidance, refer to the [C3MS Fact Sheet: Complaints & Feedback Case](#).

For Aboriginal and Torres Strait Islander children and young people, there may be additional barriers to making a complaint. These can include:

- poor past experiences of making complaints or providing feedback (raised either by the child or young person or their family)
- fear of negative repercussions (either to themselves or to their family or kin)
- fear that the complaints resolution process will not be culturally safe.

The child or young person may seek support from a trusted person (such as a family member, a staff member from an Aboriginal Community Controlled Organisation or other member of their community networks) to make a complaint on the child or young person's behalf. The DCP case worker should be led by the child or young person's expressed views and preferences when responding to the complaint.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Consider seeking advice from an Aboriginal practitioner or Principal Aboriginal Consultant to provide advice about the best way to approach and resolve complex complaints raised by Aboriginal and Torres Strait Islander children and young people.

Refer the child or young person to other complaint pathways

In addition to speaking with their case worker, supervisor and/or office manager, the child or young person can make a complaint to the [DCP Complaints and Feedback Management Unit](#). Children and young people placed in a residential care house and their parent/s must be informed that they can make a direct complaint to the Office of the Chief Executive if required. For further guidance, refer to the [Complaints and Feedback Management Procedure](#).

Respond to a request for an Internal Review

Children and young people must be informed of their right to request an Internal Review (pursuant to section 157 of the CYPS Act) where this option is available. A request for an Internal Review can be forwarded to the manager of the DCP Complaints and Feedback Management Unit by calling 1800 003 305 or by emailing [DCP Complaints and Feedback Management Unit](#).

For further guidance, refer to the [Internal Review Procedure](#).

The DCP case worker must ensure that the child or young person is aware of their right to lodge an application for review by the South Australian Civil and Administrative Tribunal if they are not satisfied with



the outcome of the Internal Review. Information for children and young people on making a SACAT application can be found at [SACAT - Children and Young people](#) or by contacting 1800 723 767.

3. Seek the views of the child or young person

Section 10 of the CYPs Act requires staff to actively seek the views of children and young people once they are considered developmentally capable of doing so. One of the DCP case worker's key responsibilities is to engage the child or young person and seek their views to inform decision making and case planning throughout their time in care.

Seek the child or young person's views

When seeking the child or young person's views, the DCP case worker should:

- use a range of developmentally appropriate methods for [seeking the child or young person's views](#)
- use language that is trauma-informed, child-friendly and developmentally appropriate
- follow the child or young person's cues, go at their pace and recognise that it may take time to build rapport and for them to feel comfortable
- consider the child or young person's cultural background and seek advice on culturally appropriate communication protocols from
 - members of the child or young person's family and kinship networks or a Principal Aboriginal Consultant (for Aboriginal children and young people)
 - DCP Multicultural Services (for children and young people from CALD backgrounds)
- adapt communication approaches for [children and young people with developmental delay or disability](#).
- respond in a timely way when the child or young person contacts them
- be honest and transparent about the reasons for decisions.

For further advice about developmentally appropriate strategies for engaging children and young people, refer to the Emerging Minds practice paper [Practical strategies for engaging children in a practice setting](#). For further guidance about child development and relevant considerations for engaging with the child or young person, refer to the [Child and adolescent development Practice Paper](#).

Carers and residential care staff hold key information about the child or young person's stated views, preferences and wishes. The DCP case worker should use communication with carers as an opportunity to seek the child or young person's views.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Enabling Aboriginal and Torres Strait Islander children and young people to participate in decision making processes supports decision makers to make informed choices about children and young people's needs. In addition to supporting the participation of the child or young person's family, kin and community in decision making, DCP case workers should strive to develop a trusting relationship with children and young people and create opportunities for them to express their views and to participate in decisions about them.

It is important to explain to the child or young person that while it may not always be possible to act on their wishes, their views are important and are considered as part of decision making and planning. The child or young person's views should be reflected in case recording and in the child or young person's [case plan](#).



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

When engaging with Aboriginal and Torres Strait Islander children and young people, be persistent and a consistent presence in their lives to build acceptance and trust. Regular conversation builds trust and creates consistency. Care should be taken to be respectful of privacy and space, including choosing to meet in places that are culturally safe and comfortable for the child or young person.

Children and young people may be invited to participate directly in formal meetings such as [care team meetings](#), case plan [review meetings](#) or [annual reviews](#). For further guidance about supporting children and young people's participation in meetings, refer to the [Supporting the participation of children and young people in decision making Practice Paper](#).

Support the child or young person to use the child survey tool

The child survey, My Voice, Our Views (MVOV), is a computer based, interactive, self-interviewing tool for children and young people of different ages, literacy levels and communication abilities. It is a tool to assist DCP case workers to engage with children and young people in care, by providing a method of recording their views about their experiences and wellbeing.

The DCP case worker is responsible for:

- ensuring that the MVOV survey is completed regularly
- responding promptly to any concerns or questions raised by the child or young person
- informing the child or young person of what actions have been taken.

This helps the young person feel heard, promote trust and strengthen relationships between the young person and their DCP case worker.

Every child or young person aged 5 to 17 years, who has been in care for three months or more must be invited to complete the MVOV child survey at least once every 12 months (and, where possible, in preparation for an annual review). It can also be used more frequently.

The child survey is a tool for:

- communication and relationship building between children and young people and DCP case workers
- children or young people to give their perspective unmediated by others
- providing DCP case workers insight into children or young people's experiences, worries, hopes and dreams
- providing DCP case workers insight into an Aboriginal child or young person's experiences, awareness, confidence and pride in their identity and a sense of belonging to their family, community, Country and culture
- identifying issues for DCP case workers to follow up, discuss and explore with children or young people
- contributing to the Australian Institute of Health and Welfare report, [The Views of children and young people in out-of-home care](#).

The child or young person's survey feedback should be given due consideration in decision making processes such as:

- supervision and case consultations



- all significant decisions
- case conferences or meetings
- creating or reviewing the child or young person's case plan (including the annual review for children and young people under the guardianship of the Chief Executive until they reach the age of 18 years)
- developing or updating an Aboriginal child or young person's Aboriginal Cultural Identity Support Tool (ACIST) as part of their case plan
- developing or updating the child or young person from a CALD background's Culturally and linguistically diverse identity support tool (CALDIST) as part of their case plan.

For further guidance about using MVOV, the DCP case worker should refer to the [My Voice Our Views User Information Sheet](#). The DCP case worker can use the [My Voice, Our Views Survey Tool video](#) to support the child or young person to use My Voice Our Views.

The MVOV survey includes a 'flag' function enabling the DCP case worker to indicate responses from the child or young person requiring follow up. The DCP case worker should:

- review the child or young person's responses
- document any concerns or issues shared by the child or young person requiring follow up in a case note in C3MS and take action to resolve these
- follow up and confirm with the child or young person that their concerns or questions have been resolved.

To request access to My Voice Our Views for case management purposes, the DCP case worker should complete a DCP [ICT Service Hub request](#). Enquires about MVOV can be directed to DCPMVOVSupport@sa.gov.au.

4. Work in partnership to make decisions about the child or young person

Working in partnership with the child or young person, their carer and family to make decisions is a key responsibility for DCP case workers. These decisions may range from decisions about the child or young person's day-to-day care needs to decisions that are likely to have a significant long-term impact on them.

Legal authority for making decisions about the child or young person will differ depending on factors including:

- the phase of child protection work being undertaken with the child or young person and their family
- who has custody or guardianship of the child or young person
- for children and young people in the custody or under the guardianship of the Chief Executive, who has delegation to make the decision.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Partnership means providing Aboriginal and Torres Strait Islander children, young people and their families with active support to participate in decision making. Partnership extends to seeking Aboriginal and Torres Strait Islander community voice in relation to significant decision making, which can include consultation with



Aboriginal Community Controlled Organisations (ACCOs) and having regard for their advice.

Make everyday care decisions for children and young people

Ensuring the child or young person's needs are being appropriately met is achieved by working in partnership with the child or young person, their carer, their parents and family, the DCP case worker, other DCP staff, and other members of the care team. There are a range of requests and decisions that will be required in relation to children and young people during their time in care.

When placing the child or young person with an approved carer, it is implied that the Chief Executive authorises the approved carer to make decisions about the daily care of the child or young person. Most of these decisions will be managed between the child or young person and their carer.

Decisions should be made in a timely manner by people with knowledge of the child or young person's individual needs. In recognition of this, the Chief Executive delegates a range of decision making powers to DCP case workers and supervisors.

[Who can say OK?](#) outlines the range of daily care decisions for children and young people under the guardianship of the Chief Executive in family based care, that carers are authorised to make and those decisions that must be made by DCP staff. The DCP case worker should, in partnership with the kinship care worker or placement support worker, ensure that the carer is referred to [Who can say OK?](#) early in the placement.

For further guidance about the practice principles underpinning decision making, refer to the [Decision making Practice Paper](#).

Understand legislative requirements

Authority	Decision making requirements
Custody	<p>The parents are the legal guardians of the child or young person.</p> <p>The DCP case worker must engage with parents to the fullest extent possible in case planning decisions and seek their agreement about issues likely to have a significant or long-term impact on the child or young person's health, wellbeing and development.</p>
Guardianship	<p>The Chief Executive is the legal guardian of the child or young person, to the exclusion of all others. The Chief Executive has the full range of rights and responsibilities in relation to the welfare and upbringing of the child or young person.</p> <p>Many of the Chief Executive's powers as the guardian of the child or young person are outlined in section 84 of the CYPS Act. This includes (but is not limited to) making arrangements:</p> <ul style="list-style-type: none"> 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.



Engage the child or young person, their carer and other relevant parties

When making decisions about children and young people in care, the DCP case worker should seek and consider the range of views that may be held by the child or young person, their carer and other relevant parties who hold relevant information that may inform the decision or may be affected by the decision. Depending on the nature of the decision being made, the DCP case worker may also seek the views of:

- the child or young person's parents
- other family or kin
- service providers and/or professionals working with the child or young person
- DCP staff, including:
 - a practice leader
 - a Principal Aboriginal Consultant (PAC)
 - DCP Multicultural Services staff
 - a DCP disability consultant
 - the child or young person's key worker, the residential care supervisor or Sanctuary practitioner (for children and young people in DCP residential care)
 - a DCP psychologist
 - DCP Legal Services
- for Aboriginal and Torres Strait Islander infants, children and young people, a recognised organisation, Elders or other people with cultural authority for the infant, child or young person
- community and religious leaders or other people with cultural authority for the child or young person (for children and young people from CALD backgrounds).

For Aboriginal and Torres Strait Islander infants, children and young people, it is particularly important that the child or young person and their family, kin and community networks are provided with opportunities to participate in making significant decisions. Opportunities include (but are not limited to):

- seeking and giving voice to the child or young person's views and those of their family and kin when developing, implementing and reviewing the case plan (inclusive of the ACIST)
- participation in care team meetings and annual reviews
- consultation on placement decisions (including respite placements and [transitions between placements](#)) and placement supports.

For further guidance about opportunities to implement family led decision making when working with Aboriginal and Torres Strait Islander infants, children, young people, families, kin and communities, refer to the [Family Led Decision Making for Aboriginal families Framework](#).

Methods to engage the parties in the decision making process can include, but are not limited to:

- face to face discussion
- telephone or video conference
- email or text message
- convening a [care team meeting](#).



For significant decisions where there is disagreement between parties or if a particularly complex decision is being made, it may be helpful to convene a case conference.

The DCP case worker should, wherever possible, seek to work in partnership with all parties to make the decision. This includes:

- providing an explanation of the child or young person's needs and circumstances
- explaining the available options (and being honest and realistic about what is and is not possible)
- discussing the potential positive and negative impacts of each option, including:
 - risks and benefits to the child or young person's safety, health, wellbeing and development
 - the potential impact on their care arrangements and placement
 - the potential impact on the child or young person's relationships with their parents, siblings, other family and kin, and other significant individuals in their lives
 - for Aboriginal and Torres Strait Islander infants, children and young people, the potential impact on their ability to practice their culture and maintain connection to their Country
 - for children and young people from CALD backgrounds the potential impact on their cultural connections through language, religion (where relevant) and community
- discussing preferred options with all parties and the reasons for their preferences.

For further guidance about seeking the views of the child or young person, refer to [Seek the views of the child or young person](#) in this chapter of the Manual of Practice and the [Supporting the participation of children and young people in decision making Practice Paper](#).

For additional guidance about supporting carers' participation in decision making, refer to the [Supporting and collaborating with carers Practice Paper](#).

Consider other relevant information

Other relevant information that may inform assessment and decision making may include:

- professional assessments and reports
- case notes and other C3MS records
- [information obtained from other agencies](#) (such as SAPOL or SA Health)
- the outcomes of consultation with a practice leader, PAC, DCP Multicultural Services, a DCP psychologist, or DCP Legal
- for placement decisions for Aboriginal and Torres Strait Islander infants, children and young people, the outcomes of [consultation with a recognised organisation](#)

For detailed guidance regarding assessment, refer to the [DCP Assessment framework for staff](#).

Communicate the proposed decision

Once the views of all parties and any additional information have been sought, the DCP case worker should ensure that the child or young person, their carer and other relevant parties involved in the decision making process are:

- advised of the proposed decision and the rationale
- provided with an opportunity to respond and have their views considered before the final decision is made.



Seek approval for the final decision (where required)

Some decisions require approval from a supervisor or higher level of delegation. Some key decisions for children and young people in care that require approval include:

Decision	Delegate
Placement of the child or young person, including into respite care	Supervisor
Referral to a specialist health service	Supervisor
Referral for psychological assessment or therapy	Supervisor
Contact arrangements for the child or young person	Supervisor
Overnight stays interstate	Supervisor
Standing approval for the child or young person to travel interstate	Supervisor
Application for a passport for a child or young person	Manager
Delegation of powers to an approved carer	Regional director
Financial assistance to support the child or young person's attendance at a non-government school	Regional director
Travel interstate (day trip)	Carer
Travel interstate (overnight)	Supervisor
Travel overseas (return trip)	Regional director
Relocate interstate or to New Zealand	Deputy Chief Executive
Relocate overseas, excluding New Zealand	Chief Executive
Removal of a child from a placement	Regional director (unless removal is required urgently; in these circumstances a supervisor may approve but the regional director must be advised as soon as practicable after the removal)
Change of name	Chief Executive

For further information about delegations for providing consent, refer to the [Guide to authorisations and delegation of powers and functions - by legislative provision](#).

Document decision making and the associated rationale

The DCP case worker must ensure that decisions and their associated rationales are recorded appropriately in C3MS. Significant decisions should be recorded using a Consult or Decision Record note in C3MS with the 'key decision' box ticked. For further guidance, refer to the [Consult or Decision Record Procedure](#).



Once the final decision has been made, the DCP case worker should advise the child or young person, their carer, carer team members and other parties (as appropriate). Where possible and appropriate, the decision and associated rationale should be provided to parties in writing.

Where appropriate, parties should be provided with information about DCP's complaints process and, where relevant, the [Internal Review](#) process.

Delegate decision making powers to a carer

Carers have an invaluable and in-depth understanding of the needs of children and young people in their care and, at times, may seek to have greater decision making independence.

When the child or young person is under the guardianship of the Chief Executive, section 76 of the CYPS Act provides that the Chief Executive may by instrument in writing delegate additional powers to an approved carer to enable them to make certain decisions about the child or young person.

A delegation of powers to an approved carer can help to:

- support timely decision making
- support the child or young person's cultural identity, sense of belonging and connectedness to their carer family, community, culture and Country; and
- normalise the child or young person's experience in care.

An instrument of delegation may provide for a carer to take on greater decision making responsibility in a range of areas. This includes:

Education	<ul style="list-style-type: none"> • Consent to significant preschool or school events, activities or trips (such as an overnight camp, swimming and aquatics programs, and transport to school activities) • Consent to participate in school events, activities or trips (interstate)
Health	<ul style="list-style-type: none"> • Consent to medical treatment for long-term conditions • Consent to allied health treatments • Consent to orthodontic treatment and general anaesthetic associated with dental care
Travel	<ul style="list-style-type: none"> • Taking the child or young person on interstate trips and consenting to such trips.

For information about these additional powers and the issues that should be considered when deciding whether to prepare an instrument refer to the [Section 76 - Decision Support Tool](#).

Powers that may be exercised by a carer under a delegation

When an approved carer is delegated powers, they may make a decision about the issues specified in the instrument without asking for permission from DCP.

A delegation cannot authorise a carer to commit DCP to any financial expenditure. Existing arrangements for approval of expenditure still apply. For example, the fortnightly basic subsidy paid to family based carers includes an amount to cover basic medical treatment and pharmaceutical requirements for the child or young person in their care. If additional health care costs arise, this expenditure must be assessed, pre-approved and documented in the child or young person's case plan. Refer to the [Carer Payments \(Family Based\) Procedure](#).

A delegation is distinct from an order transferring long-term guardianship of the child or young person to a specified person (LTGSP) under section 91 of the CYPS Act. For further guidance, refer to the [Long-term guardianship \(Specified Person\) chapter](#) of the Manual of Practice.



Assess whether it is appropriate to issue an instrument of delegation

A delegation must only be issued when the child or young person is under the long term Guardianship of the Chief Executive and is in a safe, settled and stable family based placement, and the carer has demonstrated the ability to make decisions consistent with the best interests of the child or young person. DCP may consider issuing an instrument when:

- the child or young person is under the Chief Executive's long-term guardianship, and
- the child or young person has been in the care of the carer for at least 12 months, and
- there have been no substantiated moderate or serious care concerns in the last 12 months.

An instrument of delegation should not be issued when the child or young person is under the Chief Executive's short-term guardianship. In these cases, DCP should work in partnership with the child or young person's carer and parents to make decisions while the possibility of reunification is assessed.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

For effective engagement with the child or young person, carers and parents, it is important to consult with a PAC and other Aboriginal and Torres Strait Islander staff about how best to promote and enable [family led decision making](#) for significant decisions where a child or young person is under the short-term guardianship to the Chief Executive.

The child or young person's annual review meeting provides an opportunity to consider whether decision making arrangements are working well, and the merits of issuing an instrument of delegation to a carer. DCP may also consider issuing an instrument of delegation at any time through case work or at the request of an approved carer.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

If an instrument of delegation is being considered for an Aboriginal and Torres Strait Islander infant, child or young person it is important that consultation occurs with a PAC to ensure that a cultural lens is applied and the views of the infant, child or young person and their family (where appropriate) are taken into account.

Assess and consider information

A decision to issue a delegation to an approved carer will consider:

- the views of:
 - the child or young person
 - the carer
 - parents (if appropriate)
 - the child or young person's care team
- the Aboriginal and Torres Strait Islander Child Placement Principle, including (but not limited to):
 - how the delegation would strengthen the participation of the child or young person's family or kin in decision making



- whether the delegation would support the child or young person to maintain connection to their Aboriginal and Torres Strait Islander identity through participation in cultural activities, traditions and ceremonies
- whether the delegation would support the child or young person to maintain connection to their Aboriginal and Torres Strait Islander community and Country
- the capacity of the approved carer (particularly if they are not Aboriginal or Torres Strait Islander) to make decisions and commit to maintaining the child or young person's relationships with family and community and supporting them to practice their culture, traditions and language
- any potential risk to the child or young person
- the capacity of the approved carer to make decisions that meet the child or young person's needs and are in their best interests; this includes their understanding of the needs and interests of the child or young person and their demonstrated motivation to proactively make decisions to meet those needs.
- the carer's understanding of and commitment to keeping DCP informed of any significant decisions made under a delegation, to ensure that the child or young person's case record is kept up to date.

Consult on the decision to delegate decision making powers to the carer

When considering whether it is appropriate to issue a delegation to an approved carer, the DCP case worker must consult with their supervisor. For more complex matters, it is also recommended that the DCP case worker consult with a practice leader and PAC for Aboriginal and Torres Strait Islander infants, children or young people, or DCP Multicultural Services for children and young people from CALD backgrounds.

For information about the powers that may be delegated to a carer and the issues that should be considered when deciding whether to prepare an instrument of delegation, refer to the [Section 76 - Decision Support Tool](#).

Communicate the decision to the carer and other relevant parties

The DCP case worker should ensure that the child or young person, their carer and other relevant parties involved in the decision are:

- advised of the proposed decision and the rationale
- provided with an opportunity to respond and have their views considered before the final decision is made.

Record the decision in C3MS

Any decision about whether or not to issue an instrument of delegation must be recorded in C3MS in accordance with the [Consult or Decision Record Procedure](#). The decision should be noted by the Carer Approval and Review Unit (CARU) on the Carer Approval page in C3MS. The kinship care worker or kinship supervisor is responsible for noting the decision in the Kinship Care case in C3MS and updating the Carer Agreement and undertaking a carer review. The record must include:

- the date the decision was made
- information considered in making the decision
- the rationale for the decision
- if the decision is made to issue the instrument of delegation, the specified powers to be included in the instrument, and any limitations or conditions.



Prepare an instrument of delegation

If it is determined that a delegation should be provided to an approved carer, the DCP case worker in consultation with the supervisor should complete the [Section 76 instrument of delegation template](#).

An instrument of delegation must:

- be prepared separately for each child or young person in the care of the approved carer
- include details about the child or young person, approved carer, Youth Court order placing the child or young person under the Chief Executive's guardianship and the power/s to be delegated (including any conditions)
- have a copy of the Youth Court order attached.

It is strongly recommended that the DCP case worker and supervisor consult with DCP Legal on the draft instrument of delegation prior to seeking endorsement and approval.

The instrument must be endorsed by the office manager and referred to the regional director for their approval and signature.

Once approved, the DCP case worker must provide the carer with the original signed instrument and advise the carer of:

- the limits of their delegation
- the need to keep DCP informed of any significant decisions made when exercising powers under a section 76 delegation
- how the delegation may be revoked and in what circumstances.

The DCP case worker must also provide information relating to the delegation to the:

- child or young person (where developmentally appropriate)
- child or young person's parents (if appropriate)
- child or young person's health provider (if the delegation relates to health)
- child or young person's school (if the delegation relates to education)
- placement support worker or kinship care worker.

The DCP case worker must also ensure that the child or young person's case plan is reviewed to reflect that this delegation has been issued and upload a copy of the signed instrument as an administrative authority in C3MS. C3MS must also be updated to record information that has been provided to relevant parties and copies of letters sent to other parties (including the child or young person, parents, school and DCP Kinship Care or the carer's support agency).

An instrument of delegation remains in force while the child or young person resides with the approved carer for the duration of the Youth Court order, unless revoked.

The decision to issue an instrument of delegation is a reviewable decision. All parties must be made aware of the pathways that are available for resolving disputes about this decision and of their right to seek an [Internal Review](#).

Review an instrument of delegation

The instrument of delegation must be reviewed by the child or young person's care team at every [annual review](#) meeting and at any other time as deemed necessary. If care concerns emerge, consideration must be given to the appropriateness of the delegation, including consideration of whether the delegation continues



to be in the child or young person's best interests. Reviews of a delegation should take into account the views of the child or young person.

A delegation may be varied or revoked at any time. This may be necessary when:

- the child or young person [transitions to another placement](#)
- the case direction changes (for example, late stage reunification)
- a new Youth Court order is made
- the child or young person expresses concerns about the delegation
- an approved carer advises that it is difficult or onerous to exercise their delegation
- where additional delegations are being considered, an approved carer demonstrates skills, confidence and willingness to take on additional powers
- there are changes to the child or young person's circumstances (such as a transition from government to non-government school or a newly diagnosed health condition)
- DCP or an agency who is working with an approved carer (such as a school or health care provider) identify changes that are needed to improve decision making
- care concerns have been raised.

It is strongly recommended that the DCP case worker consult about the merits of varying an instrument of delegation to an approved carer with:

- their supervisor
- a practice leader
- a PAC if the infant, child or young person is Aboriginal or Torres Strait Islander
- DCP Multicultural Services if the child or young person is from a CALD background.

For children and young people with where there are concerns about decision making in relation to their disability needs, it is strongly recommended that the DCP case worker consult with a DCP disability consultant.

The DCP case worker must contact DCP Legal for assistance to vary or revoke an instrument of delegation. If the delegation needs to be varied, a new instrument must be prepared, which will revoke and replace the previous delegation. If the delegation requires revocation, the carer must be advised in writing that the instrument has been revoked.

The decision to revoke or vary a delegation and the reasons for this decision must be recorded in C3MS in accordance with the [Consult or Decision Record Procedure](#), with the 'Key Decision' box ticked.

Once the new instrument of delegation has been endorsed by the manager, it must be forwarded to the regional director for their approval and signature.

The approved carer and anyone else who has received a copy of the previous delegation (such as the school or carer support agency) must be advised of changes to the instrument.

Respond to a request to review a decision to issue, vary or revoke an instrument of delegation

Children and young people, carers, parents, family and kin and other important people in the child or young person's life affected by a decision about delegation of powers to a carer should be advised that they may contact the DCP office and the child or young person's DCP case worker or supervisor if they have any queries or concerns regarding arrangements for the care of the child or young person.



If the child or young person, the carer or other relevant party is aggrieved about a decision to issue, vary or revoke an instrument of delegation, all efforts must be made to resolve this within the child or young person's care team. The DCP case worker must inform the aggrieved person of the ability to request an [Internal Review](#) of the decision to issue, vary or revoke an instrument of delegation.

If, after an Internal Review is completed, the aggrieved person disagrees with the decision, the DCP case worker and supervisor must ensure the aggrieved person is aware of their right to apply for a review by the South Australian Civil and Administrative Tribunal (SACAT). Refer to the [SACAT website](#) for further information about external review of the decision.

The DCP Complaints and Feedback Management Unit can also provide information about DCP complaints processes and external processes, such as the Health and Community Services Complaints Commissioner or Ombudsman.

5. Support the placement

Meet regularly with the child or young person and their carer

It is a primary responsibility of the DCP case worker to establish a consistent and trusting relationship with children and young people placed in care and their carers. Such relationships can only be built through regular and meaningful contact, including placement visits. Regular contact provides an opportunity to seek the child or young person's and carers views and wishes, identify their needs and establish rapport.

All contact with the child or young person and carer must be recorded in C3MS.

For further guidance about requirements for regular face to face contact with the child or young person, refer to [Maintain regular face to face contact with the child or young person](#) in this chapter of the Manual of Practice.

Work in partnership with the carer

Enable the carer's participation in decision making

Developing a positive, collaborative relationship with the child or young person's carer (inclusive of residential care staff) is a core professional responsibility for DCP case workers. Supporting and collaborating with the carer includes:

- proactively seeking the carer's views and opinions
- responding to the carer's views and feedback
- facilitating the carer's participation in decision making
- being transparent about decision making and any actions taken.

Section 82 of the CYPs Act entitles carers to participate in any decision making process relating to the health, safety, welfare or wellbeing of the child or young person in their care. This may include:

- contact arrangements
- education
- cultural maintenance planning
- accessing health care (including routine checks and health assessments, vaccination, and referrals for specialist treatment)
- referrals to relevant services and supports, including therapeutic supports



- life story work and supporting the development and maintenance of the child or young person's identity
- recreational and social activities
- preparing for major transitions or changes, such as placement changes, leaving care, or transition to adulthood.

This applies at all points in the continuum of care and as soon as the child or young person enters the care of a family based carer. The DCP case worker should ensure that the carer is referred to [Who Can Say Ok?](#) for information about day to day decision making about children and young people in care.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

It is important to consider Aboriginal and Torres Strait Islander carers' own history of any loss of culture or dislocation from family and community and how this impacts on their engagement with DCP. Seek advice from Aboriginal and Torres Strait Islander staff for guidance about exploring identity and culture with the carer through respectful conversations, with the aim of supporting healing and wellbeing.

For detailed guidance regarding making decisions in partnership with carers, refer to the [Supporting and collaborating with carers Practice Paper](#), the [Decision making Practice Paper](#) and [Work in partnership to make decisions about the child or young person](#) in this chapter of the Manual of Practice.

The [Statement of Commitment](#) sets out the principles of partnership between DCP and family based carers:

Principle	Practice considerations
Inform	<ul style="list-style-type: none"> • Share information about the child or young person to support effective participation in decision making. • Set placements up for success by providing the carer with information from the earliest possible opportunity (Information checklist for family based carers). • Provide the carer with information about their right to seek a review of a decision (where applicable) and about DCP's complaints and feedback process.
Support	<ul style="list-style-type: none"> • Maintain regular contact with the carer through home visits. • Work in partnership with the kinship care worker (or an Aboriginal kinship care worker from an ACCO) or placement support worker. • Respond to the carer's support needs in a timely way. • Encourage the carer to use informal supports in their family, kinship and community networks, as well as other carers (for example, events or training provided by Connecting Foster and Kinship Carers SA). • Be understanding of each carer's needs and support their wellbeing. • Provide tailored guidance and support to help build on carers strengths and skills, including for the child or young person's connection to culture, kin and community.
Consult	<ul style="list-style-type: none"> • Provide opportunities for the carer to contribute to decision making about the child or young person's care.



	<ul style="list-style-type: none"> • Ensure that the carer is included in care team meetings as well as case planning, review and annual review processes. • Be clear about the reasons the carer's views are being sought. • Explain the rationale when making a decision. • Be open and honest in communications with carers and honour the agreements made with them.
Value	<ul style="list-style-type: none"> • Encourage the carer to engage in regular self-care activities. • Recognise the impact that caring can have on the carer and their family. • Demonstrate empathy and appreciation. • Acknowledge the carers' cultural ways and practices and how these strengthen the care they provide to children and young people.
Respected	<ul style="list-style-type: none"> • Manage the carer's personal information with sensitivity and in accordance with the CYPS Act and Information sharing guidelines (refer to the Information gathering and sharing chapter of the Manual of Practice for further guidance). • Take carers' feedback seriously and respond to complaints fairly and in a timely manner.

For further guidance, refer to the [Supporting and collaborating with carers Practice Paper](#).

Work in partnership with the care team

Establish the care team

The child or young person's care team can include:

- the child or young person
- the carer
- parents (if appropriate)
- for Aboriginal and Torres Strait Islander infants, children and young people, family members and/or kin recognised as decision makers within the family and kinship network
- a cultural support person (if appropriate)
- service providers providing services to the child or young person, their family and/or the carer (such as kinship care workers or placement support workers, therapists, or allied health clinicians)
- educators.



Participation

Country.

Enabling the participation of Aboriginal and Torres Strait Islander infants, children and young people (where developmentally appropriate), family and kin and community in the care team is an active effort to [implement family led decision making](#). Giving voice to Aboriginal and Torres Strait Islander infants, children and young people, their families and kin in care teams is also an important way that care teams can consider a range of opportunities and strategies for supporting the infant, child or young person's participation in their culture and maintaining relationships with their Aboriginal and Torres Strait Islander family, community and



Make active efforts to create cultural safety for Aboriginal and Torres Strait Islander infants, children and young people and Aboriginal and Torres Strait Islander carers, family and kin in care team meetings (for further guidance about cultural safety, refer to [Identify and respond to the cultural needs of Aboriginal and Torres Strait Islander children and young people](#)).

Care teams are effective when:

- discussion stays centred on the child or young person and their needs
- roles and responsibilities are clear and agreed upon
- active efforts are made to create cultural safety for Aboriginal and Torres Strait Islander infants, children and young people and Aboriginal carers, family and kin (for further guidance about cultural safety, refer to [Identify and respond to the cultural needs of Aboriginal and Torres Strait Islander children and young people](#))
- care team members respond to one another with empathy and respect
- communication is open and transparent; care team members use clear, accessible language
- expectations of members are realistic and achievable
- care team members are accountable for what they say they will do
- mistakes are acknowledged and used as an opportunity to learn and improve
- disagreement is acknowledged and discussed respectfully
- meetings or other forms of communication (such as video conferencing or group emails) occur at a frequency agreed by the care team and not just in reaction to a crisis.

Determine how the care team will function

The way the care team functions, including the frequency of meetings or other communication, should be decided by the care team based on the child or young person's individual circumstances and needs.

It is often helpful for a meeting to be held to establish the care team. This first meeting of a care team should be used to establish and agree upon expectations for how the care team will work together including:

- how often the care team will meet
- how the care team will meet or communicate (for example, in person, via video conference or via emails)
- how the care team members will discuss issues and make decisions together
- how the care team will maintain contact with one another between meetings (for example, email, telephone calls)
- how the care team will work together to resolve differences of opinion.

Details of how the care team have agreed to work together should be shared between care team members and recorded in the care team meeting minutes.

Hold care team meetings

Care team meetings should be used to:

- share relevant information about the child or young person's needs or identify new needs
- monitor progress against the case plan
- prepare for and support major transitions or changes in the child or young person's life including:



- change in case direction
- placement changes
- transitions between schools, or
- attendance at major family and/or cultural events
- consider whether a case plan review is required.

Care team meetings should be arranged to support the full participation of care team members. While it is not always possible or necessary to have all care team members attend care team meetings in person, they should be given opportunities to share information and contribute to decision making. The DCP case worker should:

- use the [Care team meeting template](#) to record minutes of meetings
- choose times and locations that are accessible to care team members (with specific considerations for whether the venue is culturally appropriate or accessible for people with disability)
- support care team members to participate over the telephone, video call or by proxy
- arrange for support people or advocates for parents, other family members or carers to attend meetings where necessary
- share minutes after the meeting to outline any agreed actions and ensure that members who were absent are aware of developments in the child or young person's circumstances.

Consider convening a case conference (where required)

In circumstances where the child or young person has particularly complex needs or where is a lack of agreement between DCP and another agency working with the child or young person, it may be appropriate to convene a case conference. A case conference can be used to share information and make decisions about the child or young person's care.

It is recommended that the DCP case worker consult with their supervisor for advice about whether a case conference is appropriate.

Identify the need for and engage placement supports

The DCP case worker must work closely with the kinship care workers or placement support worker to support carers to meet the child or young person's needs. Opportunities to identify placement supports include (but are not limited to):

- regular verbal and written communication with the carer
- placement visits
- care team meetings
- case plan reviews and annual reviews.

Kinship care workers are responsible for working alongside the kinship carer to identify the level of support required. For further guidance about the Kinship Care Targeted Support Approach, refer to the [DCP Kinship Care Program: Targeted Support Approach Assessment Procedure](#).

Foster care agencies are responsible for working closely with foster carers to identify the supports that they need in order to provide quality care to children and young people. This may include training and education, a support worker and/or respite care.



Identify the carer's support needs

There may be circumstances where the child or young person's carer identifies challenges they are experiencing in providing care or where the DCP case worker assesses that the carer requires additional support to meet the child or young person's needs. For further guidance, refer to 'Holistic assessment of family-based carer capacity to meet a child or young person's needs' in the [DCP Assessment framework for staff](#).

In circumstances where issues related to the carer's capacity to meet the child or young person's care needs are identified, the DCP case worker should discuss these issues directly with the carer and the kinship care worker or placement support worker to:

- clearly articulate what the issues are and identify their impact on the child or young person's safety and wellbeing
- seek the views of the carer, seeking points of agreement and acknowledging and discussing differences of opinion respectfully
- seek the views of other care team members to identify where collaboration is needed to support the child or young person and the carer.

The DCP case worker and the care team should work together to develop a plan to respond to the carer's support needs. Relevant information about planned actions, responsibilities, timeframes and outcomes should be recorded in the child or young person's case plan and in the Carer Agreement.

When a carer's support needs change over time, the kinship care worker or placement support worker should complete a [Carer Review](#) and/or amend the [Carer Agreement](#) so the carer's training and support needs are recorded.

Engage placement supports

The DCP case worker, in partnership with the carer, and kinship care worker or placement support worker, should work with the carer to identify and engage placement supports. These supports may include (but are not limited to):

- support for responding to the child or young person's psychological or emotional needs (this may involve consultation with a DCP psychologist and/or seeking therapy for the child or young person and carer)
- further learning opportunities or information about responding to trauma-related behaviours (refer to the [Iceberg Model](#) for guidance regarding responding to trauma)
- further learning opportunities, information or mentoring to better support the carer to meet the cultural needs of the child or young person (if they are not from the same culture or community of origin as the child or young person)
- further learning opportunities or information to better support the carer to meet the child or young person's disability needs
- practical support, advice or information for safely facilitating and supporting contact arrangements
- support or advocacy attending meetings or appointments with the child or young person's school, the NDIS or other relevant service providers
- involving the carer's informal supports
- opportunities to connect with other carers.

Children, young people and their carers may benefit from therapeutic support to manage a range of issues that may be encountered during a placement including:



- attachment difficulties
- trauma-related behaviour (including issues related to contact)
- managing transitions (such as change of placement or entering adolescence).

If considering a referral for therapeutic support, refer to [Identify and respond to the psychological and emotional needs of the child or young person](#) in this chapter of the Manual of Practice. All referrals for therapy should be recorded in the Referrals tab in C3MS. For further guidance, refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#).

For children and young people with disability, the carer may benefit from support from the Therapeutic Carer Support program. To discuss the carer's suitability for the program, it is recommended that the DCP case worker consult with the DCP disability consultant. All referrals for the Therapeutic Carer Support program should be submitted through C3MS in accordance with [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#).

Placement supports should be considered and recorded in partnership with the carer and kinship care worker or placement support worker as part of the case planning and review process. For further guidance about the case planning and review cycle, refer to the [Case planning, review and annual review chapter](#) in the Manual of Practice.

Monitor placement supports

When placement supports are implemented, the DCP case worker should work with the carer and the care team to monitor and assess whether interventions have been effective in meeting the child or young person and the carer's needs. Progress against actions should be recorded as part of the [case plan review](#).

Arrange respite care for the child or young person

Identifying ways for carers to have regular breaks or time out to attend to other personal and family matters can be integral to sustaining carers in their ongoing role. Like any parent or caregiver, there are various ways that carers can have a break from their day to day caring responsibilities.

The DCP case worker, in partnership with the kinship care worker or placement support worker should discuss informal and formal respite options with the carer at the early stages of a placement. These discussions are an opportunity to clarify DCP's expectations regarding respite care, including approval of regular respite arrangements.

Respite	Description	Approval requirements
Informal respite	<ul style="list-style-type: none"> • Babysitting • Sleepovers with family members or friends • Organised activities (such as school camps or child care) 	<p>Overnight stays of up to two nights can be approved by the carer.</p> <p>Overnight stays of more than two nights must be approved by the supervisor.</p>
Formal respite	<ul style="list-style-type: none"> • The child or young person spends short, planned, regular or one-off agreed periods of time. 	<p>A respite carer is an approved family based carer other than the child or young person's primary carer.</p> <p>Respite care should be arranged following the process outlined below.</p>

For further guidance about informal options and approval requirements for family based placements, the DCP case worker should refer the carer to [Who Can Say OK?](#)



For further guidance about approval of carers, refer to [Gather and assess information to identify placement pathways](#) in the Place a child or young person in care chapter of the Manual of Practice. For temporary placement carers, assessment and approval of respite carers within existing networks should occur concurrently with that of the primary carer, where possible.

Consider the carer's respite needs

All approved carers are able to request and receive respite care. The carers may access occasions of respite care:

- overnight
- during the day
- at the respite carer's home
- in the primary carer's home with the primary carer present.

An occasion of 'day respite care' starts and finishes on the same day.

An occasion of overnight respite care:

- starts on one date and ends on the next consecutive day
- can be taken separately or combined in a block of time (up to 21 consecutive occasions or days, beyond which this becomes a short-term placement).

Family based carers (including specialist foster carers) may be able to access up to 24 occasions of respite care per calendar year. If a carer requests more than 24 occasions of respite per child or young person, the DCP case worker should:

- assess the additional request, including:
 - the impact on the child or young person
 - the child or young person's sense of belonging and stability in their placement
 - other supports the carer may require
 - other options that may be preferable to respite care
- seek approval from the manager
- provide a minimum of two working days' notice to Placement Services to process the respite request (unless respite is being requested in exceptional circumstances, such as the carer requiring urgent medical treatment or attending a funeral)

Further information about when other forms of placement may be appropriate can be found in the [Carer Payments \(Family Based\) Procedure](#).

For further guidance, refer to the [Respite Policy](#).

Consider the child or young person's needs

The best interests of the child or young person are a fundamental consideration in providing respite care.

Respite care that is regular and planned, with consistent carers, allows children and young people to develop relationships with their respite carers and to feel safe and secure.

To determine proposed respite care arrangements, the DCP case worker should consider:

- the child or young person's views
- the child or young person's cultural needs



- the child or young person's disability or special needs
- the child or young person's previous experiences of respite
- how the proposed respite care placement aligns with the child or young person's case plan.

Consider the cultural needs of Aboriginal and Torres Strait Islander infants, children and young people

For Aboriginal and Torres Strait Islander infants, children and young people and their carers, respite care is an important way to support the family to maintain cultural practices by:

- validating Aboriginal and Torres Strait Islander parenting practices (where infants, children and young people may have multiple caregivers and attachment relationships within their family and kinship network)
- enabling Aboriginal and Torres Strait Islander families and kin to fulfil their cultural obligations to the infant, child or young person
- supporting Aboriginal and Torres Strait Islander infants, children and young people to maintain relationships with Aboriginal family and kin
- providing important opportunities for Aboriginal and Torres Strait Islander infants, children and young people to learn and practice their culture.

The DCP case worker, in collaboration with the infant, child or young person's family, kin and care team, should explore and consider options for safe and appropriate respite care arrangements.

When considering respite for Aboriginal and Torres Strait Islander infants, children and young people, the DCP case worker must ensure provision of respite is in accordance with the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#) and in line with the placement hierarchy in section 12 of the CYPs Act.

The DCP case worker must, where reasonably practicable, consult with a recognised Aboriginal organisation for any respite care placements for an Aboriginal child or young person. For complex matters, it is recommended that the DCP case worker consult with a PAC. For further guidance, refer to [Consult with a recognised organisation \(for Aboriginal children and young people\)](#) in the Place a child or young person in care chapter of the Manual of Practice and the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

Consider the cultural needs of children and young people from CALD backgrounds

Advice and support from DCP Multicultural Services is strongly recommended for respite care plans involving children and young people from CALD backgrounds where the child or young person is being placed with respite carers who are not part of their community. For further guidance, refer to the [Culturally and linguistically diverse child placement Policy](#).

For further information, refer to [Identify and respond to the cultural needs of children and young people who are culturally and linguistically diverse](#) in this chapter of the Manual of Practice.

Disability needs

The NDIS is responsible for funding respite care support where the support is required as a result of the functional impacts of the child or young person's disability. NDIS respite supports and DCP respite care can be provided at the same time.

For further information, refer to [Identify and respond to the child or young person's developmental and disability needs](#) in this chapter of the Manual of Practice.



Request a respite care placement

Carers can request respite care via their DCP case worker and/or their carer support agency. Kinship carers or SCO carers who are not involved with a carer support agency should request respite care through their DCP case worker. Where it is requested via the carer support agency, the carer support agency must inform the DCP case worker so the respite care placement request can be submitted.

All respite care arrangements where the respite care will be provided by approved carers must be approved via the Placement Response Team (PRT) before respite proceeds. For guidance about making requests for respite in C3MS, refer to the [Recording a Placement Request C3MS Guide](#). This is with the exception of kinship/SCO respite carers who are not supported by a NGO or Aboriginal Community Controlled Organisation (ACCO) as this will follow the Placement No Request (PNR) process in C3MS. For further guidance, refer to the [Placement No Request \(PNR\) C3MS Guide](#).

Manage financial supports for the carer

In addition to carer payments, there are a range of financial supports that may be available for carers to cover expenses associated with providing care. It is important to ensure that discussions about financial responsibility for covering expenses occur early in partnership with the carer, the kinship care worker or placement support worker, and other care team members (as required) to ensure that all parties are aware of expectations about what costs DCP will cover. Actions relating to reimbursement and payment of expenses associated with the child or young person's care should also be recorded in the child or young person's case plan.

Decisions about DCP's coverage of expenses should be considered on a case by case basis and in consultation with the supervisor.

For guidance about expenses that DCP may assist with for family-based carers, refer to [Who pays for what?](#)

For further guidance regarding management of expenses for children and young people in residential care, refer to [Financial responsibilities for children and young people in a DCP provided residential care placement](#).

Complete regular assessments using the Complexity Assessment Tool

The complexity assessment tool (CAT) is a screening instrument in C3MS used to measure the behavioural and special needs of children and young people. It assesses and scores children and young people across specific areas to help identify the level of support required to meet their care needs.

A CAT assessment should be undertaken for all children and young people in care at least annually. Where the DCP case worker has sufficient information about the child or young person, the CAT should be completed:

- before making a [placement request](#)
- as soon as possible after the placement request has been made.

A CAT assessment or re-assessment may also be required:

- following a placement breakdown
- when the child or young person's circumstances change or there is a change or escalation in their [health](#), [psychological](#) and/or [disability](#) needs
- in preparation for or following a [case plan review](#) or [annual review](#).

A CAT assessment is informed by key information gathered from a range of sources including (but not limited to):



- the child or young person's carer
- written or verbal advice from professionals involved with the child or young person (such as the child or young person's GP or paediatrician, psychologist, an allied health professional or an educators) about the child or young person's behaviours and support needs
- information obtained from other agencies (such as SAPOL or Youth Justice)
- professional reports and diagnoses
- direct observations of the child or young person.

When completing the CAT assessment, consideration should be given to how the child or young person would compare with their peers the general population and whether they are reaching their developmental milestones.

Behavioural complexity

The first part of the CAT assessment measures the presence and intensity of behaviours across the following categories:

- substance use
- sexualised behaviour
- offending behaviour
- school behaviour
- general behaviour.

If the child or young person is known to have engaged in harmful sexual behaviour with other children or young people, the DCP case worker (in conjunction with the carer, where relevant) must also consider completing the [Peer to Peer Harmful Sexual Behaviour involving Children in Care Assessment Protocol](#) to safeguard children and young people in shared placements.

Special needs complexity

This part of the CAT assessment examines the special needs of children and young people in four categories:

- physical health
- child development and intellectual ability
- mental health
- physical disability.

Level of complexity

Children and young people are categorised into one of the following four groups according to their level of complexity. This classification relates to the most suitable placement option for the child or young person.

Level	Description
Level 1	<p>The child or young person's behaviour, functioning and emotional regulation are consistent with developmental milestones and are age appropriate. The child or young person attends school and are able to form positive connections with family, community and culture.</p> <p>The level of supervision required is at a general, age-appropriate level.</p>



Level	Description
Level 2	<p>The characteristics of the child or young person include:</p> <ul style="list-style-type: none"> • developmental delay • specific learning difficulties • disability • specific health concerns • behavioural difficulties • emotional dysregulation. <p>These require ongoing support, review or treatment.</p> <p>The child or young person does not require intense supervision, and is able to attend school and form positive connections when plans and structures are in place.</p>
Level 3	<p>The child or young person at this level has major health, disability or cognitive factors which affect their daily functioning.</p> <p>There are consistent challenges in meeting the child or young person's behavioural needs in their current or prior living arrangements.</p> <p>Additional supervision, support and liaisons with specialist services are required.</p>
Level 4	<p>This category may apply in circumstances where the child or young person has significant concerns where factors present an imminent and critical risk of harm to self or others and significant intervention is required to support their placement.</p> <p>Intensive supervision, support and liaisons with specialist services are required to:</p> <ul style="list-style-type: none"> • maintain the child or young person living in the placement • reconnect and sustain engagement in education, employment or training • foster the child or young person's connections with family, culture, personal interests and the community. <p>A CAT 4 assessment may also be applicable for children and young people with high disability and/or high health needs requiring a significant level of support or intervention (for further guidance refer to Identify and respond to the child or young person's developmental and disability needs in this chapter of the Manual of Practice).</p>

For additional guidance refer to the [C3MS Guide: Complexity Assessment Tool](#).

In circumstances where the DCP case worker is unsure if the assessed CAT level is appropriate to the child or young person's level of need, they should consult with their supervisor and consider whether re-assessment may be required.

Complete a Special Needs Loading application (where required)

Special Needs Loadings (SNLs) are paid to help compensate carers for the extra expenses associated with caring for a child or young person with additional needs. A SNL application should be completed for children and young people with a CAT assessment level of 2 or higher. A SNL is not required for children and young people placed with a specialist foster carer.



Loading types

The two main loading types are:

Loading type	Description
High intervention needs loading	Paid to support children and young people with needs that are not associated with an intellectual or physical disability. This includes emotional and behavioural needs that require additional support for the child or young person.
Physical or intellectual (special needs) loading	Paid to support children and young people with intellectual or physical disability.

For a full list of available loading types, refer to the [Carer Payments \(Family Based\) Procedure](#).

Complete a Special Needs Loading Application

The DCP case worker should:

- assess the child or young person's level of need using the appropriate loading score sheet as part of the [Special Needs Loading Application form](#) in consultation with the child or young person's carer
- translate the score into a capped percentage amount that is applied to the fortnightly carer payment
- discuss the outcome of the CAT assessment and SNL application with the carer and provide a rationale for the assessment outcome and, if the carer does not agree or provides additional information about the child or young person's functioning or needs, utilise professional judgement in considering whether reassessment is required
- in partnership with the kinship care or placement support worker discuss the child or young person's support needs with the carer and record how the SNL will be used using the [Out-of-Home Care Finance Agreement form](#)
- sign the Out-of-Home Care Finance Agreement form and obtain the signatures of the carer and the supervisor
- provide a copy of the signed agreement to the carer
- seek the manager's approval for the SNL application.

The DCP case worker should complete only one loading score sheet (either High intervention needs loading or Physical or intellectual). In circumstances where it is unclear which loading type is most applicable to the child or young person, the DCP case worker should consult with the supervisor.

If a back payment of \$2499.99 or less is required, the manager must complete and sign the SNL Back Date or Override Authorisation.

If a back payment of \$2500.00 or more is required, the SNL Back Date or Override Authorisation must be signed by the regional director.

Submit the SNL application to the Carer Payments Team

The DCP case worker should:

- upload the signed and approved Special Needs Loading Application form and the signed Out-of-Home Care Finance Agreement to the child or young person's current CAT assessment in C3MS



- contact the Carer Payments Team by emailing DCPCarerPayments@sa.gov.au or calling 08 8226 6666 to advise of the application and the loading details.

Consider whether Exceptional Resource Funding is required

Exceptional resource funding may be applied for when all other funding sources have been exhausted. For guidance about alternative funding sources, refer to the [Other Financial Support Factsheet](#). For detailed guidance about what ERF may be used for and the application process, refer to the [Exceptional resource funding procedure](#).

Support the carer to manage Centrelink claims

The carer's entitlement to Centrelink payments may change when the child or young person enters (or leaves) their care.

Carers are responsible for advising Centrelink when the child or young person enters or leaves their care. Where required, the DCP case worker should support the carer by:

- advising the carer of their responsibility for informing Centrelink that they are providing care to the child or young person.
- providing the carer with a copy of the Youth Court order to support their Centrelink claim
- where a Youth Court order is not available or cannot be shared, providing the carer with the [Verification of a child in care for the Commonwealth Department for Human Services form](#) (on Department for Child Protection letterhead)
- supporting the carer to access other documents as required by Centrelink.

The child or young person's parents should also be informed of their obligation to advise Centrelink that the child or young person is no longer in their care, or if the child or young person is reunified. Carers and parents must submit claims via [MyGov](#).

Respond to concerns about the placement

Assess information about the placement

If concerns arise as part of regular support and monitoring of the placement, the DCP case worker should gather and assess information about the child or young person and the carer's capacity to meet the child or young person's needs, and develop and document their conceptualisation of the concerns. For further guidance, refer to the [DCP Assessment framework for staff](#).

Discuss concerns about the placement with the carer and relevant parties

If there are concerns about the placement, the DCP case worker should consider what placement support could be implemented to support the carer and the child or young person (refer to the 'Identify the need for and engage placement supports' section in this key step for further guidance). If these interventions are not successful, the DCP case worker must discuss the concerns with their supervisor. The discussion should address:

- details of how the child or young person's needs are not being met
- any carer behaviours that are of concern
- the supports that have previously been put in place to address the carer's needs and their effectiveness
- details of conversations between the DCP case worker (or kinship care or placement support worker if appropriate) and the response by the carer to the intervention/discussions.



The details of this discussion should be recorded in C3MS in accordance with [Consult or Decision Record Procedure](#).

The DCP case worker and supervisor should convene a case conference to:

- discuss the concerns
- develop a plan for how the child or young person's needs will be met
- provide a clear explanation of what action will be taken if agreement on the plan cannot be reached or if the concerns are not addressed (including, where necessary, [removal from the placement](#)).

The case conference should include:

- child or young person (where appropriate)
- the carer
- the kinship care worker or placement support worker
- practice leader (as chair)
- PAC (if the infant, child or young person is Aboriginal and Torres Strait Islander)
- DCP Multicultural Services (if the child or young person is from a CALD background).

The plan to address the concerns should include:

- what is required for the child or young person to safely remain with the carer
- specifics about what must be present and absent (in behavioural terms)
- roles, responsibilities and timeframes
- a review mechanism.

Review the plan to address the concerns

If, on review, the supports in place have been successful in supporting the child or young person to safely remain in the placement, the DCP case worker in partnership with the child or young person, carer, and care team will continue to support and monitor the placement.

If agreement on the plan cannot be reached or upon review it is determined that the implemented plan has not been successful in meeting the child or young person's needs, it may be necessary to consider removal of the child or young person from the placement. Removal can be a significant source of distress and trauma for the child or young person and their carer, and should only be considered as a last resort when all other options have been exhausted. For further guidance, refer to the [Remove the child or young person from a placement](#) in this chapter of the Manual of Practice.

Report a suspicion a child or young person is at risk

If there are concerns about the child or young person's safety and wellbeing (and that of any other children and young people in the placement) because of a reasonable suspicion that the child or young person has been harmed (sexually, physically, emotionally or through neglect) or there is a risk of harm to the child or young person, the DCP case worker must raise a care concern in C3MS. For further guidance about raising a care concern and roles of DCP case workers and supervisors in responding to care concerns, refer to the [Raising and responding to care concerns chapter](#) of the Manual of Practice.

A DCP employee (which includes students undertaking practical training, DCP volunteers and service providers who are contracted to conduct DCP services) must make a report to SAPOL if they know or suspect sexual harm of a child or young person under the age of 18 years (including historical incidents within the previous ten years) perpetrated by another DCP employee. Failure to report suspected child sexual abuse to



SAPOL in accordance with section 64A of the *Criminal Law Consolidation Act 1935* has a maximum penalty of imprisonment for three years. Refer to the [Reporting a suspicion a child or young person is at risk procedure](#) for further guidance.

A DCP employee as defined above, who becomes aware of concerns that a child or young person (17 years of age or under) is at *substantial risk* that another DCP employee will engage in sexual abuse of the child or young person, must take steps to reduce or remove the substantial risk the abuse will occur to ensure the immediate safety of the child or young person. The DCP employee must inform their manager (or next most senior person if appropriate) of their suspicions or knowledge, unless they have direct line management of the alleged perpetrator. Further action should then be discussed with the manager.

In circumstances where the child or young person is at imminent risk of sexual abuse, the DCP employee must not delay action in order to discuss the matter with their manager, and ensure that this discussion occurs as soon as practicable after taking action. Failure to protect a child or young person from sexual abuse (either by reducing or removing the substantial risk) has a maximum penalty of imprisonment for 15 years. For further guidance about recognising and responding to sexual abuse or exploitation in the care environment, refer to the [Safeguarding children and young people Practice Paper](#).

Manage requests for the child or young person to relocate interstate or to New Zealand

There may be occasions where a carer seeks to relocate interstate or to New Zealand, along with the child or young person in their care. Before a child or young person in care can relocate interstate or to New Zealand (in accordance with the [Interstate Child Protection Protocol – Australia and New Zealand](#)), approval must be obtained from the Deputy Chief Executive by submitting a [briefing in the Digital Workspace](#) (endorsed by the office manager and relevant regional director).

The briefing should outline the child or young person's circumstances and the reasons for the proposed relocation interstate or to New Zealand, as well as an assessment summary reflecting the reasons why DCP believes the proposed relocation is in the child or young person's best interests.

Manage requests for the child or young person to relocate to an overseas jurisdiction other than New Zealand

There may be occasions where a carer seeks to relocate to an overseas jurisdiction other than New Zealand, along with the child or young person in their care. A child or young person's place of residence is an important part of their identity and connection with their family, community, culture and Country.

Requests for a child or young person in care to relocate overseas with their carer must be sent to [DCP Legal](#) for their legal advice. DCP Legal will assess the request in terms of its feasibility and viability and work together with the DCP case worker to ensure that appropriate consultations about the proposed relocation are undertaken if required.

The DCP case worker should ensure that the carer is updated throughout this process whenever appropriate.

If the relocation is assessed as feasible and in the best interests of the child or young person, approval for the relocation must be obtained from the Chief Executive by submitting a briefing in the Digital Workspace (endorsed by the office manager, relevant regional director and Deputy Chief Executive).

Manage requests by carer/s or the child or young person to end the placement

A carer or child or young person may request to end a placement for a number of reasons. For carers, the decision to relinquish care may be the result of changes in the child or young person's support needs or in response to changes in the carer's circumstances (such as serious illness, separation or divorce or other significant events).



Where the child or young person or the carer wish to end the placement, it is essential that a thorough assessment is undertaken. The DCP case worker should discuss the reasons for the request with them and:

- obtain additional contextual information about the reasons for the request
- provide opportunities for the child or young person and their carer to express their views
- work with the child or young person and their carer to identify potential strategies to address issues within the placement
- where relevant, support the child or young person and their carer to repair their relationship, if possible.

Wherever possible and appropriate, the DCP case worker should arrange a case conference to respond to requests to end the placement to identify possible options for maintaining the placement. The child or young person's case plan should be reviewed and the new plan should include agreed upon actions for supporting the placement.

A decision to end a placement must be recorded in C3MS in accordance with the [Consult or Decision Record Procedure](#), with the 'Key Decision' box ticked.

For further guidance about planning placement transitions for the child or young person, refer to [Support the child or young person to transition between placements](#) in this chapter of the Manual of Practice.

Ensure the carer and adult household members have a valid Working with Children Check

It is a requirement under the *Child Safety (Prohibited Persons) Act 2016* (CSPP Act) for all approved carers under section 72 of the CYPs Act, as well as adult household members and regular guests, to have a valid Working with Children Check (WWCC). A biological parent who resides with an approved carer and their own children in the same home does not require a WWCC, providing that no other child or young person resides in this home. Where an adult household member has been determined a prohibited person by the Department of Human Services' (DHS) Screening Unit, DCP may submit a [WWCC exemption request](#) to the Minister for Human Services. For further guidance, refer to the [DHS Working with Children Check Exemption Request Procedure and Exemption Template](#), and the [Working with Children Checks for family-based carers Procedure. Exemption template](#) is required to be completed in full, do not remove any sections. Not providing all the information will delay or impact the exemption being approved. The [Exemption Template](#) must be submitted as an attachment to a [Ministerial Briefing](#).

For further guidance about supporting an application for a WWCC as part of the assessment of a carer providing care in a temporary placement, refer to [Assess and seek approval for a temporary placement \(if required\)](#) in the Place a child or young person in care chapter of the Manual of Practice.

6. Support the child or young person to develop and maintain family and community connections through contact arrangements

It is essential that children and young people in care are supported to maintain and build connections with important people in their lives. This may include their parents, siblings, extended family members, kin, friends, community and cultural connections, previous carers and other people who are significant to them. These connections can be supported through contact arrangements.

For an overview of the process of issuing contact determinations to support contact arrangements for children and young people in care, refer to the [Support the child or young person to develop and maintain family and community connections through contact arrangements flowchart](#).



Understand the purpose of contact determinations

Contact that is consistent and positive can enhance the child or young person's psychological and emotional wellbeing and support development of their identity. Contact arrangements play an important role in supporting children and young people's familial, community and cultural connections.

Contact arrangements require careful assessment to ensure that they are safe and in the child or young person's best interests. Contact that causes distress or emotional dysregulation for the child or young person can further exacerbate the harm already experienced, affecting their ability to recover from earlier adverse childhood experiences.

For further guidance about the importance of contact arrangements and their impact on children and young people, refer to the [Family contact for children and young people Practice Paper](#).

Contact and case direction

The purpose, form and frequency of contact will differ depending on the case direction for the child or young person.

Reunification

Pursuant to section 93(3)(a) of the CYPS Act, where reunification is likely, the aim of contact arrangements should be to establish or maintain attachment relationships between the child or young person and the parent/s that they are likely to be reunified with.

For further guidance about the purpose of contact for children and young people where the case plan goal is reunification, refer to the [Reunification for children and young people Practice Paper](#), the [Family contact for children and young people Practice Paper](#) and [Undertake family reunification](#) in the Ongoing intervention chapter of the Manual of Practice.

Long-term care

Where the child or young person is in long-term care, the purpose of contact is to maintain connection with family and community, and to support the child or young person's identity development.

For further guidance about the purpose of contact for children and young people where the case plan goal is long-term in care refer to the [Family contact for children and young people Practice Paper](#).

Contact determinations

Pursuant to section 93 of the CYPS Act, the Chief Executive is responsible for making decisions about contact arrangements for children and young people. Decisions about contact arrangements are recorded and communicated to those having contact via contact determinations.

A written contact determination must be prepared for all children and young people:

- in the custody or under the guardianship of the Chief Executive under the CYPS Act, or
- under the custody or guardianship of a person other than the Chief Executive under section 53 of the CYPS Act (this does not include long-term guardianship to an approved carer under section 91).

A contact determination sets out the level and nature of contact (if any) that is to occur between the child or young person and another person and the reason for that decision. Contact determinations should be used to manage contact between the child or young person and:

- their parents
- other significant people with whom the child or young person has a relationship such as:
 - immediate and extended family members



- adult siblings
- kin
- former carers.

Contact determinations must be created as part of the child or young person's case plan and must be approved and issued within five days of the child or young person being placed in care.

A contact determination should not be issued for children or young people under the long-term guardianship of a specified person under section 91 of the CYPS Act.

Assess (or re-assess) information to inform a contact determination

A comprehensive assessment must be undertaken to identify contact arrangements that are in the best interests of the child or young person. As contact is facilitated and monitored, contact arrangements should be re-assessed to ensure they continue to meet the child or young person's needs.

The DCP case worker's assessment should consider the impact of contact on the child or young person, inclusive of:

- the impact that contact with the individual has on the physical and psychological safety and wellbeing of the child or young person (noting that the safety of the child or young person is the paramount consideration for any decision about contact arrangements)
- the child or young person's expressed views about contact and its impact on them, as well as behaviours and non-verbal cues that provide an indication of the quality of the child or young person's relationship with the individual
- how contact supports the case direction
- how contact supports the child or young person to develop and maintain their significant relationships
- for Aboriginal and Torres Strait Islander infants, children and young people, how contact will support connection between the infant, child or young person, their family, kin, culture and community, in accordance with the objects of section 12 of the CYPS Act
- in the case of the child or young person having contact with multiple people, the impact of both the individual and collective contact arrangements on the child or young person (for example, how often the child or young person is separated from their primary attachment figure, how frequently the child or young person is required to attend visits and the associated impact on their routines and involvement in education and other activities).

A person should not have contact with the child or young person when:

- there is a significant possibility that the child or young person would be at risk in the course of contact with the specified person
- contact arrangements with the person would not be consistent with a provision in Chapter 2 of the CYPS Act, including:
 - the paramount consideration of ensuring that children and young people are protected from harm
 - children and young people's need to:
 - be heard and have their views considered
 - experience love and attachment
 - experience self-esteem
 - achieve their full potential



- the desirability of children and young people maintain connection with their biological family.
- it would otherwise not be in the best interests of the child or young person to have contact with the specified person.

In these instances a determination of 'no contact' must be issued. Refer to 'Create or vary a contact determination' in the section below.

For existing contact arrangements, contact may be assessed as not meeting the needs of the child or young person when:



For further guidance regarding assessment, refer to the [DCP Assessment framework for staff](#).

Those affected by a contact determination must be involved in the decision making and have the opportunity to have their views heard and considered during the assessment. For further guidance about making decisions in collaboration with children, young people, their families and carers refer to the [Decision making Practice Paper](#), the [Supporting and collaborating with carers Practice Paper](#), and the [Supporting the participation of children and young people in decision making Practice Paper](#).



Assess the child or young person's needs

Seek the child or young person's views about contact

Where developmentally appropriate, the views and wishes of the child or young person must be sought when making an assessment to inform contact arrangements. Their views must be given due weight in accordance with their developmental capacity and circumstances.

The purpose of contact must be explained to the child or young person (where developmentally appropriate) and they must be given the opportunity to ask questions.

The DCP case worker should explore with the child or young person:

- who they would like to have contact with
- how often they would like visits to occur (for older children and young people who understand the concept of time)
- the type of contact they would like to have (such as face to face, video calls, telephone calls, text messages or letters or the exchange of photographs or other items)
- what they liked or did not like about any previous contact (where relevant)
- their feelings of safety during contact and whether supervision is required to ensure their wellbeing
- activities they would like to undertake during visits
- what they can do if they change their mind or have any concerns about contact.

Where the child or young person is pre-verbal or non-verbal, the DCP case worker should consider the child or young person's non-verbal cues (including behaviour before, during and after contact) and their developmental needs. For further guidance, refer to [Seek the views of the child or young person](#) in this chapter of the Manual of Practice.

The DCP case worker's assessment must also consider the developmental capacity of the child or young person, their needs and routines. Priority should be given to ensuring that contact arrangements cause the least possible disruption to the child or young person's sleeping, feeding, education and other activities.

Consider the child or young person's behaviours before, during and after contact

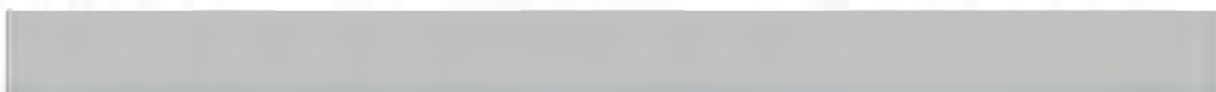
Where existing contact arrangements are being re-assessed, it is critical that the child or young person's behaviour during contact visits is observed carefully. The DCP case worker should consider whether that behaviour is consistent with the child or young person's expressed views.

For details of behaviours and other non-verbal cues that should be considered when assessing the impact of contact on the child or young person, refer to the [Family contact for children and young people Practice Paper](#).

Assess the views and behaviours of parent/s and others attending contact

When completing an assessment, the DCP case worker should talk with the individual attending contact about the purpose and goals of contact and how it relates to case direction. Their expectations of contact should also be discussed.

The DCP case worker's assessment must consider the individual's views and behaviours, including their ability to commit to having safe, consistent and positive contact with the child or young person. This should consider their:





[REDACTED]

For guidance about observing and assessing interactions between the child or young person and the parent or other person attending contact, refer to the Family contact for children and young people Practice Paper.

An assessment or reassessment of the needs of parents and others attending contact should also consider what supports may be required to:

- improve the quality of contact (such as planning activities to support meaningful and positive engagement, or providing parents with supports to understand how to play or engage with the child or young person appropriately) or
- mitigate potential risks associated with contact (for example, supervision of contact where there are a physical or psychological safety concerns).

For further guidance about strategies for supporting high quality contact, refer to the [Family contact for children and young people Practice Paper](#).

Assess the carer's views and needs

The assessment should take into account the carer's observations about the impact of contact arrangements on the child or young person (for example, how the child or young person presents before and after contact).

The carer must be fully informed of contact arrangements and provided with the support they need for the child or young person to attend family contact and to support the child or young person after contact. Some carers will require assistance to understand how contact can benefit children and young people in out of home care in respect to their identity formation and cultural connections. It is also recommended that the DCP case worker discuss the carer's support needs in consultation with the carer and the kinship care worker or placement support worker.

Consult as required

The DCP case worker should consult with relevant professionals or service providers involved with the child or young person and/or their family (for example, the child or young person's therapist or family reunification service provider staff).

Consultation with a practice leader and/or DCP psychologist may be appropriate where there is lack of agreement between the care team concerning contact or particular issues or risks associated with contact.

In some circumstances, there may be additional cultural considerations for Aboriginal and Torres Strait Islander infants, children and young people. For example, if the infant, child or young person is from a community where traditional kinship systems are maintained, they (or their carer or other family members attending contact with them) may have an avoidance relationship which must be taken into account when determining the type of contact that should occur (if any) and who may be present during contact (for further guidance about avoidance relationships, refer to [Identify and respond to the cultural needs of Aboriginal children and young people](#) in this chapter of the Manual of Practice). Consultation with a PAC is strongly recommended where there are cultural matters of a complex or sensitive nature.



For children and young people from CALD backgrounds, there may be specific cultural factors that should be taken into account when developing contact arrangements (for example, if there is a language barrier between the child or young person and their family and additional support is required to facilitate communication between them during contact). Consultation with DCP Multicultural Services is recommended when making contact determinations for children and young people from CALD backgrounds.

When assessing the contact needs of children and young people with disabilities or making contact determinations for parents or other individuals with disabilities, it is recommended that the DCP case worker consult with a DCP disability consultant.

Details of consultation undertaken to inform a contact determination should be recorded in C3MS using a Consult or Decision Record note. For further guidance, refer to the [Consult or Decision Record Procedure](#).

Develop a contact determination

Identify who may be present during contact

It is important to undertake a broad assessment of who the child or young person would benefit from having contact with. This should be informed by comprehensive mapping of family and cultural relationships using genograms and ecomaps to identify people with significant relationships to the child or young person.

Sibling contact

Positive sibling relationships are linked to social, emotional, and physical wellbeing. They are also an important contributor to children and young people's positive sense of identity throughout their lives.

The DCP case worker should ensure safe, positive connections between the child or young person and their sibling/s are maintained. This is particularly important where both siblings are in care and residing in separate placements.

A contact determination is not required for siblings in care (who are residing in a different placement from the child or young person and/or have a different DCP case worker) or for siblings under the age of 18 years who are not in the custody or under the guardianship of the Chief Executive. For siblings in separate placements with a different DCP case worker, the DCP case worker should work in partnership with the other sibling's DCP case worker, supervisor and carer to manage and support contact.

For siblings under the age of 18 years who are not in the custody or under the guardianship of the Chief Executive, a contact determination is not required. Contact with siblings can be achieved concurrently with contact visits with parents or other persons attending contact.



Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Connection to family and community is essential to Aboriginal and Torres Strait Islander children and young people's sense of identity. It is fundamental to the wellbeing of the child or young person and their families for these connections to be maintained and strengthened. This includes sibling groups. Wherever safe and appropriate, Aboriginal and Torres Strait Islander children should be placed with sibling groups. Where this is not possible, it is critical to actively support connection through contact so they can grow together as family.

The level and nature of sibling contact must consider the:

- individual needs of each child or young person
- views of each child or young person
- age and development of each child or young person



- nature of the sibling relationship.

The child or young person's safety must be prioritised at all times. The DCP case worker must assess the appropriateness of sibling contact for each child or young person. Assessment should explore how sibling relationships can be supported in a safe and positive way.

Planning for sibling contact should explore:

- how contact will happen
- supports required for the siblings to attend and participate successfully in contact
- barriers to safe and positive contact.

It is important to explore with carers:

- how they can support sibling contact
- supports they may require
- concerns they may have about contact.

When other sibling(s) are allocated to different DCP case workers or offices, the DCP case worker should collaborate with other allocated DCP case workers to make decisions about contact.

DCP case workers can access the [Sibling Connection Practice Guide](#) to further support decision making. The guide has been co-designed by the CREATE Foundation and children and young people with lived experience of being in care. It is a resource for both DCP case workers and carers to support positive sibling relationships for children and young people in care and outlines cultural considerations for Aboriginal and Torres Strait Islander infants, children, and young people.

Extended family

Extended family members or kin may include grandparents, aunts, uncles, cousins or step-parents. While extended family may not always be able to provide care for the child or young person, contact is an important way to support the child or young person maintain, build and develop lifelong supportive relationships.

Significant others and community members

The DCP case worker should consider the child or young person's contact with significant others and community members. Contact may be used to facilitate relationships and support the child or young person to maintain important connections, including cultural connections.

Previous carers

In some situations, it may be assessed that the child or young person should have contact with a previous carer. Contact between the child or young person and a former long-term carer may be assessed as appropriate where there are no safety or wellbeing concerns for the child or young person and where a child or young person has established a strong relationship with previous carers and the previous carers are committed to maintaining a relationship with the child or young person.

In cases where the child or young person has been [removed from a placement](#), a carer may:

- be subject to a [serious care concern investigation](#) and/or an investigation by the South Australian Police (SAPOL); or
- not have a valid Working with Children Check or be a prohibited person under the *Child Safety (Prohibited Persons) Act 2016*.

These factors on their own do not prevent the child or young person from having contact with the carer. However careful assessment is required. The supervisor must consult with the care team, the Care Concern



Management Unit (CCMU) and SAPOL, where appropriate to determine whether contact is safe for the child or young person to determine the nature of contact and confirm it would not compromise any ongoing investigation.

Support persons

There may be circumstances where an individual having contact with the child or young person may seek to bring a third party to the contact, such as a support person. Attendance of a third party must be properly assessed to ascertain their role during contact and to ensure that they will be able to support quality contact. This includes assessing the individual's child protection history (for further guidance about assessing child protection history, refer to the 'Conduct a comprehensive history check' section under [Assess and seek approval for a temporary placement \(if required\)](#) in the Place a child or young person in care chapter of the Manual of Practice). Third parties must not attend contact without prior approval. These expectations should be stated in the contact determination letter.

There may also be times when the child or young person is in need of a support person (such as their carer) to be in attendance at contact visits to help them feel safe. This must be specified in the contact determination.

For children and young people and family members from CALD backgrounds where there is a language barrier, a cultural support person may be required to support communication between the child or young person and their family and to improve the quality of contact. It is recommended that DCP case workers consult with DCP Multicultural Services for advice on including cultural support persons in contact arrangements.

Individuals subject to an intervention order or written direction

In some cases, it may be assessed that it is appropriate for the child or young person to have contact with a person who is subject to an intervention order or written direction. The DCP case worker must contact DCP Legal for guidance about the interface between a contact determination and these orders. For further guidance about written directions, refer to [Support the safety of the child or young person by issuing a written direction](#) in this chapter of the Manual of Practice.

Identify who may not be present during contact

It may be assessed that a particular person should not be present during contact visits. This must be specified in the contact determination. An example of this may be a parent who wants to attend contact with a new partner or friend, who the child or young person does not have a pre-existing relationship with or it has been assessed that their attendance would not be in the best interest of the child or young person.

It may be appropriate for an individual to have contact with the child or young person, however it may be assessed that it is not in the child or young person's best interests for the individual to be present at other contact arrangements the child or young person has with another person. In circumstances where it is not in the child or young person's best interests to have any contact with an individual, the DCP case worker should issue a determination of no contact.

Determine the type or method of contact

Contact can occur in many ways including:

- face-to-face visits
- telephone or video calls
- the exchange of letters or photographs
- the exchange of emails
- the exchange of text messages



- social media
- other methods assessed as appropriate for the child or young person.

In cases where contact has not occurred previously or has been suspended for a period of time, it is recommended that the DCP case worker consult on how best to re-introduce the person to the child or young person. It is recommended that the DCP case worker consult with:

- the child or young person's therapist and/or a DCP psychologist
- a practice leader
- a PAC (if the child or young person is Aboriginal or Torres Strait Islander)
- DCP Multicultural Services (if the child or young person is from a CALD background).

It may be appropriate to establish a connection through non-verbal means, such as the exchange of letters or photographs, before any face to face contact occurs.

In some circumstances, it may be assessed that certain types of contact are not appropriate for a particular reason and this must be specified in the contact determination. For example, direct face to face contact with a person may not be appropriate when the child or young person has experienced significant physical or psychological harm perpetrated by that person. In these cases, it may be more suitable for other forms of indirect contact to take place. In some situations, it may be necessary to limit indirect contact (for example, that a person must not make contact with the child or young person on a social networking platform).

Determine the frequency and duration of contact

The frequency and duration of contact will depend on the individual circumstances of each child or young person including their age, developmental and cultural needs, trauma experiences, and the goal of the case plan. Decisions about the frequency and duration of contact must prioritise the child or young person's safety and wellbeing.

Decisions about the frequency and duration of contact must:

- consider the impact upon the child or young person's developing attachment with their carer
- take into account the time and distance to be travelled (particularly for infants and very young children)
- for infants, ensure that contact has minimal impact on their routine (such as sleeping, feeding and bathing)
- for school aged children and young people, ensure that contact has minimal impact on the child or young person's education and ensure that contact occurs outside school hours
- consider the person's commitments including employment and attendance at programs (such as therapy, parenting groups, or drug and alcohol services).

It can be helpful to attach schedules or calendars to a contact determination letter to provide a visual reminder of contact arrangements (including the date, time, frequency, duration and location of contact). These resources can be updated and provided to children and young people, parents, carers and other people having contact as required. If consistent attendance is of concern, consideration could also be given to providing the schedule to another person that may be able to provide reminders about upcoming contact visits (for example, from a family member or support worker). This should be done with the consent of the person having contact with the child or young person.

Determine the venue for contact

The location and environment for contact visits should be child centred. When choosing locations for contact, the DCP case worker should consider:



- settings outside of the DCP office (where appropriate) including parks, playgrounds, community playgroups or private homes
- logistical considerations such as travel time, particularly for infants and young children
- the safety of all people involved, including choosing a secure location such as a DCP office in circumstances where there is a risk to the safety of the child or young person or the person supervising the contact
- whether a particular location may create distress for the child or young person (for example, if the child or young person experienced harm in a particular place such as the family home)
- the impact of travel on the child or young person's carer (if they are providing transport).

Determine the level of supervision required for contact

Supervised contact is required when:

- there are concerns about the safety or wellbeing of the child or young person and a high level of oversight is required
- a parent or family member requires additional support or guidance to interact safely and appropriately with the child or young person
- there is a need to assess interactions between the child or young person and their family; and/or
- the child or young person has requested (or otherwise demonstrated) that they would benefit from a supervising worker being present to support them.

When supervised contact is required, the person supervising the contact must:

- be present during the entire visit (noting that the child or young person must not be left alone with the person having contact)
- be able to hear all verbal communications
- observe all physical contact between the person having contact and the child or young person.

The requirement for supervision should be subject to regular re-assessment to ascertain whether supervision is still required to ensure the child or young person's safety and is in their best interests.

While contact will generally be supervised by a DCP employee, the DCP case worker may assess that it is appropriate for contact to be supervised by the child or young person's carer, a family member or a professional working with the family. This may be assessed as suitable if there is evidence that the person supervising the contact will be protective and reliable.

The contact determination can state broadly that supervision will be provided by a DCP employee or a person appointed by DCP. This allows flexibility should a DCP employee not be available.

Communicate the assessment outcome

The reasons for decisions made about contact must be communicated to the child or young person (if developmentally appropriate), parents/family members and the carer. This is essential to ensure that those impacted by decisions about contact have an opportunity to respond and for their views about the decision to be considered before the contact determination is approved and issued.

When providing advice of contact determinations relating to Aboriginal or Torres Strait Islander infants, children and young people, particularly for complex decisions, it may be beneficial to seek advice from a PAC or Aboriginal practitioner for advice on how best to communicate the decision and provide support. At times it may be appropriate to include a PAC or Aboriginal practitioner in conversations with the individual subject to the contact determination.



When communicating assessment outcomes with individuals from CALD backgrounds the DCP case worker should consider whether an interpreter or translator is required to facilitate communication (for further guidance, refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#)). It may at time be appropriate to include DCP Multicultural Services staff in conversations with the individual subject to the contact determination.

Create or vary a contact determination

When a comprehensive assessment has been completed and the associated decision has been discussed with those impacted, details of contact arrangements must be recorded in the child or young person's case plan under the 'Contact Arrangements' section.

For each person for whom a contact determination is being created or varied, the contact arrangement details must include a determination of:

- contact with the child or young person
- no contact with the child or young person.

The determination must also include details of:

- the person/s who may or may not be present during contact
- the methods to be used or not used for contact (for example, face to face, video conference, telephone calls or letters)
- the frequency and duration of contact
- the venue/s where contact is to take place
- whether contact is to be supervised
- the purpose for the contact arrangements, including consideration of case direction (specifically [whether or not reunification is likely](#)) and the primary goal of contact.

The contact determination must also include a rationale for each of these aspects of the contact arrangements. Providing a rationale helps the parent/s and other stakeholders understand the reasons for the contact determination. The rationale should include:

- the goal or purpose of contact
- an explanation for how the contact frequency and duration was determined (such as the parent's behaviour and/or the impact that contact has on the child or young person before, during, and after contact)
- reasons for requiring supervision of contact (including concrete explanation of the safety concerns, such as threats to kidnap, inappropriate conversations)
- an explanation for why contact is/is not to be held at specific locations
- the views of the child or young person in relation to contact, noting that care should be taken in sharing potentially sensitive information
- consultation that was undertaken to inform the decision, noting that care should be taken in sharing potentially sensitive information
- any other conditions regarding contact, including but not limited to rescheduling or cancellation of visits or conditions under which a contact visit may end (for example, due to intoxication, inappropriate interactions, or unauthorised persons attending).

When writing the contact determination, the DCP case worker should:



- clearly articulate observed behaviours
- avoid using jargon or general statements that are not specific to the child or young person's individual circumstances (for example, 'best interests')
- use a positive tone when articulating specific conditions and avoid using punitive language (such as 'failure to comply').

Contact determinations are approved as part of the case plan approval process. The supervisor is the delegate to approve the case plan and all contact determinations recorded in the plan. Contact determinations may be created, varied or revoked at any time following the approval of the case plan.

Provide copies of written contact determinations to the relevant individuals

When the case plan has been approved, written contact determinations are automatically generated as PDFs and saved to the 'Case Plan' tab in the child or young person's C3MS profile.

Provide copies of contact determinations

A copy of the contact determination must be provided to each person having contact with the child or young person. For example, if both parents are attending contact together, they must both be provided with a copy of the contact determination. The reasons for the determination must be explained and information must be provided to each person about the process to seek a review of a contact determination by the Contact Arrangements Review Panel (CARP).

Explain contact determinations to the child or young person

The contact determination must also be explained to the child or young person (where developmentally appropriate), particularly if the decision differs from the views they have expressed. Discussions about contact arrangements with the child or young person should be undertaken by the DCP case worker or another care team member (such as the carer) who has a good relationship with the child or young person. A calendar or schedule may be a useful visual way to represent the contact determination to the child or young person. The DCP case worker should ensure that the child or young person is aware of their right to seek a review of a contact determination by CARP and is supported to do so.

It is important to reassure the child or young person that their views were considered in the decision, along with the views of others. It is also important to inform the child or young person that it is the DCP case worker's role to make arrangements that are safe and in their best interests with consideration of their routines, education and other activities.

Where age and developmentally appropriate, the child or young person must be provided with information about the process to seek a review of a contact determination by the Contact Arrangements Review Panel (CARP). Refer to the 'Respond to a request to review a contact determination by CARP' section in this chapter for further information. The carer should be provided with the details of contact via the case plan as they have the primary role in supporting the child or young person with contact and supporting them to seek a review by CARP if required.

Use interpreters and translators (where required)

For individuals from a CALD background for whom English is not their first language, the DCP case worker should consider engaging the services of an accredited interpreter or translator where required to ensure that they understand the contact determination and are aware of DCP's expectations. For further guidance, refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#).



Record details of contact determinations issued in C3MS

The DCP case worker should record the date, time and method a written contact determination letter was provided to the person having contact with the child or young person using a case note in C3MS.

The case note content should include the following details:

- **Subject:** Chief Executive Determination for Contact Arrangements – [Person's Name]
- **Details:** Record the date, time and method the person was provided with the determination letter
- **Note Categories:** Family Contact/Access; Case Planning.

Facilitate contact

Prepare participants for contact

When a contact determination has been issued, all participants must be informed of the date, time and venue of the contact visit as soon as possible.

All participants must also be advised of their responsibilities and expectations during a contact visit. Where necessary, this should include discussion with the person attending contact about issues that could lead to the end of a contact visit (such as intoxication, inappropriate interactions or unauthorised persons attending).

It is also important to:

- implement strategies or supports that may be required to assist the child or young person, the carer or family members to have a positive experience of contact
- make suitable transport arrangements for the child or young person
- arrange appropriate supervision
- consider whether supports are required for parent/s to attend contact.

Coordinate or provide transport

For guidance about coordinating or providing transport for children and young people attending contact, refer to [Transporting children and young people](#) in this chapter of the Manual of Practice for guidance.

If the child or young person is being transported by the person they are having contact with, the DCP case worker must ensure that this person is aware of safe transport requirements.

DCP staff must confirm with the child or young person's carer if they will be available to provide transport when making arrangements. If the child or young person's carer will be transporting them to contact, the DCP case worker should, wherever possible, give the carers advice about parking (including considerations for avoiding or minimising interaction with the child or young person's family, where required).

Respond when unexpected persons attend contact

If a person attends who is unexpected, the visit should not proceed until there is a discussion about safety and any potential impact upon the child or young person.

For contact in the individual's home, it is helpful to talk to the person before a contact visit about how they might manage unexpected visitors. While the contact supervisor should be respectful of the person's right to have others in their home, consideration must be given as to whether it is appropriate for the contact to proceed whilst others are present.



End a contact visit

Contact visits must be ended where there are serious concerns about the safety or wellbeing of the child or young person or of any other person at the contact visit.

Before the next contact visit, the supervisor and DCP case worker must discuss expectations for future visits with the person having contact. It is important to assist the person to reflect on the impact that their behaviour is having on the child or young person. It may also be appropriate to review the contact determination where necessary.

Reschedule or cancel a contact visit

At times it may be necessary to reschedule or cancel a contact visit (for example, due to the child or young person or individual having contact being unwell, travel, school holidays or public holidays).

Decisions to reschedule or cancel a contact visit should be made on the basis of an assessment of the safety and wellbeing of the child or young person.

In cases of very hot or extreme weather conditions, a decision to reschedule or cancel a contact visit should be made based on an assessment of factors including (but not limited to):

- the age of the child or young person
- any health conditions the child or young person has
- the distance to be travelled, including if travel is required in areas where a [Total Fire Ban](#) has been declared or where a [warning has been issued](#)
- the mode of transportation being used and the venue (for example, whether they are air conditioned)
- whether it is possible to change the venue
- whether the contact is of critical importance (for example, if reunification is imminent).

Respond to child protection concerns arising during contact

If the child or young person has been harmed or new information is received about risk of harm to the child or young person during the contact visit, a notification must be made. In addition to reporting the matter to CARL, the person supervising contact should advise the DCP case worker (if the DCP case worker was not supervising the contact). The child or young person's carer should also be kept informed where appropriate so that they can support the child or young person. It may also be appropriate for the DCP case worker to reassess the child or young person's contact arrangements and where required issue a new contact determination.

For further information refer to [Reporting a suspicion a child or young person is at risk procedure](#).

Monitor and review contact arrangements

Contact arrangements should be regularly monitored and reviewed to ensure that they meet the needs of the child or young person. A review of contact arrangement should be informed by gathering information (as outlined in the 'Undertake assessment to inform a contact determination' section in this key step of the Manual of Practice).

Contact arrangements for all children and young people must be reviewed as part the case planning and review cycle. Contact arrangements should be created or varied more frequently if the child or young person's circumstances change.

If reunification is the goal of the case plan, contact arrangements should be reviewed regularly as part of reunification review meetings. For further guidance about reviewing progress toward reunification and



assessing contact arrangements, refer to [Undertake family reunification](#) in the Ongoing intervention chapter of the Manual of Practice and the [DCP Assessment framework for staff](#).

The nature and frequency of contact may be varied to ensure that contact arrangements continue to align with the child or young person's changing developmental needs. Refer to the [Family contact for children and young people Practice Paper](#), the [Reunification for children and young people Practice Paper](#) and the [Case planning, review and annual review chapter](#) in the Manual of Practice for further guidance.

For further details of information that should be considered when re-assessing contact determinations, refer to the 'Undertake assessment (or re-assessment) to inform a contact determination' section in this key step.

If the review of contact arrangements identifies that the contact is not meeting the needs of the child or young person, or there are concerns about the actions or behaviours of people during contact, an attempt must be made to resolve these issues. This includes raising concerns, explaining expectations for behaviour during contact and supporting the parties to make changes to their behaviour. If this cannot be resolved, consideration must be given to changing contact arrangements to better meet the needs of the child or young person.

If it is assessed that the established contact arrangements continue to be in the best interest of the child or young person and no changes are required, a new contact determination letter does not need to be created, unless the initial letter specified an expiration or review date.

Where a determination of no contact has been issued and a person continues to request contact, the DCP case worker must periodically reassess the benefit and appropriateness of contact for the child or young person with that person. This can occur as part of the child or young person's case plan review and annual review cycle.

A review of the contact arrangements may result in a change in contact. Changes in contact may include the location, frequency, duration or supervision requirements. If it is assessed that a change in contact arrangements is necessary, a new contact determination should be issued.

Respond to a request for additional contact

Minor changes in contact arrangements that are consistent with the case plan goal and outcomes can be negotiated. For example, reasonable requests by the child or young person or family for additional contact visits may be accommodated where possible without the need to reissue a contact determination.

Revoke a contact determination

In circumstances where a contact determination is no longer required between the child or young person or an individual, the DCP case worker should consider whether revocation of the determination is required pursuant to section 93(6) of the CYPs Act.

Revocation of a contact determination results in the cancellation of the contact determination. This means that DCP does not have any role in formally setting out arrangements regarding the child or young person's contact with an individual, including determinations of no contact.

The individual subject to the contact determination must be provided with written advice of the revocation that provides details of:

- the contact determination being revoked
- the reason for the revocation
- the DCP case worker's rationale for the revocation decision.

Revocation of a contact determination is recorded and issued using the same process as all other contact determinations. For further guidance, refer to the [Recording and viewing plans - C3MS Guide](#).



Revocation may be appropriate when the individual who is the subject of the contact determination:

- is deceased (note that in this circumstance, a revocation letter is not issued)
- is the child or young person's carer
- has an existing relationship to the child or young person, but there is no reason for DCP to formally specify how contact is to occur
- does not have an existing relationship with the child or young person and it is not in the child or young person's best interests to develop and maintain a relationship with them (for example, a contact determination is issued to a person identified as the father of the child or young person and it is later established that they are not the biological parent and they have had no involvement in the child or young person's life, and it is not in the child or young person's best interest to develop a relationship with them).

It is not appropriate to revoke a contact determination in circumstances where the child or young person has an existing relationship with the individual and the DCP case worker has assessed that no contact is to take place due to concerns about the safety of the child or young person. In these cases, the DCP case worker must issue a determination of no contact.

When assessing whether it is appropriate to revoke a contact determination rather than varying the contact determination to no contact, the DCP case worker must consult with their supervisor in the first instance. Further consultation may be undertaken with a practice leader and where appropriate, a PAC (for Aboriginal children and young people) and/or DCP Multicultural Services (for children and young people from a CALD background).

Respond to a request to review a contact determination by the Contact Arrangements Review Panel (CARP)

If there are concerns about a contact determination, all efforts should be made to resolve this within the child or young person's care team or at the local office level in the first instance.

The child or young person, their parents, adult siblings and other people who are subject to a contact determination must be made aware of their legal rights for resolving disputes about a decision to issue, vary or revoke a contact determination via the CARP.

An application must be made to the CARP within 14 days of receiving a determination. The CARP may accept applications for review outside this timeframe if satisfied that special circumstances exist.

On reviewing contact arrangements, the CARP will review the determination assessment/rationale and contact arrangements determination and any other relevant information. The CARP may contact the office for further information.

On reviewing contact arrangements, the CARP may:

- affirm the determination that is being reviewed
- vary the determination that is being reviewed
- set aside the determination being reviewed and:
 - substitute its own determination; or
 - send the matter back to the Chief Executive for determination in accordance with any directions or recommendations that the CARP consider appropriate.

In the situations where the CARP vary or substitute the determination, the CARP will provide the managing office with a rationale for the change in arrangements. The office is responsible for issuing a new contact determination with effect from the date specified by the CARP.



For further guidance about the CARP process, refer to the [Contact Arrangements Review Panel Procedure](#).

For further information about making an application to CARP contact the DCP Complaints and Feedback Management Unit on 1800 003 305.

7. Access health services for the child or young person

It is important to connect children and young people in care with appropriate health services to optimise their health and wellbeing. DCP case worker should work closely with the child or young person, carer, parents (where appropriate), care team members and health professionals to support co-ordinated health care.

[The Health services agreement for children and young people in out of home care](#) sets out how DCP and SA Health will work in partnership to meet the health needs of children and young people in care.

[Investing in their future](#) is an initiative which provides children and young people under the custody or guardianship of the Chief Executive with priority access to a range of government services, including health and dental services.

Share information about the child or young person's current health needs with their carer

The DCP case worker must provide the carer with relevant information about the child or young person's:

- medical history (where known)
- diagnosed health conditions
- developmental delay or disability diagnoses
- medication, including prescriptions and dose
- allergies
- upcoming medical appointments (including any immunisations that are required)
- plans for assessment, diagnosis, treatment and ongoing preventative care
- contact details for all current health care providers, including allied health.

For a full list of information that should be shared with the carer, refer to the [Information checklist for family based carers](#).

The DCP case worker is also responsible for:

- ensuring that emerging information about the child or young person's health needs is shared in a timely way
- advising the carer of their responsibility to inform DCP of any new information about the child or young person's health needs
- ensuring that information about the child or young person's health needs and any associated actions are recorded in the child or young person's case plan.

Arrange preliminary and comprehensive health checks



Preliminary Health Check (PHC)

Many children and young people entering care have unmet medical, developmental and mental health needs. Sometimes their chronic health needs have not been well managed, or the child or young person may have health issues arising from neglect, such as chronic constipation or malnutrition.

The child or young person entering care should have a PHC **within 30 days** of entering care (see below for information about making a referral).

The aim of the PHC is to:

- capture baseline health information
- identify any areas of immediate concern
- provide early guidance about the child or young person's physical health, development, and social and emotional wellbeing.

The PHC is distinct from medical assessments that may occur as part of the child protection investigation. Information from other medical assessments should be provided to the practitioner(s) undertaking the PHC.

The DCP case worker should ensure that a long appointment is booked for the PHC to ensure there is sufficient time to undertake a thorough assessment of the child or young person's medical and developmental needs. In some cases, it may be necessary to arrange several appointments to complete the assessment.

For further guidance about connecting the child or young person with a GP, refer to 'General Practitioner and primary health care' in this key step.

Age	Provider	Referral instructions	Contact details
0-5 years	CaFHS	Complete the CaFHS referral form and email it to Health.CaFHSReferralUnit@sa.gov.au .	CaFHS Nurse Consultant 8269 2874
6-11 years	GP, Paediatrician, nurse practitioner or other specialty nurse or Aboriginal health worker as appropriate	Contact relevant provider to make referral. Provide background information by completing the PHC Letter to GP or healthcare practitioner template and Preliminary Health Check referral form and forwarding to the GP or primary health care practitioner. Append the Preliminary Health Check summary report template for the GP to complete and copies of relevant documents, including case plan (where appropriate).	Refer to HealthDirect or HotDoc for details of local services, GP practices or practitioners.
12-17 years	Metropolitan Youth Health Service OR GP, paediatrician,	For Metropolitan Youth Health referrals , complete the referral form and email to health.myhadmincoordinators@sa.gov.au .	Elizabeth Metropolitan Youth Health 8255 3477 Christies Beach Metropolitan Youth Health



Age	Provider	Referral instructions	Contact details
	nurse practitioner or other specialty nurse or Aboriginal health worker as appropriate	<p>For all other referrals, contact relevant provider to make referral. Provide background information by completing the PHC Letter to GP or healthcare practitioner template and Preliminary Health Check referral form and forwarding to the GP or primary health care practitioner.</p> <p>Append the Preliminary Health Check summary report template for the GP to complete and copies of relevant documents, including case plan (where appropriate).</p>	<p>8326 6053</p> <p>Angle Park Metropolitan Youth Health</p> <p>8243 5637</p>
0-11 years	Out of Home Care (OOHC) Clinic	If the child or young person is not engaged with a paediatrician complete the referral form and record the referral in the Referrals tab in C3MS (refer to Referrals – C3MS Guide and C3MS Referrals Instructions for further guidance). Contact the OOHC clinic by email or telephone as appropriate to arrange the referral.	<p>Flinders Medical Centre</p> <p>8204 5485</p> <p>Fax: 8204 5612</p> <p>FMCchildprotectionservice@sa.gov.au</p> <p>Women's and Children's Hospital OOHC Clinic</p> <p>8161 7346</p> <p>Health.WCHNOOHCCoordinator@sa.gov.au</p> <p>Lyell McEwin OOHC Clinic</p> <p>8282 2566</p> <p>Health.OOHCCLinicCPSNALHN@sa.gov.au</p> <p>Limestone Coast Local Health Network – Mount Gambier Country Health Connect</p> <p>8721 1460</p> <p>Email referral to: Intake Referral Team</p> <p>Health.SERCHSMtGambierIntake@sa.gov.au</p>
12-17 years	Metropolitan Youth Health Service	Complete the referral form and email to health.myhadmincoordinators@sa.gov.au . Record the referral in the Referrals tab in C3MS (refer to	<p>Elizabeth Metropolitan Youth Health</p> <p>8255 3477</p> <p>Christies Beach</p>



Age	Provider	Referral instructions	Contact details
		Referrals – C3MS Guide and C3MS Referrals Instructions for further guidance).	Metropolitan Youth Health 8326 6053 Angle Park Metropolitan Youth Health 8243 5637

Comprehensive Health and Development Assessment (CHDA)

The DCP case worker should refer the child or young person for a CHDA within **three months** of entering care. If the child or young person is already engaged with a paediatrician, the DCP case worker should consult with the paediatrician to determine whether the child or young person requires a CHDA or whether their involvement with the paediatrician is sufficient.

The CHDA identifies the child or young person's physical, developmental and psychosocial health needs and leads to the development of a comprehensive health plan outlining further necessary treatment and interventions necessary, and how and when these will occur.

Age	Provider	Referral instructions	Contact details
0-11 years	Out of Home Care (OOHC) Clinic	If the child or young person is not engaged with a paediatrician complete the referral form and record the referral in the Referrals tab in C3MS (refer to Referrals – C3MS Guide and C3MS Referrals Instructions for further guidance). Contact the OOHC clinic by email or telephone as appropriate to arrange the referral.	Flinders Medical Centre 8204 5485 Fax: 8204 5612 FMCchildprotectionservice@sa.gov.au Women's and Children's Hospital OOHC Clinic 8161 7346 Health.WCHNOOHCCoordinator@sa.gov.au Lyell McEwin OOHC Clinic 8282 2566 Health.OOHCclinicCPSNALHN@sa.gov.au Limestone Coast Local Health Network – Mount Gambier Country Health Connect 8721 1460 Email referral to: Intake Referral Team Health.SERCHSMtGambierIntake@sa.gov.au
12-17 years	Metropolitan Youth Health Service	Complete the referral form and email to health.myhadmincoordinators@sa.gov.au . Record the referral in the Referrals tab in C3MS (refer to Referrals – C3MS Guide and C3MS	Elizabeth Metropolitan Youth Health 8255 3477 Christies Beach Metropolitan Youth Health 8326 6053



		Referrals Instructions for further guidance).	Angle Park Metropolitan Youth Health 8243 5637
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Additional considerations

Provider outlined above is not available in the child or young person's location (for example, country)	Refer the child to a general practitioner (GP), paediatrician, nurse practitioner, other specialty nurse or Aboriginal health worker as appropriate. Record the referral for the CHDA in the Referrals tab in C3MS (refer to Referrals – C3MS Guide and C3MS Referrals Instructions for further guidance).
Lengthy waitlist for CHDA	Refer to a paediatrician or a GP. Record the referral in the Referrals tab in C3MS (refer to Referrals – C3MS Guide and C3MS Referrals Instructions for further guidance).
Aboriginal and Torres Strait Islander infants, children and young people	Prioritise using an Aboriginal or culturally safe health service or for the PHC.
Children and young people who are from refugee or asylum seeker backgrounds	Consider a referral to a Refugee or culturally safe health service.

For infants, the DCP case worker should place a copy of the referral in their Child Health and Development Record ('Blue Book').

The DCP case worker should record referrals and upload associated documentation to the Referral tab C3MS. Refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#) for further guidance.

Details of the appointment and who will be accompanying the child or young person should be documented in a case note in C3MS using the 'Health – Physical' note category.

Prepare for PHC and CHDA appointments

When a referral is accepted by a provider, the DCP case worker should:

- record the appointment in the 'Service Provision' tab in C3MS
- inform and support the carer to attend with the child or young person
- plan and arrange transport to the appointment as required (for guidance about transporting children and young people, refer to [Transporting children and young people](#) in this chapter of the Manual of Practice)
- contact the provider to confirm if the DCP case worker should participate via attendance in person or via telephone (for example, whether they can provide information over the telephone)
- where developmentally appropriate, ensure that the child or young person is aware of the reason for their attendance and the purpose of the assessment.

Children and young people can be provided with [SA Health's Out of Home Care Clinic video](#) for information about what to expect at their CHDA appointment.



Record and implement recommendations from the PHC or CHDA

Following the appointment, the DCP case worker should:

- confirm that the child or young person has attended their appointment
- follow up with the provider if they have not provided a PHC report
- record reports provided as part of the PHC under the service provision record for the PHC in C3MS in the 'Notes and Documents' tab (for further guidance about recording Service Provisions, refer to [C3MS Referrals Instructions](#))
- record the outcome of the PHC in the child or young person's case plan, including any required follow-up appointments and/or interventions
- work in partnership with the child or young person's carer and health professionals to monitor progress.

Medicare cards

All children and young people in the custody or under the guardianship of the Chief Executive must have a Medicare card. Medicare access entitles the child or young person to the Medicare rebate (partial or full funding) toward the cost of care.

Where the child or young person's Medicare number is unknown or not recorded, the Medicare number can be obtained by contacting Services Australia. The DCP case worker should:

- prior to contacting Services Australia, refer to this section of the Manual of Practice prior to obtain the current DCP ID and password, which is updated quarterly; the current DCP Child Protection Agency ID is **XXXX** and the current password is **XXXX**
- contact Services Australia on 1300 660 035 between 8am and 5pm local time (note, this telephone number must not be shared externally)
- request the child or young person's Medicare number and provide the Child Protection Agency ID and Password on request
- record the child or young person's Medicare number in C3MS
- provide the carer with the child or young person's Medicare card.

When required, the DCP case worker is responsible for making an application for a Medicare card, which must be approved by the supervisor. Young people over the age of 15 years can apply for their own Medicare card. Further information about making an application can be obtained by visiting the [Services Australia website](#) or by calling 13 20 11.

If the child or young person is in a family based placement, the DCP case worker should refer the child or young person's carer to [Who can say OK?](#) for information about Medicare.

Health Care Cards

All children and young people in the custody or under the guardianship of the Chief Executive are entitled to receive a government Health Care Card. The Health Care Card entitles the child or young person to cheaper medicines under the Pharmaceutical Benefits Scheme (PBS).

Children and young people in family based care

Family based carers (including kinship carers) should claim a Foster Child Health Care Card on the child or young person's behalf. The card can only be used to obtain concessions for services accessed by that specific child or young person.



To claim a Foster Child Health Care Card, the carer must:

- obtain a copy of the child or young person's [birth certificate](#) (for further guidance, refer to [Support the child or young person to obtain legal proof of identity documents](#) in this chapter of the Manual of Practice)
- provide evidence to Services Australia that the child or young person is in their care (such as a [Verification of Child in Care card](#))
- complete the [Claim for a Health Care Card](#) on the Services Australia website
- submit the form via MyGov

If the child or young person transitions to a new placement, their new carer must claim their own Foster Child Health Care Card.

Further information about applying for a Health Care Card can be obtained by visiting the [Services Australia website](#) or by calling 13 61 50.

Children and young people in residential care

Children and young people in residential care are entitled to their own Low Income Health Care Card. To obtain a Low Income Health Care Card for a child or young person under 16 years of age, the DCP case worker must:

- complete the [Claim for a Health Care Card](#) on the Services Australia website, naming the child or young person as the applicant
- ensure that 'No' is selected in response to the question 'Are you ONLY using this form to claim a Foster Child Health Care Card?'
- Select 'Low Income Health Care Card'.

For further information about completing the claim, refer to the Services Australia website.

Arrange for an Aboriginal or Torres Strait Islander infant, child or young person to be registered for the Closing the Gap PBS Co-payment program

The Closing the Gap PBS Co-payment Program (Closing the Gap Program) supports Aboriginal and Torres Strait Islander infants, children and young people's long-term health and wellbeing by reducing the cost of medicine. It is important that all eligible Aboriginal and Torres Strait Islander infants, children and young people in care are registered for this program.

The infant, child or young person's usual GP and their reception team can organise registration for Closing the Gap. The DCP case worker should:

- ensure the infant, child or young person's General Practitioner (GP) is aware that they are Aboriginal or Torres Strait Islander
- ask the GP to ascertain if the infant, child or young person is eligible for the Closing the Gap Program
- coordinate with their GP's reception team to complete the required forms
- record the registration in the infant, child or young person's case plan.

For further information about the Closing the Gap PBS Co-payment program, refer to the [Department of Health and Aged Care website](#).

My Health Record



My Health Record is the national digital health record that brings together health information from individuals, health care providers and Medicare.

All children and young people in the custody or under the guardianship of the Chief Executive will have a My Health Record unless they make a specific request to opt-out.

In situations where the child or young person enters care and does not have a My Health Record, the DCP case worker should contact the [My Health Record inbox](#).

To preserve the confidentiality of children and young people, DCP restricts access to the My Health Record to a limited number of DCP staff until the child or young person turn 14 years of age.

Inform parents when a restriction has been placed on My Health Record

The DCP case worker should inform parents that:

- a restriction has been placed on the child or young person's My Health Record and will be removed when the child or young person leaves care
- DCP staff will only access the My Health Record when necessary
- they can contest being restricted from accessing the My Health Record by contacting the My Health Record Helpline on 1800 723 471.

Provide the carer with information about My Health Record

The DCP case worker should refer the child or young person's carer to the [DCP website](#) for information about My Health Record.

Authorised Representatives

The DCP Strategic Projects Team in the Strategic Policy, Partnerships and Reform Directorate is responsible for managing My Health Records on behalf of children and young people in care.

When the child or young person comes into care, a restriction is placed on their record and is removed when they turn 14 years or when they leave care.

Senior Practitioners located in all DCP offices have access to the My Health Record of children and young people under 14 years old assigned to their office.

If the DCP case worker or carer require information from the child or young person's My Health Record, the DCP case worker should request the information by emailing the [My Health Record inbox](#) or contacting the Senior Practitioner in their office.

Information available on My Health Record includes:

- immunisation records
- discharge summaries produced through SA Health's Sunrise electronic medical record system
- pathology results
- medical imaging records

My Health Record for young people aged 14 years and older

From the age of 14 years, a young person has the legal right to manage their own My Health Record. The DCP case worker should support the young person to decide whether:

- they want to manage their own My Health Record
- to appoint an Authorised Representative of their choice



- they wish to opt out of the My Health Record.

For additional information about access restrictions and managing My Health Record, the DCP case worker may refer the young person to the [My Health Record - A guide for young people](#) prior to turning 14 years and thereafter as required.

A young person can make arrangements to manage their own My Health Record using the [Australian Digital Health Agency website](#). The child or young person will need to set up a MyGov account and verify their identity using their:

- Medicare number
- name
- address
- date of birth.

Actions required to support the young person to manage their My Health Record should be recorded in the case plan.

General practitioner and primary health care

General Practitioners (GPs)

A GP is a specialist primary care physician who delivers comprehensive medical services across all ages and health conditions.

GPs are available at:

- private medical centres
- Aboriginal Medical Services
- Women's and Children's Health Network's [Metropolitan Youth Health \(MYH\) service](#).

The child or young person's GP will:

- diagnose and manage a broad range of health conditions
- provide preventative care such as health checks and immunisations
- provide urgent health care for injuries, infections, and exacerbations of current conditions that do not require hospital emergency care.
- provide ongoing medical care for chronic conditions (such as asthma or eczema) through planned regular appointments
- refer the child or young person to, and collaborate with, medical specialists and allied health clinicians with the care of chronic medical, psychological, developmental and behavioural conditions
- receive correspondence from the other health services.

It is important that the child or young person's usual GP provides referrals for any allied health professionals or specialists.

Regular GP appointments to optimise health and wellbeing

Regular GP or primary care visits ensure early assessment and treatment of physical and mental health concerns. It is recommended that the DCP case worker arrange these appointments with the child or young person's usual GP in advance at least twice a year, and more frequently if advised by the GP.



For unplanned or urgent care, the first preference should be, wherever possible, for the child or young person to see the same GP, and where this is not possible, to attend the same medical centre or practice.

Where it is not possible to see a GP at the same practice, the DCP case worker should ensure the regular GP is notified of the outcome of the appointment at the alternative practice.

GP Chronic Condition Care Plans and Health Assessments

GPs can provide comprehensive health assessments and follow up care under specific patient Medicare rebates for:

- Aboriginal and Torres Strait Islander children and young people (once every 9 months)
- children and young people with an intellectual disability (annually)

Health assessments generally require follow up visits with the child or young person's GP to respond to issues identified during the assessment.

For children and young people with chronic health conditions, the GP will consider the child or young person's needs, the goals of care, and make referrals to medical specialists and allied health professionals under the following care plans:

- GP Chronic Condition Management Plan (GPCCMP), with 3-monthly GP plan reviews
- Eating Disorder Treatment and Management Plan (EDP)
- Mental Health Treatment Plan.

Children and young people with GP care plans are eligible for Medicare funding towards allied health care. For further guidance, refer to 'Allied health' in this key step.

For further information about these care plans, refer to the [Services Australia website](#).

GP care for adolescents with additional needs

Young people in care aged 12 years or older may access a publicly funded GP service through the Women's and Children's Health Network's Metropolitan Youth Health (MYH) service. For further information, refer to the [Metropolitan Youth Health webpage](#) on the Women's and Children's Health Network website.

Refer an Aboriginal or Torres Strait Islander infant, child or young person to a culturally appropriate health service

Wherever possible and appropriate, priority should be given to referring Aboriginal and Torres Strait Islander infants, children and young people to an [Aboriginal health service](#) (AHS). These services generally have GP medical care and additional health services including:

- nursing
- Aboriginal health professionals
- some allied health
- some visiting non-GP medical specialists.

The infant, child or young person may also be eligible for subsidised services through the AHS.

As part of initial conversations with the carer (or residential care staff) in partnership with the kinship care worker or placement support worker, the DCP case worker should discuss:

- the importance of infants, children or young people's connections with culturally appropriate services



- [Aboriginal](#) and Torres Strait Islander [health initiatives](#) that the child or young person may be eligible for
- supports that may be needed to enable the infant, child or young person to attend an Aboriginal health service.

Aboriginal or Torres Strait Islander infants, children or young people are eligible to register for the Closing the Gap PBS Co-payment Program. For further guidance, refer to 'Closing the Gap PBS Co-payment program registration' in this key step.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Ensure that referrals and other health information correctly reflect the infant, child or young person's cultural identity. Completion of referrals is an opportunity for the DCP case worker to confirm with the child or young person, their carer and family (where appropriate) whether details of the infant, child or young person's cultural identity have been recorded correctly. Wherever possible and appropriate, priority should be given to referring Aboriginal and Torres Strait Islander infants, children and young people to an [Aboriginal health service](#).

Specialist paediatric care

A paediatrician is physician specialising in the care of children and young people. The child or young person's GP will:

- assess whether specialist paediatric care is required
- determine the type of paediatrician required (such as a general paediatrician, paediatric cardiologist or paediatric surgeon)
- make referrals
- provide follow up care.

Publicly funded paediatric care

Children and young people under long-term guardianship can access public funded paediatric care through SA Health's specialist outpatient clinics. To access this service, the child or young person will require a referral from their GP. The DCP case worker should seek the supervisor's approval for the child or young person to be referred.

Private paediatric care

Private Paediatricians are funded through fee-for-service. The child or young person must have a valid Medicare card and a referral from a medical practitioner (ideally their GP) to receive a full or partial rebate toward the cost of the care.

The DCP case worker should ensure that the child or young person continues to receive regular medical care from their GP while they wait for paediatric appointments.

Developmental assessments

If there are concerns about the child or young person's development these should be discussed with the child or young person's GP. The GP will undertake an initial assessment and, where appropriate, provide a referral to the appropriate service which may be private, public, medical or allied health.

The Child Development Unit within SA Local Health Networks provides a developmental assessment service for children and young people with complex developmental concerns in three or more areas.



Refer an infant to the Women's and Children's Hospital Cocoon Program

Infants up to the age of 12 months may be eligible for the Women's and Children's Hospital (WCH) Cocoon Program. The Cocoon Program is a multidisciplinary medical, developmental and psychosocial health clinic for vulnerable infants.

The program accepts referrals for infants up to the age of 12 months at the time of referral who:

- have received neonatal care at WHC; or
- are Aboriginal or Torres Strait Islander (from any geographic location); and
- have current or recent involvement with DCP, inclusive of infants who are
 - under a safety plan
 - under the short-term custody or guardianship of the Chief Executive (including interim orders); or
 - currently receiving support from the Safe Start program.

The DCP case worker should refer the infant by contacting the WCH Foundation Cocoon Program Clinical Coordinator on 8161 7346 or emailing the completed [referral form](#) to Health.WCHNCocoonCoordinator@sa.gov.au.

Allied health care

Some children and young people require assessment and/ or therapy with allied health clinicians. These may be recommended by the child's GP or paediatrician and include:

- speech pathology
- occupational therapy
- physiotherapy
- psychology
- dietitian
- podiatry
- audiology
- optometry

Allied health services may be accessed through the following pathways:

- Children and young people with complex health conditions under the care of SA Health paediatricians can access public funded allied health services.
- Aboriginal and Torres Strait Islander infants, children and young people may be able to access some allied health services from an Aboriginal Medical Service.
- Private allied health clinicians.

Children and young people in care with chronic conditions requiring allied health intervention may be eligible for a GP Chronic Condition Management Plan (GPCCMP) through their GP.

A GPCCMP entitles the child or young person to up to five subsidised Medicare Benefits Schedule allied health appointments per calendar year. Aboriginal and Torres Strait Islander infants, children or young people are eligible for 10 subsidised allied health appointments.



Depending on their individual needs and circumstances, some children and young people with disability may be eligible for allied health services funded through the National Disability Insurance Scheme. For further guidance about seeking support through the NDIS, refer to [Identify and respond to the child or young person's developmental and disability needs](#).

Mental health

Where there are concerns about the child or young person's mental health, the DCP case worker should:

- gather relevant information about the child or young person's functioning and needs
- consult with the supervisor about the child or young person's mental health needs
- consult with the allocated DCP psychologist to identify appropriate referral pathways.

For guidance about arranging assessments and referrals for mental health services, refer to [Identify and respond to the psychological and emotional needs of the child or young person](#) in this chapter of the Manual of Practice.

Regular, planned care with the child or young person's GP or primary care service can undertake assessment and management of emerging mental health concerns. The child or young person's GP also plays an important role in treating medical issues that may have an impact on mental health and wellbeing, such as sleep or nutrition.

Children and young people with mental health concerns may be eligible for a Mental Health Treatment Plan through their GP. The DCP case worker should consult with the office's allocated DCP psychologist for advice regarding whether a Mental Health Treatment Plan is appropriate.

Eye health and optometry

Children and young people in care are eligible for low-cost glasses and contact lenses at [participating optometrists](#) through GlassesSA. To access the scheme, the optometrist must sight either the child or young person's Health Care Card or the carer's approved carer identification card. Further information on eligibility and what is covered is available on the [Glasses SA website](#).

Dental and orthodontic care

Eligible children and young people in care can receive free dental and orthodontic services under an agreement with SA Dental. These services are provided by school dental clinics and at the Adelaide Dental Hospital. In addition, Aboriginal and Torres Strait Islander young people transitioning from care may be eligible for dental services under the [Aboriginal Oral Health Program](#).

Refer the child or young person to their local school dental clinic

The DCP case worker should refer the child or young person to their local school dental clinic within four weeks of entering care.

Children and young people in care can attend any school dental clinic up to 18 years of age. For a list of SA Dental clinics and their contact details, refer to the [SA Dental Clinics – Contact information sheet](#).

Appointments must be made using the [SA Dental Referral letter template](#). The referral to the dental service should be recorded in the Referrals tab in C3MS (refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#) for further guidance).

Children and young people should receive regular dental check-ups and treatment throughout their time in care. Refer to the [Memorandum of Administrative Arrangement – DCP and SA Dental](#) for specific information about referring a child or young person in care to SA Dental, arranging dental check-ups and treatment, and accessing orthodontic treatment.



The DCP case worker should not provide copies of Youth Court orders to SA Dental staff, including Long-term Guardianship (Specified Person) orders.

Notify SA Dental Services of changes in the child or young person's circumstances

The DCP case worker must notify SA Dental of a change of address, school or placement using the [SA Dental - Change of school or address](#) template.

Where the child or young person is no longer under custody or guardianship of the Chief Executive, the DCP case worker must also notify SA Dental using the [SA Dental - No longer under guardianship custody](#) template.

Refer to [Appendix 1 – Roles and Responsibilities](#) for more information about how to support a child or young person in care to access these services.

Post-care dental services

Good oral health continues to be important for young people as they transition to adulthood. If a young person turns 18 years old while receiving dental services, SA Dental will complete the course of treatment.

For further guidance about dental services for care leavers, refer to [Provide the young person with post-care support](#) in the Transition to adulthood chapter of the Manual of Practice.

Consider referring the child or young person to the Australian Dental Foundation

Where SA Dental services are unavailable, children and young people in care and post care may be eligible for additional dental and orthodontic services under a philanthropic partnership with the Australian Dental Foundation.

Fee-free dental and orthodontic services must first be pursued via existing arrangements with SA Dental. If these options have been exhausted, the DCP case worker should consider access to the following services via the Australian Dental Foundation:

- waiver of additional after hours call-out fees for emergency after hours dental care when this cannot be accessed through the [Women's and Children's Hospital](#)
- fee capped orthodontic treatment for children and young people in care who do not meet the clinical threshold for SA Dental on a case by case basis
- discounted dental services for eligible care leavers aged 18-25 years unable to access adult dental services through SA Dental.

For after-hours emergency dental care, contact the Australian Dental Foundation 24/7 central triage line on 0448 811 585.

All children and young people in care requiring orthodontic treatment must first be assessed by SA Dental. Where the child or young person does not meet the clinical threshold for SA Dental and there is a clear benefit to the child or young person in pursuing orthodontic treatment, the DCP case worker should discuss making a referral to the Australian Dental Foundation with their supervisor.

For a list of participating Australian Dental Foundation partner clinics, refer to the [DCP website](#).

For more information about how to support the child or young person in care to access these services, refer to [Appendix 1 – Roles and Responsibilities](#).

For further information, refer to the [Memorandum of Understanding – DCP and Australian Dental Foundation](#) for emergency after hours, orthodontic and post care dental services for children and young people in care and leaving care.



Ensure the child or young person is immunised

DCP case workers are responsible for ensuring all children and young people (under the age of 16 years) under the guardianship of the Chief Executive receive all immunisations in accordance with the [National Immunisation Program \(South Australia Schedule\)](#). Vaccines listed in the Schedule are free.

Additional immunisations are available to Aboriginal and/or Torres Strait Islander children and young people through the [National Immunisation Program](#) to protect them against serious diseases. For further guidance, refer to [Immunisation for Aboriginal and Torres Strait Islander people](#).

For further information about immunisations, refer to the [SA Health Immunisation webpage](#). For individual medical or clinical advice, it is recommended that the DCP case worker consult the child or young person's GP or primary health care provider.

Obtain the child or young person's immunisation history

When the child or young person enters care, the DCP case worker must commence the process for obtaining their Immunisation History Statement as soon as possible and arrange for any vaccinations that are due to be administered.

The child or young person's Immunisation History Statement shows all the immunisations they have had that are on the [Australian Immunisation Register](#). Immunisation History Statements can be accessed by:

- [Medicare online account](#) through MyGov (opens in a new window)
- contacting the Australian Immunisation Register general enquiries line on 1800 653 809 and requesting that a statement be mailed out.

My Health Record can also be accessed to obtain immunisation history for children and young people under 14 years. To access My Health Record the DCP case worker should email the [My Health Record inbox](#).

The following are **not** approved immunisation records:

- a letter from a doctor
- South Australian Child Health and Development Record (the 'Blue Book')
- an overseas immunisation record.

Consider whether catch-up vaccinations are required

A child or young person can be registered for a catch-up schedule on the Australian Immunisation Register when they have missed some vaccines according to the National Immunisation Program schedule.

The DCP case worker should make a GP appointment for the child or young person. The GP team will review the child or young person's immunisation history, provide advice about the catch-up schedule and organise immunisations as required.

Ensure the child meets the Immunisation requirements for early childhood services (No Jab No Play)

The *South Australian Public Health Act 2011* prevents children under six years of age from being enrolled in or attending early childhood services unless their immunisations are up to date.

A six-week temporary exemption applies to children in care which enables them to attend early childhood services while they receive catch-up vaccinations. The DCP case worker should provide a copy of the child's Immunisation History Statement to the early childhood service.

Further information about early childhood services and immunisation requirements can be found at the [SA Health website](#).



Consider whether any immunisation exemptions apply

Exemptions from immunisation requirements may be applied where a child is under seven months of age, or has a medical contraindication to a vaccine.

Where a child or young person has a known or suspected medical contraindication (for example, anaphylaxis) it is essential for the DCP case worker to arrange a consultation with the child or young person's GP to establish whether immunisation is contraindicated and obtain an exemption where appropriate.

For a full list of approved exemptions, refer to [Early childhood services and immunisation requirements](#) on the SA Health website.

Arrange the child or young person's annual influenza vaccination

Unless medically contraindicated, the DCP case worker and carer must ensure that the child or young person receives their annual influenza vaccination.

Free influenza vaccines are available for:

- medically at risk persons aged six months and older
- all children aged six months to less than five years
- pregnant women (at any stage of pregnancy)
- Aboriginal and Torres Strait Islander people aged six months and older.

The annual influenza vaccination must be arranged even where it incurs a cost, such as for children aged five years and over who are not Aboriginal and/or Torres Strait Islander and not medically at risk.

Consider the need for a child or young person's COVID-19 vaccination

COVID-19 vaccination is not recommended for healthy children or young people who do not have medical conditions that increase their risk of severe illness.

COVID-19 vaccination is recommended for all people aged 18 years and older, and for children aged 6 months to less than 17 years with medical conditions that may increase their risk of severe disease or death from COVID-19.

In circumstances where the DCP case worker considers a child or young person may have such a medical condition, they must consult with a supervisor about whether further health consultation should occur in relation to potential COVID-19 vaccination. For further guidance, refer to the [Australian Immunisation Handbook](#).

Seek consent for immunisation (as required)

Consent and decision making processes for children and young people under the guardianship of the Chief Executive who are in a family based placement are described in [Who can say OK?](#)

It is important that the DCP case worker refer the carer to this information so that all parties are aware of consent requirements for immunisation.

Consent for immunisation of children and young people is described as follows:

Authority	Consent
Custody orders (including Voluntary Custody Agreement)	Parents must provide consent for immunisations.



Interim guardianship or custody orders	<p>If the interim order provides custody, the parents must provide consent.</p> <p>If the interim order provides guardianship, the Chief Executive or delegate has the legal authority to consent but the parents should be consulted and their views given due weight.</p>
Short-term guardianship of the Chief Executive (up to 12 months)	It is expected that the parents are consulted in the decision about provision of immunisations but the Chief Executive or delegate is the final decision maker.
Guardianship of the Chief Executive to 18 years	The Chief Executive or delegate has legal authority to consent to immunisations for all children and young people under 16 years.
Young people aged 16 years or older under custody or guardianship of the Chief Executive	<p>A young person aged 16 years or over has the same right to consent or refuse consent to medical treatment as an adult and is entitled to make decisions about their own medical treatment, under section 6 of the Consent to Medical Treatment and Palliative Care Act 1995.</p> <p>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. The medical practitioner must make the young person fully aware of the consequences to their health by refusing treatment.</p>

For children and young people in family based care, the [Verification of a Child in Care card](#), in conjunction with the foster and kinship or SCO carer ID card, confirms that the carer can authorise the immunisation of the child or young person by the medical practitioner. For children and young people in non-family based care, the child and youth worker's departmental or agency ID verifies their relationship to the child or young person.

Some people may have concerns about vaccines even though they are tested to be safe and effective. In circumstances where the carer or parent opposes the decision to immunise the child or young person, the DCP case worker should discuss the concerns with the carer or parent and share trusted information about vaccine safety. SA Health resources may be useful to aid conversations about [vaccinations and vaccine safety](#).

In circumstances where the parent or carer opposes a decision regarding immunisation, it may be possible for them to seek an Internal review. In this event, it is recommended that the DCP case worker seek advice from [DCP Legal](#) about proceeding with the proposed immunisation.

Support the carer to attend immunisation appointments

Whilst the carer can take the child or young person to immunisation appointments, it is expected that the DCP case worker will ensure that the child or young person is immunised.

It is important that the person taking the child or young person to an immunisation appointment or clinic is aware of their medical history. The DCP case worker must ensure that the carer has the details about the child or young person's medical history. Without this information the immunisation could be refused.

For details of documents the carer should take to immunisation appointments, refer to [Who Can Say Ok](#).

Costs incurred with any recommended vaccination(s) will be covered by DCP.



Record immunisations in C3MS

The DCP case worker must record the child or young person's immunisations in the 'Physical Health & Disability' Life Domain in C3MS. Refer to the following instructional videos for guidance about recording vaccinations in C3MS:

- [C3MS Immunisations Instructional Video](#)

Manage ongoing health monitoring and planning

Work in partnership with the carer, parents, care team and health professionals

The DCP case worker will work in partnership with the child or young person, their parents (where appropriate), their carer, health professionals and the wider care team by:

- supporting the child or young person to participate in planning to address their physical health needs, and ensuring their views are given sufficient weight
- supporting the carer to participate in decision making (unless it is not in the best interests of the child or young person), including decisions about choice of health care providers
- when arranging access to health services, considering the location of services relative to the child or young person's placement and attempting where possible and appropriate to minimise transport requirements
- wherever possible, scheduling appointments in partnership with the carer
- informing the carer of ongoing health and dental appointment times and supporting them to attend appointments with the child or young person
- accompanying the child or young person at appointments where the carer cannot attend the appointment(s) or where otherwise appropriate
- providing copies of relevant reports and assessments to the carer, as appropriate (or providing the carer with an explanation for why a report or assessment cannot be shared)
- advising health care providers of changes in the child or young person's placement or allocated DCP case worker (for public hospital services, this should be done by contacting the Patient Registration Services team at the Women's and Children's Hospital at Health.WCHNPMICoordinator@sa.gov.au or by calling 08 8161 8053).

For children and young people with high health needs where there is a lack of agreement between other agencies working with the child or young person and DCP about the child or young person's assessment, diagnosis or treatment, it is recommended that the DCP case worker consider convening a case conference. Refer to 'Consider convening a case conference (where required)' under [Support the placement](#) in this chapter of the Manual of Practice for further guidance.

Support timely assessment, treatment and referral

The DCP case worker is responsible for responding to emerging health concerns identified by the child or young person, their carer, health professionals or other care team members. This includes:

- arranging and confirming appointments
- seeking referrals for assessment or testing
- arranging follow up treatments and other interventions.

For referrals to a hospital-based specialist outpatient clinic, the DCP case worker should direct any queries about upcoming appointments to the following:



Hospital	Contact details
Women's and Children's Hospital	Outpatient Appointment Line: 8161 7399 Email: Health.WCHNPaediatricOutpatientServices@sa.gov.au
Modbury Hospital and Lyell McEwin Hospital	Refer to the NALHN Outpatient Services Quick Reference Guide
Flinders Medical Centre and Noarlunga Hospital	General Paediatrics: 8204 4910

The DCP case worker must ensure that:

- follow up assessments and treatments that are recommended are undertaken in a timely manner
- timely referrals are made to relevant health practitioner/s when physical health concerns arise to ensure new and emerging issues are identified and addressed
- the carer and other care team members are provided with updates on any outstanding actions required to enable the timely assessment and/or treatment.

Support continuity of care

Access to relationship-based, ongoing healthcare with consistent practitioners is vital in establishing a foundation for the well-being of children and young people in care. Maintaining continuity of relationships with the child or young person's GP or paediatrician and other health professionals wherever possible:

- fosters trust
- creates stability for the child or young person
- supports thorough monitoring of their developmental progress
- supports early identification of health concerns.

The DCP case worker is responsible for ensuring that:

- continuity of care and integrity of information that is recorded is maintained as much as possible during times of transition and change, including changes of DCP case worker and placement
- they support continuity of service for young people transitioning to adult services (refer to the Transition to adulthood chapter of the Manual of Practice for further guidance)
- treating medical and allied health staff are informed of any changes to the DCP case worker, responsible office and/or placement and the carer
- all pending appointments are handed over when there is a change of DCP case worker or carer.

Maintain accurate records

Information about the child or young person's health needs and any required actions should be recorded as part of the child or young person's [case plan](#).

All referrals for health services should be recorded in the Referrals tab in C3MS (refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#) for further guidance).

The details of all medical and allied health professionals who have assessed and/or treated the child or young person must be recorded in C3MS.



The DCP case worker should ensure that:

- information about the child or young person is recorded accurately on referral forms or applications
- records distinguish whether a health condition or disability has been formally diagnosed or whether it is suspected
- they record the details of the professional who made the diagnosis and the date of the diagnosis.

Consent for medical, dental and allied health treatment

For children and young people in the custody of the Chief Executive, the DCP case worker should, where appropriate, seek the consent of the child or young person's parents for routine medical treatment. If consent cannot be obtained from the child or young person's parents, the DCP case worker must consult with their supervisor and seek advice from DCP Legal if required.

For children under the guardianship of the Chief Executive, carers can provide consent for routine medical treatment. If the child or young person is referred to a specialist service by their GP, the DCP case worker should seek the supervisor's approval to pursue the referral and any associated financial costs.

For guidance about consents required for medical, dental and allied health treatment for children and young people under the guardianship of the Chief Executive who are in family based placements, refer to [Who can say OK?](#)

Support the child or young person to access ambulance cover

Ambulance Cover insures against the cost of ambulance transport to an appropriate medical facility for the purpose of receiving medical treatment. Children and young people currently or formerly under the custody or guardianship of the Chief Executive pursuant to section 53 of the CYPs Act are eligible for ambulance cover up to the age of 21 years under the Memorandum of Administrative Arrangement between DCP and the SA Ambulance Service.

Prior to transitioning to adulthood the DCP case worker should explain to the young person the benefits of having and how to access, ambulance cover when they turn 21 years. For further guidance, refer to [Support the young person to leave care](#) in the Transition to adulthood chapter.

For further information refer to the [SA Ambulance Cover Procedure](#).

Private health cover

A family based carer can place the child or young person in their care on private health care cover. The carer must cover any out of pocket expenses. For further information, refer to [Who can say OK?](#)

Report significant incidents related to illness, injury or death of the child or young person

The following are significant incidents and must be reported to the Significant Incident Reporting Unit:

- the child or young person experiences or is diagnosed with a serious illness
- the child or young person sustains a serious life threatening injury
- the child or young person dies (all accidental, non-accidental or expected (due to illness) deaths must be reported).

For further guidance, refer to the [Significant incident reporting Procedure](#).



8. Identify and respond to the psychological and emotional needs of the child or young person

Children and young people who are placed in care have often experienced trauma and disrupted relationships, which can have a significant impact on their emotional and psychological wellbeing. The DCP case worker is responsible for working with the child or young person, the carer and other care team members to identify and respond to the child or young person's emotional and psychological needs.

Consider whether the child or young person requires assessment and/or therapeutic support

Psychological assessment

A psychological assessment provides the DCP case worker and the Youth Court (where applicable) with a clinical opinion regarding the child or young person's psychological health, development and wellbeing. This opinion is usually provided in a written report after the completion of a comprehensive assessment.

It is recommended that the DCP case worker consult with the DCP psychologist allocated to their office to identify whether an assessment is necessary and whether DCP Psychological Services have the capacity to undertake the assessment within the required timeframe. The DCP case worker should also discuss what other assessment providers might be able to offer a service (such as Child Protection Services).

A psychological assessment for a child or young person may commonly address the following areas:

Area	Purpose of assessment
Family and kin relationships	This assessment may provide an indication of the dynamics within the family in addition to the quality of an attachment relationship between the child or young person and their parents, guardians and/or other caregivers and family members. An assessment of family relationships usually involves an observations of interactions. For school aged children and young people, assessments may include an interview and the use of a more formal measure in addition to observations.
Emotional functioning and behaviour	This assessment may provide an indication of the impact of harm on the child or young person's emotional and behavioural functioning, as well as identify the child or young person's therapeutic care needs. The assessment may consider the child or young person's psychological wellbeing (including self-esteem, depression, anxiety, anger, behaviour and attention), in addition to their social functioning and relationships. Information may be gathered via clinical interviews with the child or young person, their parents, their carers and/or any relevant professionals involved with the family, observations of the child or young person and the completion of measures.
Development (for infants and preschool children)	This assessment considers the child's attainment of appropriate milestones across a number of areas including motor function (gross and fine), language, personal and social skills, and cognitive ability. Developmental



Area	Purpose of assessment
	delays may occur in these areas as a result of childhood trauma. An assessment may be necessary to provide an understanding of the child's needs and any specific services that may be able to assist. This assessment may include an interview with the child's parent, guardian or caregiver, observation of the child, and formal testing and assessment of the child.
Intellectual/cognitive ability	Information is obtained through formal testing of the child or young person. As well as overall intellectual functioning, these assessments can provide information about specific areas such as attention, memory, verbal skills and non-verbal abilities. Results may inform eligibility for services and/or the design of interventions for the child or young person.
Adaptive functioning	This assessment measures how capable a child or young person is of independently navigating the requirements of daily life, as compared to their same aged peers. An assessment for adaptive functioning may be deemed necessary for diagnostic purposes and/or to identify support needs, following the outcome of intellectual/cognitive ability testing.
Educational/academic functioning	This assessment will gauge a child or young person's basic academic achievement in comparison to their same-aged peers. Results may help identify factors contributing to poor school performance, or specific learning disorders.

Additional assessments of the child or young person's parent, guardian or caregiver may be required, which may include a cognitive assessment or parenting capacity assessment. For further guidance about parenting capacity assessments, refer to [Conduct additional assessments and interventions relating to parents and caregivers](#) in this chapter of the Manual of Practice.

While significant changes may have sometimes occurred for the child or young person, necessitating further assessment and review, repeated assessments of children, young people and families ought to be avoided except where there is a strong clinical rationale for doing so.

Psychological/therapeutic support

Children and young people in care may require therapeutic support to assist them to:

- recover from their experiences of trauma
- develop emotional regulation skills
- develop social skills and healthy relationships
- manage challenges they may face due to being in care (such as placement transitions, settling into placement, family contact and identity development).

Therapeutic supports may also be beneficial to support the carer to:

- provide trauma informed care



- understand and meet the individual child or young person's emotional and psychological needs
- encourage placement stability
- provide care that enables the child or young person to develop healthy attachment relationships.

Children and young people's need for therapeutic intervention may change over time, particularly when there are changes in their circumstances or at key times in their development (for example, as they enter adolescence and issues of identity arise). Some children and young people and carers may require therapeutic supports for discrete periods and some may require supports on an ongoing basis.

The child or young person's views and wishes regarding their attendance at therapy may also change over time. The DCP case worker should [seek the child or young person's views](#) about attending therapy (where developmentally appropriate). In circumstances where the child or young person does not wish to attend therapy, it is recommended that the DCP case worker consults with a DCP psychologist.

Consider information about the child or young person's needs and functioning

The needs of the child or young person may be identified through a range of sources including (but not limited to):

- Preliminary Health Check and Comprehensive Health and Development Assessments (for further guidance, refer to [Access health services for the child or young person](#) in this chapter)
- examinations or assessments undertaken during the investigation and assessment phase, such as forensic assessments or parenting capacity assessments (for further guidance, refer to [Respond to the child or young person](#) and [Conduct additional assessments and interventions relating to parents and caregivers](#) in the Intake, investigation and assessment chapter of the Manual of Practice)
- psychological, medical and developmental assessments undertaken after the child or young person has entered care
- information about the child or young person's behaviour and functioning obtained from those in regular contact with them (including the carer, educators, therapists and parents)
- recommendations from the child or young person's [annual review](#) or a [complex case review](#).

Consult as required

The DCP case worker may also consult with DCP staff for advice on identifying and responding to the child or young person's psychological and emotional needs. This may include:

- a DCP psychologist
- a practice leader
- Principal Aboriginal Consultant (PAC) or Aboriginal practitioner
- DCP Multicultural Services
- DCP disability consultant.

Consider the needs of Aboriginal and Torres Strait Islander children and young people

Past government policies and practices, colonisation, displacement from Country and institutional racism have had a significant negative impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities, families, infants, children and young people. Aboriginal and Torres Strait Islander infants, children and young people may experience intergenerational trauma through exposure to the lived experiences and adaptive behaviours of older generations and parents who have experienced trauma. Aboriginal and Torres Strait Islander infants, children and young people may also experience trauma as a result of their own experiences of racism.



Consider the needs of children and young people from CALD backgrounds

Trauma experienced by refugees can also have direct effects on the physical, emotional, and psychological health and wellbeing of children and young people from CALD backgrounds.

The DCP case worker should consider consulting with DCP Multicultural Services for advice on referring to clinical services for torture and trauma survivors, including (but not limited to):

- Survivors of Torture and Trauma Assistance and Rehabilitation Service
- specialist refugee health services
- refugee support groups and programs.

Discuss the child or young person's needs with their carer

The carer (and residential care staff where applicable) support the child or young person to experience healthy attachment relationships.

The DCP case worker should:

- discuss with the carer their experiences of caring for the child or young person, including:
 - behaviour, patterns and triggers the carer has observed
 - any challenges the carer is experiencing in responding to the child or young person
 - supports the carer requires (such as psychoeducation, therapeutic support, training, or respite)
- assess and consider whether the child or young person and the carer would benefit from therapeutic support
- ensure the carer understands that their support is critical to the success of the child or young person's therapeutic intervention, including responding to and managing any distress experienced by the child or young person outside of therapy sessions
- ensure the carer is aware that advice from DCP Psychological Services is required prior to engaging a therapist for the child or young person
- make referrals as required (for further guidance about recording referrals in C3MS, refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#)).

For further information, refer to [Therapy for children in care Frequently Asked Questions](#) and the [Supporting children and young people in care with high risk and complex behaviours Practice Paper](#).

Gather information to support the referral

Prior to making any referral, the DCP case worker should gather information regarding the child or young person's:

- trauma and attachment relationship history
- placement history including placement transitions and placement breakdowns
- current care arrangements including the capacity of the carer and their willingness to be involved with therapy
- current supports in place for the carer (such as a kinship care worker/placement support worker, respite care, family and community networks)
- where the child or young person is in residential care, the stability of the care team and their key workers
- contact arrangements



- historical and current behaviour
- engagement with education, training or employment
- details of relevant assessments and previous therapeutic interventions or supports, including the child or young person's engagement and their effectiveness
- social functioning
- details of diagnosed developmental delay, disability or medical conditions.

For guidance about gathering information from other agencies and service providers, and engaging with children, young people, families and carers when gathering information, refer to [Gather information to assess and manage risk](#) and [Engage with children and young people, their families and carers when sharing or gathering information](#) in the Information gathering and sharing chapter of the Manual of Practice.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Ensure Aboriginal and Torres Strait Islander children and young people have their cultural identity accurately and clearly recorded on referrals to support a culturally appropriate service response, where available.

Refer the child or young person for psychological assessment

Seek approval and submit a referral for assessment to DCP Psychological Services

The DCP case worker should consult with DCP Psychological Services to discuss the merit in seeking a parenting capacity assessment for their specific matter. DCP Psychological Services may consult the referring DCP case worker, supervisor, practice leader or DCP Multicultural Services staff to discuss the referral. Where the referral relates to an Aboriginal or Torres Strait Islander family, consultation with a Principal Aboriginal Consultant (PAC) should be considered.

If a referral for a parenting capacity assessment is supported by DCP Psychological Services, the DCP case worker should seek final approval for the referral from their supervisor. The completed referral form should be submitted in C3MS, attaching the [Referral for Psychological Assessment](#). For further guidance about recording a referral in C3MS, refer to the [Referrals - C3MS Guide](#) and [C3MS Referrals Instructions](#).

Seek consent for a child or young person who is not under the guardianship of the Chief Executive to participate in a psychological assessment

If the child or young person is not under the guardianship of the Chief Executive, parents or guardians must consent both to be involved in the assessment process and for the psychologist to obtain information from other agencies (such as Department for Education or Child and Adolescent Mental Health Services). The DCP case worker and DCP psychologist should ensure that participants understand that all information collected by the psychologist and by DCP may be included in a report prepared by the psychologist. DCP Psychological Services must obtain written consent for psychological assessment from the child or young person if they are 12 years or older, their parent or guardian or any other significant person in the child or young person's life as appropriate. To obtain consent, DCP Psychological Services will use the relevant consent form:

- [Consent to participate in psychological assessment for young people over the age of 12 years](#)
- [Consent to participate in psychological assessment for parents/guardians.](#)



For further guidance about seeking and obtaining informed consent, refer to 'Obtain consent from the family for actions and information sharing (where safe and appropriate)' in [Engage with the family](#) in this chapter of the Manual of Practice.

Consider other referrals to support the child or young person

In addition to submitting a referral for assessment to DCP Psychological Services, the DCP case worker may request assessments from other DCP services, other government agencies, or external service providers. This may include referrals to the DCP [Regional Disability Team](#) to assess eligibility for services from the National Disability Insurance Scheme (NDIS).

An assessment for Victims of Crime Compensation following experiences of harm should also be conducted by a psychologist who does not work for DCP to avoid a conflict of interest. For further guidance about Victims of Crime compensation, refer to [Victims of Crime compensation](#) in this chapter of the Manual of Practice.

It is important to consider what assessments have been conducted previously. This may include (but is not limited to):

- psycho-social assessments conducted by Child Protection Services
- paediatric reports
- educational assessments completed by guidance officers from the Department for Education.

DCP Psychological Services will determine the most appropriate referral pathway for assessments, which may be to a private provider.

Refer the child or young person for psychological/therapeutic supports

Consider referral pathways

The DCP case worker should consider the available referral options through other government and NGO agencies such as:

- Child Protection Services (CPS)
- Child and Adolescent Mental Health Services (CAMHS)
- Headspace
- SA Health psychiatrists
- carer support agencies.

Children and young people referred for services will need to meet particular criteria for each agency. CAMHS referrals can be made by completing the referral form on the [CAMHS website](#).

Should government or NGO agencies be unable to offer therapeutic services for a child or young person, the DCP case worker should consider making a referral to DCP Psychological Services.

Consult on the decision to make a referral for therapy

The DCP case worker should consult with their supervisor and discuss:

- the DCP case worker's assessment of the child or young person's therapeutic needs
- case conceptualisation
- the rationale for seeking a referral for therapy.



For further guidance about assessment and case conceptualisation, refer to the [DCP Assessment framework for staff](#).

The DCP case worker should consult with their office's allocated DCP psychologist to discuss the proposed referral. As part of this consultation, the DCP psychologist can provide advice about appropriate referral pathways.

Details of consultation undertaken and the decision to make the referral should be documented in C3MS using a [Consult or Decision record note](#). For further guidance about communicating and documenting decisions with the child or young person, their carer, care team members and other relevant stakeholders, refer to [Work in partnership to make decisions about the child or young person](#).

Submit a referral to Child and Adolescent Mental Health Services

The Child and Adolescent Mental Health Service (CAMHS) is a free, statewide community-based mental health service offered by the Women's and Children's Health Network. It provides services to children and young people up to the age of 16 (up to 18 in some regions) and their families with moderate to severe and complex emotional, behavioural or mental health difficulties. CAMHS prioritises the care of children and young people in care.

CAMHS referral criteria are as follows:

Child or young person's age group	Where they can be referred
Children and young people up to the age of 15 years	CAMHS (in all regions)
Children and young people up to the age of 17 years	CAMHS (Northern Adelaide Local Health Network only)
Young people aged 16 years or older (and not eligible for CAMHS)	Youth Mental Health Team associated with the Adult Mental Health Service in the young person's area

To make a referral to CAMHS, the DCP case worker should complete the CAMHS online referral form on the [CAMHS website](#), selecting the CAMHS Referral form.

To make a referral to the Youth Mental Health Team, the DCP Case Worker should complete the [Non-Urgent Mental Health Service Referral Form](#). For further information, refer to the [Youth Mental Health Team website](#).

If the child or young person is referred to CAMHS or the Youth Mental Health Team before they have an established relationship with a GP, the DCP case worker should ensure that copies of all referrals and correspondence are provided to the child or young person's GP. This supports handover back to the GP once CAMHS or Youth Mental Health Team care is no longer required and enables the GP to provide ongoing care.

Seek approval and submit a referral for therapy to DCP Psychological Services

Where the DCP psychologist is in agreement that it would be appropriate to refer the child or young person for psychological therapy via DCP Psychological Services, the DCP case worker should complete the [Referral for psychological therapy services Form](#).

When completing the [Referral for psychological therapy services form](#), the DCP case worker should:

- provide a brief history and summary of the issues the child or young person is experiencing and their impact
- attach relevant background history to the referral, including:



- applications for Youth Court orders
- the child or young person's case plan
- reports from other professionals
- ensure the referral form is signed by the supervisor
- submit the referral in C3MS to the relevant DCP Psychological Services regional team (for further guidance, refer to [Referrals – C3MS Guide](#)).

Referrals to Approved Providers must be forwarded directly to the provider (via email).

Once received by DCP Psychological Services, the referral will be triaged by DCP Psychological Services and an internal or external (private) psychology referral pathway will be identified. Should the referral be actioned via an external psychologist, DCP Psychological Services will:

- obtain a service provision agreement and a quote for the service
- obtain approval from the Manager, DCP Psychological Services prior to the commencement of any therapy.

Considerations regarding therapeutic service providers should take into account the distance from the placement and the transport requirements.

The DCP case worker must not approach an external psychologist directly regarding the provision of therapy or agree to commencement of a service before the above process occurs.

Refer to the Interagency Therapeutic Needs Panel

After gathering information regarding the child or young person's behaviour and functioning, the DCP case worker may consider making a referral to Interagency Therapeutic Needs Panel (ITNP). The ITNP is a collaborative practice model led by SA Health providing a high level, holistic interagency response for children and young people who have recently been placed in care.

A referral to the ITNP may be appropriate in circumstances where:

- the child or young person is in the custody or under the guardianship of the Chief Executive
- the child or young person is experiencing severe difficulties or complexities across their life domains
- alternative attempts to refer for therapeutic support have not been successful
- therapy referral pathways have not progressed.

Referrals to the ITNP are made through the [Panel Coordinator via email](#).

If the referral is accepted, the DCP case worker, supervisor and practice leader will be invited to a meeting of the ITNP. For Aboriginal and Torres Strait Islander infants, children and young people, a PAC should be invited. A DCP Multicultural Services team member should be invited for children and young people from CALD backgrounds.

It is the DCP case worker's responsibility to lead and monitor the implementation of recommendations from the ITNP, including progressing referrals to therapeutic services. Recommended actions should be included in the child or young person's case plan.

Refer for psychiatric assessment and/or treatment



Psychiatric intervention may be appropriate for children and young people experiencing severe mental health issues. This can include complex or difficult-to-diagnose conditions, where existing psychological therapies have not resulted in significant progress or where specific medication is required.

To make a referral for psychiatric assessment or treatment, the DCP case worker should:

- make an appointment with the child or young person's GP
- discuss the child or young person's current mental health concerns
- request a referral letter to CAMHS for psychiatric assessment
- provide the GP with their current contact details including email
- request a copy of the referral letter from the GP (and ensure the letter is uploaded to C3MS).

Where the child or young person requires urgent psychiatric care and does not have a regular GP, the DCP worker should contact CAMHS Connect central triage on 1300 222 647 to arrange a referral to the CAMHS Guardianship Service (CGS). In this instance the DCP case worker should arrange an appointment with the child or young person's new GP as soon as possible and provide them with a copy of the referral letter to CAMHS Connect.

Respond to children and young people who are at risk of self-harm and suicide

Respond to a child or young person at imminent risk

If the DCP case worker becomes aware that the child or young person is at imminent risk of suicide, action must be taken to ensure their immediate safety including:

- calling 000 or transporting the child or young person to Paediatric Emergency at the Women's and Children's Hospital
- supervising the child or young person until they can be assessed
- if unsure regarding the level of risk
 - contacting CAMHS Connect central triage on 1300 222 647 (during business hours); or
 - the Child and Adolescent Virtual Urgent Care Service on (08) 8161 7000 (9.00am – 9.00pm, 7 days a week)

Young people over 16-year-olds may be able to receive assessment and treatment through:

- the Urgent Mental Health Care Centre on Grenfell Street, Adelaide (contact (08) 8448 9100)
- Northern Adelaide Medicare Mental Health Centre (1800 565 774)
- Mt Barker Medicare Mental Health Centre (contact 1800 595 212).

Serious injury or death of a child or young person in care must be reported in accordance with the [Significant incident reporting Procedure](#).

Consider risk factors and monitor for warning signs of self-harm or suicide

The reasons a child or young person may self-harm or contemplate or attempt suicide are complex. Children and young people in care may be particularly vulnerable to self-harm and suicide due to the impact of and trauma experienced prior to and/or after coming into care. Children and young people in care may be experiencing a combination of stressors that increase their vulnerability to self-harm or suicide (including, but not limited to):

- poor mental health (such as depression, anxiety or issues with alcohol and/or other drugs)



- difficulty managing and regulating emotions
- experiences of significant instability or change, and feeling a lack of agency or control
- feeling overwhelmed and not having the skills to cope or seek help
- feeling isolated or lacking a sense of connection or belonging.

For Aboriginal and Torres Strait Islander children and young people, there are additional risk factors including (but not limited to):

- the impact of intergenerational trauma (for further guidance, refer to the [Trauma Practice Paper](#))
- limited connection to culture
- experiences of racism and discrimination
- experiences of grief and loss.

For further information about warning signs and indicators of self-harm, refer to the [Headspace website](#).

For a list of warning signs and indicators that a child or young person may be at risk of suicide, refer to the [Residential Care: Supporting children and young people at risk of self-harm and suicide Procedure](#) and the [Beyond Blue website](#).

Develop a safety plan to respond to the needs of the child or young person

To support the child or young person at risk of suicide, the DCP case worker should:

- engage the child or young person, their carer and the care team to discuss the concerns
- consult with the child or young person's therapist (where applicable) or a DCP psychologist
- consult with a PAC (for Aboriginal and Torres Strait Islander children and young people) and/or DCP Multicultural Services (for children and young people from CALD backgrounds) and other relevant parties to identify strategies for supporting the child or young person's safety and mental health
- develop, document and implement a plan with the child or young person, their carer and other care team members to support the child or young person and ensuring that plans are uploaded to C3MS.



Identity

Aboriginal Child Placement Principle Active Effort prompt

Developing a strong Aboriginal and Torres Strait Islander cultural identity supports Aboriginal and Torres Strait Islander children and young people's mental health and resilience. When developing support plans for Aboriginal and Torres Strait Islander children and young people at risk of self-harm or suicide, consider how connection to culture, including positive relationships with Aboriginal and Torres Strait Islander community and Elders, being on Country, spirituality and learning cultural practices can be incorporated into plans for keeping the child or young person safe. Explore, where appropriate, whether the child or young person would benefit from the support of a [Ngangkari](#) (Aboriginal spiritual healer).

For children and young people in residential care, the DCP case worker should work with the child or young person and the care team to develop a [My Safety action plan](#). For further guidance, refer to the [Residential Care: Supporting children and young people at risk of self-harm and suicide Procedure](#).

For guidance about self-harm and suicide prevention planning, refer to the [Supporting children and young people in care with high risk and complex behaviours Practice Paper](#) and the [Beyond Blue website](#)).

For children and young people in family based placements, the DCP case worker should refer the [Supporting children and young people in care with high risk and complex behaviours Practice Paper](#) for guidance about



engaging the child or young person, their care team and therapeutic supports to develop a plan to respond to the child or young person's needs.

Respond to children and young people who display harmful sexual behaviours

In circumstances where the child or young person displays harmful sexual behaviours, it is essential that the DCP case worker works in partnership with the child or young person's care team to identify appropriate therapeutic interventions.

For children and young people displaying harmful sexual behaviours in residential care the residential care supervisor is responsible for:

- informing the DCP case worker and the child or young person's therapist
- if an advocate from the Office of the Guardian for Children and Young People is working with the child or young person, informing the advocate.

The DCP case worker is responsible for:

- completing the [Assessment Protocol: Peer to peer harmful sexual behaviour involving children and young people in care](#), where appropriate, in collaboration with residential care staff
- consulting with the DCP psychologist and/or the child or young person's therapist and the care team to identify therapeutic supports for the child or young person
- planning, recording and monitoring therapeutic supports as part of the child or young person's [case plan](#)
- working with the care team to encourage the child or young person to engage with therapeutic supports.

All DCP staff must consider their reporting obligations in accordance with the [Significant incident reporting Procedure](#).

For further guidance about responding to harmful sexual behaviour, refer to the [Supporting children and young people who display harmful sexual behaviours Practice Paper](#). For further guidance about engaging with children and young people, refer to the [Relationship based practice Practice Paper](#).

Respond to a child or young person where it is suspected that sexual harm has been perpetrated by a DCP employee

A DCP employee (which includes students undertaking practical training, DCP volunteers and service providers who are contracted to conduct DCP services) must make a report to SAPOL if they know or suspect sexual harm of a child or young person under the age of 18 years (including historical incidents within the previous ten years) perpetrated by another DCP employee. Failure to report to SAPOL suspected child sexual abuse in accordance with section 64A of the *Criminal Law Consolidation Act 1935* has a maximum penalty of imprisonment for three years.

A DCP employee as defined above, who becomes aware of concerns that a child or young person (17 years of age or under) is at *substantial risk* that another DCP employee will engage in sexual abuse of the child or young person, must take steps to reduce or remove the substantial risk the abuse will occur to ensure the immediate safety of the child or young person.

The DCP employee must:

- inform their manager (or next most senior person if appropriate) of their suspicions or knowledge, unless they have direct line management of the alleged perpetrator
- discuss further action with their manager, or



- in circumstances where the child or young person is at imminent risk of sexual abuse, take action without delay, and ensure that the discussion with their manager occurs as soon as practicable afterward.

Failure to protect a child or young person from sexual abuse (either by reducing or removing the substantial risk) has a maximum penalty of imprisonment for 15 years.

Refer to the [Reporting a suspicion a child or young person is at risk procedure](#) for further guidance. For further guidance about recognising and responding to sexual abuse or exploitation in the care environment, refer to the [Safeguarding children and young people Practice Paper](#). DCP staff must also consider their reporting obligations in accordance with the [Significant incident reporting Procedure](#).

Support children and young people requiring psychological assistance during criminal proceedings

In circumstances where a child or young person is required to give evidence as an alleged victim in criminal proceedings, the DCP case worker should, in consultation with the child or young person's carer, ensure the child or young person receives appropriate psychological support. Support may be provided by:

- the child or young person's current therapist (where appropriate)
- a witness assistance officer
- DCP Psychological Services.

It is recommended that the DCP case worker consult with DCP Psychological Services for advice regarding therapeutic supports that may be required for the child or young person.

9. Refer a child or young person with complex needs to a Complex Case Review Meeting

Where the needs of a child or young person are complex, consideration should be given to making a referral for a Complex Case Review Meeting (CCRM). The CCRM process is an escalation pathway coordinated by the DCP Complex Practice Clinician. A CCRM is chaired by the DCP Lead Psychiatric Director and attended by relevant care team members.

The purpose of the CCRM process is to provide a clinical review of a case. The CCRM aims to support the care team to develop an enhanced and shared understanding of the dynamics (including the child or young person's cultural needs) that are contributing to the current concerns about the child or young person and the escalating risk. This shared understanding is then used to make recommendations about service delivery for DCP case workers, supervisors and other care team members.

Consider referring the child or young person for a Complex Case Review Meeting

A referral for a CCRM process should be considered for children and young people who:

- have multiple complexities across their life domains; or
- are experiencing high levels of risk; or
- have multiple agencies involved such as SA Health, NDIA, Department for Education, Youth Justice or SAPOL; or
- are the subject of current interventions to address the risk, which have been unsuccessful or where pathways for intervention are unclear; or
- have had a care team meeting or case conference that involved all key professionals involved with the child or young person and the concerns could not be resolved; and



- have been the subject of a case consult with a practice leader and Principal Aboriginal Consultant, DCP psychologist, or a DCP disability consultant and it was assessed that a referral was appropriate.

An interagency partner (such as a CAMHS worker) may contact the CCRM team (Lead Psychiatric Director and Complex Practice clinician) and request a referral. In these cases, the CCRM team will contact the DCP case worker and, if appropriate, request that the DCP case worker make a referral.

The interagency therapeutic needs panel (ITNP) is another review pathway led by SA Health where a child or young person's therapeutic needs are discussed by panel members representing CAMHS, the Department for Education and DCP. The ITNP may recommend a referral to the CCRM if the child or young person's situation requires further escalation. For further guidance about ITNP, refer to [Identify and respond to the child or young person's psychological and emotional needs](#) in this chapter of the Manual of Practice.

Submit a referral for a CCRM

The DCP case worker should complete a referral using the [CCRM referral form](#). As part of the referral, the DCP case worker should provide details about the child or young person's background and the presenting concerns.

The DCP case worker should also attach copies of relevant documents to the referral. These documents may include (but are not limited to):

- the child or young person's current case plan
- genogram
- report in support of an application for care and protection orders (detailing the child protection history prior to DCP's involvement, **not** a copy of the Youth Court order itself)
- relevant assessment reports
- letters from paediatricians, psychiatrists or other medical or allied health professionals
- placement requests (if referral is regarding placement)
- NDIS plan (if relevant).

The DCP case worker should submit the referral for endorsement by their supervisor and the manager or the practice leader. The endorsed referral should then be forwarded for approval to the regional director.

The DCP case worker should forward the approved referral form to the [CCRM inbox](#) and upload it to C3MS.

Prepare for CCRM

If the CCRM Complex Practice Clinician and the Lead Psychiatric Director assesses that the child or young person's case requires a CCRM, the DCP Complex Practice Clinician will schedule the meeting and invite relevant participants, including (but not limited to):

- the child or young person's DCP case worker and their supervisor
- the practice leader
- Principal Aboriginal Consultant (PAC)
- DCP Psychological Services
- DCP Multicultural Services staff
- Disability and Development Services staff
- therapists working with the child or young person



- regional directors and other relevant DCP senior leadership
- placement representative (for example, a residential care staff member)
- school representatives
- relevant senior leaders from other agencies.

The DCP case worker should be prepared to present their case conceptualisation. For further guidance regarding case conceptualisation, refer to the [DCP Assessment framework for staff](#).

Attend the CCRM

The CCRM will include a discussion of the child or young person's background and current concerns. The DCP case worker should provide their case conceptualisation, including information about:

- the child or young person's background
- their current placement and circumstances
- the views of the child or young person, their family, and their carer
- the nature of the concerns
- previous interventions and strategies that have been implemented and their associated outcomes.

The attendees are then invited to discuss the relevant concerns across the child or young person's life domains. The CCRM chair (DCP Lead Psychiatric Director) will support attendees to create a revised case conceptualisation and shared understanding of the concerns and make recommendations as required.

Review and respond to recommendations made by the CCRM

The CCRM team will prepare a letter providing a case conceptualisation and recommendations for the child or young person and forward this to the attendees and any invitees who were unable to attend the meeting. Attendees will be given a week to review the letter and provide any feedback. The finalised letter will be signed by the CCRM Complex Practice Clinician and the Lead Psychiatric Director and forwarded to relevant attendees. The DCP case worker will then upload the letter to C3MS.

The DCP case worker and supervisor should consider the CCRM recommendations and where appropriate implement them in a timely manner. The DCP case worker should also consider undertaking a [review of the child or young person's case plan](#) if required.

Attend follow up meetings as required

Where appropriate, a follow-up CCRM may be scheduled to review actions and to consider whether further pathways need to be explored. The CCRM Complex Practice Clinician will contact the DCP case worker, supervisor and other relevant attendees to arrange the follow-up meeting. Follow-up CCRMs will follow the same process as the initial CCRM without the need for re-referral.

Where a follow-up is required and an Aboriginal or Torres Strait Islander child or young person has further cultural needs or complexities, the CCRM Complex Practice Clinician will request the attendance of the PAC, and where the circumstances require, the Aboriginal Lead Practitioner and/or other relevant parties.

10. Identify and respond to the cultural needs of Aboriginal and Torres Strait Islander infants, children and young people

Culture is a common understanding shared by members of a Nation, group or community. It consists of knowledge and practices that create shared meaning and connection to identity, community, family and



Country. It includes land, waters, beliefs, spirituality, language, songlines and lore, identity and ways of living and working. For Aboriginal and Torres Strait Islander infants, children and young people and their families, these ways of being and behaving within their Nation group, community and clan expressed through traditions and customs are integral to their connection and their sense of identity.

Aboriginal and Torres Strait Islander infants, children and young people in care have an inherent right to develop and maintain their connection to their culture. DCP case workers have a critical role in facilitating this connection.

The Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) is a national guiding framework that recognises and protects the rights of Aboriginal infants, children and young people to be safely connected to their family, community, culture and Country throughout engagement with the child protection system. DCP case workers are responsible for undertaking active efforts to support infants, children and young people to develop and maintain these connections.

For guidance regarding the application of the ACPP, refer to the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

Engage with Aboriginal and Torres Strait Islander infants, children and young people, families and communities

Understand cultural safety

When engaging with Aboriginal and Torres Strait Islander infants, children and young people, their families and communities, the term 'cultural safety' is used to describe the conditions in which Aboriginal and Torres Strait Islander identity and ways of thinking, knowing and being are recognised, respected and actively supported (for more detailed definition of cultural safety, refer to the glossary of the [Family Led Decision Making for Aboriginal families Framework](#)). DCP case workers can contribute to cultural safety by:

- acknowledging, accepting and validating Aboriginal and Torres Strait Islander people's identity and culture
- being respectful of Aboriginal and Torres Strait Islander knowledge and ways of knowing, being and doing
- listening to Aboriginal and Torres Strait Islander people's views about what they need and what works for them
- being aware of their own perspectives and cultural biases (for further guidance, refer to the [Bias in Child Protection Practice Paper](#)).

The extent to which an environment is culturally safe is determined by the Aboriginal and Torres Strait Islander person with whom the DCP case worker is engaging. The DCP case worker should deeply listen to both the expressed views and non-verbal cues of Aboriginal and Torres Strait Islander people in articulating what they need to feel culturally safe, and adjust approaches where needed.

Understand cultural vouching

Cultural vouching is a process where Aboriginal community members attest to an individual requesting to enter the community. In circumstances where the infant, child or young person's family or community do not know the DCP case worker personally, being vouched for as safe and trustworthy supports engagement and relationship building.

The DCP case worker should:

- consider whether cultural vouching may be required to support engagement with an Aboriginal or Torres Strait Islander family or community



- request support from an Aboriginal DCP staff member (as a PAC or Aboriginal practitioner) or an Aboriginal community member with a relationship with the DCP office
- maintain positive and trusting relationships by applying the principles of [relationship based practice](#).

Engage respectfully

Working in partnership requires DCP case workers to listen, learn and facilitate conversations where Aboriginal and Torres Strait Islander people can articulate issues and identify solutions. It is important for DCP case workers to recognise how past and current policies and practices may impact communication and trust between DCP staff and Aboriginal and Torres Strait Islander families, and to actively work to re-establish trust and rapport. Communication protocols may vary significantly between individuals, families and communities. Some strategies that may assist in conversations with Aboriginal and Torres Strait Islander families and communities include:

- prioritising relationship building and rapport before focusing on the task at hand
- using yarning (sharing stories and life experiences) as a way of gaining mutual understanding
- being mindful of non-verbal cues such as posture, body language and eye contact (this includes the DCP case worker being aware of their own non-verbal cues)
- sitting with silences, engaging in deep listening and demonstrating empathic listening skills
- avoiding singling individuals out (even if it is positive attention)
- discussing concrete issues rather than abstract ideas
- acknowledging and listening to the range of interrelated issues that families may raise, even if they do not appear to be obviously connected to the topic being discussed; exploring the full range of issues supports family to identify a range of solutions that may be available.

For further advice about working in partnership and engaging with Aboriginal and Torres Strait Islander people, refer to the Aboriginal Practice Directorate's [resource pages](#) and the [Reconciliation Australia website](#). For information about training available to support culturally responsive practice, refer to [Aboriginal Cultural Footprint – DCP's Cultural Development Program](#).

Work in partnership to explore with the infant, child or young person's cultural identity

DCP acknowledges the importance of identification as a precursor to implementation of the ACPP.

Early and accurate identification of infants, children and young people as Aboriginal or Torres Strait Islander is essential because it:

- informs how practitioners work with the infant, child or young person and their family across all phases of child protection intervention
- enables access to culturally safe and specialised services
- enables the infant, child or young person to develop and maintain positive connections and strengthen their sense of belonging.

It is the DCP case worker's responsibility to ensure that they seek information about the infant, child or young person's cultural identity and establish whether they are Aboriginal or Torres Strait Islander when beginning work with the infant, child or young person and their family.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

It is important to be mindful that a family may not initially identify as Aboriginal or Torres Strait Islander. The DCP case worker should identify opportunities throughout the infant, child or young person's time in care to confirm with them and their family that information about their cultural identity has been recorded correctly in DCP's record as well as when making referrals or arranging access to services. When it is established that an infant, child or young person is Aboriginal or Torres Strait Islander, the DCP case worker should continue to explore information about the infant, child or young person's cultural identity, including their language group/Nation, Country and other relevant identifying information.

When discussing the family's Aboriginal or Torres Strait Islander identity, the DCP case worker should be mindful of the following:

- it is highly inappropriate to ask children, young people or their families to show evidence that they are Aboriginal or Torres Strait Islander or to undertake any type of investigation/s to prove their Aboriginality
- children and young people may have connections to more than one clan, mob, community, Nation or language group and it is important to seek information about both maternal and paternal family connections
- families may be on an ongoing journey to identify their family connections and new information may emerge at any time; cultural identity should be re-visited with family to ensure that new information can be added or updated in the child or young person's C3MS records, case plan, genogram, ecomap and other documents.

Explore Aboriginal and Torres Strait Islander identity with the child or young person

The DCP case worker and other care team members should advocate for the infant, child or young person's right to develop and maintain their cultural connections, and actively seek and consider the child or young person's views, requests, wishes and opinions.

Children and young people may have varying levels of knowledge and understanding of their Aboriginal or Torres Strait Islander culture and identity. They may also struggle with complex feelings about their identity. This can impact how they choose to identify with their culture, how they talk about themselves as an Aboriginal or Torres Strait Islander person, and how they understand their culture. It is important for the DCP case worker to approach these topics with sensitivity and empathy for the range of emotional responses the child or young person may have.

Identity and culture can be explored through yarning with the child or young person. This can include talking to the child or young person about their experiences of learning about and connecting with their culture, such as:

- being on their parents' and grandparents' Country
- living in or spending time in their family's Aboriginal community/ies
- learning about their culture (for example, from family members, mentors or other significant people in their lives)
- who they are connected to and how they are connected
- feeling proud or strong in their culture.



Identity

Aboriginal or Torres Strait Islander Child Placement Principle active effort prompt

Ask questions that enable the child or young person to explore their identity and support them to reflect on culture. Re-visit these questions throughout the child or young person's time in care. This gentle persistence supports the child or young person to remain curious about their cultural identity and is important to developing a lifelong connection to their culture.

It is important to capture the child or young person's own reflections about their cultural journey as part of Aboriginal life story work. DCP case workers can use a variety of methods to support the child or young person to articulate their cultural connections.

This can include (but is not limited to):

- talking or writing about cultural activities they have participated in
- drawings, photographs or artwork
- discussing with the child or young person about what makes them proud to be Aboriginal
- discussing with the child or young person what they feel connects them to their community
- anything else that is significant to the child or young person.

For further guidance regarding Aboriginal life story work, refer to the [Life story work and life story books Practice Paper](#). For further guidance about engaging children and young people, refer to [Seek the views of the child or young person](#) in this chapter of the Manual of Practice.

Explore Aboriginal and Torres Strait Islander identity with the child or young person's family

The DCP case worker should discuss the infant, child or young person's Aboriginal or Torres Strait Islander identity with the family. Factors such as family obligation and responsibilities and intra-familial conflict may have an impact on the process of exploring the family's Aboriginal or Torres Strait Islander identity. For this reason, gathering information about the infant, child or young person's identity and connections should be approached with sensitivity and respect.

The DCP case worker should ensure that the infant, child or young person's family:

- are aware that the information is being gathered
- understand the purpose of gathering the information (such as connecting the infant, child or young person to their family, mapping of family, cultural maintenance planning)
- are aware of how the information will be recorded and shared with other parties (such as the care team, other agencies working with the infant, child or young person and service providers).

There may be circumstances where a family identifies as Aboriginal and/or Torres Strait Islander and further exploration is needed to identify details of the infant, child or young person's clan group/Nation group. Previous government practices and policies that led to the forcible removal of Aboriginal and Torres Strait Islander infants, children and young people have resulted in many Aboriginal and Torres Strait Islander families becoming disconnected or dislocated from their Aboriginal and Torres Strait Islander heritage.

There may be conflicting information about the infant, child or young person's Aboriginal or Torres Strait Islander identity. The family may also not choose to identify as Aboriginal or Torres Strait Islander. There are a range of reasons for this, including:

- denial of Aboriginality as a learnt reaction to government intervention with the family



- lack of awareness of cultural connections/heritage
- a previous negative experience with an Aboriginal-specific and/or non-Aboriginal service
- concerns about privacy and sharing personal information
- a belief that if family identifies as being Aboriginal or Torres Strait Islander, they will receive a sub-standard service
- a belief that non-Aboriginal placements or services are of a better standard.

These reasons should be explored with the infant, child or young person's family. If there is evidence to suggest that the infant, child or young person is of Aboriginal or Torres Strait Islander descent, it is DCP's responsibility to provide that infant, child or young person with the opportunities to maintain and to connect with their cultural heritage.

Aboriginal and Torres Strait Islander people may belong to more than one nation group/communities. For example, an Aboriginal or Torres Strait Islander person's communities may include where they come from, their nation group/s, where their family/kin is and where they live or work. They may also have connections to different communities through their maternal and paternal family members and kin. If the infant, child or young person is not living on Country or within their community of origin, it is important to capture this in the infant, child or young person's ACIST and through Aboriginal life story work.

For further guidance about exploring Aboriginal and Torres Strait Islander identity with the child or young person and their family, including examples of active efforts, refer to the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

Use interpreters and translators (if required)

The DCP case worker should consider whether an interpreter or translator is required to support their communication with the child or young person, their family or kin. For further guidance refer to the [South Australian Aboriginal languages interpreters and translators guide](#).

Gather information about the infant, child or young person's kinship system

Aboriginal and Torres Strait Islander kinship systems, cultures and communities are complex and diverse. Within Aboriginal kinship systems, definitions of who is considered a part of the infant, child or young person's family, and their role in the infant, child or young person's life may differ significantly from those in non-Aboriginal cultures. Some communities may practice Aboriginal or Torres Strait Islander lore and maintain traditional kinship systems. In other communities, dispossession and displacement of Aboriginal people, past government policies of assimilation and denial of Aboriginal and Torres Strait Islander people's right to practice their culture have resulted in loss of cultural knowledge and lore, or adaptation of cultural practices.

Care should be taken to document biological and kin relationships appropriately and accurately. Misinformation or incorrect assumptions about kin relationships can be reproduced across multiple documents (for example, placement requests, consultations with a Recognised Organisation and in the infant, child or young person's ACIST) which may negatively impact relationships and decision making processes. It is best practice for the DCP case worker to seek clarification before recording information if they are unsure of the kin relationship between the infant, child or young person and an individual in their family or community. In circumstances where there are sensitivities involved in ascertaining information about the infant, child or young person's kinship system, it is highly recommended that the DCP case worker consult with a PAC.



Record information about the infant, child or young person's Aboriginal or Torres Strait Islander identity and connections

The DCP case worker should ensure information about the infant, child or young person's Aboriginal or Torres Strait Islander identity and connections are recorded accurately in C3MS and in the case plan.

Term	Definition
Clan groups, language groups, and Nation Groups	<p>The clan is a local descent group, larger than a family, but based on family links through a common ancestry, tribe, Nation and family/community groups.</p> <p>Language groups are defined by the dialects spoken within different clan groups and community groups. One clan may speak multiple languages.</p>
Moiety	<p>Moiety is the first level of kinship. The term "moiety" means "half", referring to the two halves of the kinship system, which are organised along matrilineal or patrilineal lines. Infants, children and young people inherit either their mother's or father's moiety. Members of the same moiety cannot marry. All members of the same moiety have mutual responsibilities and obligations to support one another.</p>
Totems	<p>Totems are the second level of kinship. Totems link people with animals, plants, waters, air and landscape. Totemic systems give those people specific responsibilities and obligations to care for their totems.</p> <p>Within each half of the moiety, Nations, clan groups and family groups each have their own totems which are passed down. Individuals are also assigned personal totems by Elders. These personal totems are assigned based on the individual's personal characteristics, skills and strengths.</p> <p>DCP case workers should:</p> <ul style="list-style-type: none"> • recognise that totemic systems and cultural practices may differ between different Aboriginal and Torres Strait Islander cultures • seek information about totems directly from the infant, child or young person's family and kin in the first instance • approach conversations about totems with the infant, child or young person's family with sensitivity and respect and recognise that not all families will know this information • in circumstances where the infant, child or young person or their family express an interest in exploring their totems, consider ways they can be connected with local community and Elders who can help them learn about their totemic system



	<ul style="list-style-type: none"> Note that it is not appropriate to seek information about the child or young person's totems from unverified sources that are not directly connected to the child or young person's family or kinship network (such as internet searches).
Skin names	<p>Skin names are the third level of kinship. They convey information about the individual's bloodline, how they are linked to other people within their moiety, and what their cultural obligations are. Skin names are given in sequential order through a naming cycle, based either on the mother or father's name. Skin names are not shared between parents and infants, children, young people or siblings.</p>
Elders	<p>Within Aboriginal and Torres Strait Islander communities, Elders are individuals who are recognised by that community for their knowledge, leadership and role as decision makers. Information about who within the infant, child or young person's community is recognised as an Elder can be obtained from:</p> <ul style="list-style-type: none"> the child or young person (where developmentally appropriate) or their family and kinship network an ACCO or Aboriginal Health Service an Aboriginal Land Council a recognised organisation. <p>It is important to recognise that an individual may be recognised as an Elder but may not have cultural authority to pass on certain cultural information or practices. Cultural authority is held by individuals with deep knowledge of tradition, spirituality, customs and lore who are authorised to pass that knowledge on to others.</p>

Avoidance relationships

In some kinship systems there may also be avoidance relationships between individuals. These relationships may require specific members of the kinship system to restrict interaction (such as verbal communication or physical contact) with one another (for example, limiting interactions to non-verbal communication).

DCP case workers should:

- ascertain what cultural practices the family and community observe
- avoid asking families directly about avoidance relationships, noting that Aboriginal and Torres Strait Islander families may not be comfortable sharing this information
- seek advice from a PAC for advice on how best to approach avoidance relationships within the family or community
- consider options for accommodating avoidance relationships when organising meetings, contact arrangements or transportation.

Wrong way relationships

In Aboriginal and Torres Strait Islander kinship systems, there may be restrictions preventing individuals from the same moiety or with specific skin names from becoming partners and having children together. In communities where these practices are maintained, individuals who do not observe these restrictions may



be isolated or shunned by the community. [Research](#) indicates that this shunning may extend to their children and negatively impact their social and emotional wellbeing.

The DCP case worker should:

- ascertain whether the family and community maintain kinship systems (and consider whether wrong way relationships may potentially be a factor affecting family dynamics and relationships)
- avoid referring directly to “wrong way relationships” with families, noting that families may not be comfortable discussing this topic directly
- seek advice from a PAC about how best to engage with the family.

Document family and cultural connections using genograms and ecomaps

In Aboriginal and Torres Strait Islander kinship systems, an individual’s kin relationship may differ from their biological relationship to the child or young person. For example, the terms “mother” or “father” may describe both the infant, child or young person’s birth parents and their parents’ siblings.

Members of the child or young person’s kinship network may also include individuals from other Nations who are not biologically related but have a significant relationships with the infant, child or young person (for example, members of the Stolen Generations who grew up together who may be regarded as cultural aunts, uncles or grandparents within a kinship network). An infant, child or young person can have multiple cultural siblings and grandparents outside of their nuclear family.

Care should be taken to document biological and kin relationships appropriately and accurately. Misinformation or incorrect assumptions about kin relationships can be reproduced across multiple documents (for example, placement requests, consultations with a Recognised Organisation and in the infant, child or young person’s ACIST) which may negatively impact relationships and decision making processes.

It is best practice for the DCP case worker to seek clarification before recording information if they are unsure of the kin relationship between the infant, child or young person and an individual in their family or community. In circumstances where there are sensitivities involved in ascertaining information about the infant, child or young person’s kinship system, it is recommended that the DCP case worker consult with a PAC.

Genograms

A genogram can be an effective tool for engaging with Aboriginal families and facilitating discussions about the infant, child or young person’s family connections and culture. When discussing family and cultural connections, topics can include:

- roles and relationships between family members
- cultural obligations and protocols observed by the family
- how family members are expected to interact with one another
- the obligations different family members have in teaching, passing on cultural knowledge, or supporting the child or young person
- family values, beliefs and traditions
- patterns and themes across family members’ stories and relationships.

The DCP case worker should:



- take care to document biological and kin relationships appropriately and accurately
- seek clarification from the child or young person and their family before recording information
- in circumstances where sensitive information about the infant, child or young person's kinship system is being recorded, consider consulting with a PAC.

Ecomaps

Ecomaps can be a useful tool for exploring community supports and relationships and their role in supporting the infant, child or young person's Aboriginal or Torres Strait Islander identity. This includes connections with:

- Elders and other Aboriginal community members
- health services
- education
- sporting or community groups
- other services.

For further guidance about developing genograms and ecomaps, refer to [Engage with the family](#) in the Intake, investigation and assessment chapter of the Manual of Practice. Refer to the [Systems theory Practice Paper](#) for further guidance regarding genograms and ecomaps.

Aboriginal and Torres Strait Islander kinship systems and cultural obligations

Kin relationships give individuals roles and responsibilities within the infant, child or young person's life, such as:

- providing care
- educating
- assuming responsibility for wrongdoing
- passing on cultural knowledge.

The DCP case worker should:

- identify members of the infant, child or young person's broader kinship network and their roles the infant, child or young person's life, including decision makers or others authorised to speak on the family's behalf
- partner with family and kin to find ways for family members and kin to continue to fulfil their cultural obligations while the infant, child or young person is in care (noting this is not limited to placement; it can include passing on cultural knowledge, spiritual practices, stories, language and lore)
- identify supports needed for the infant, child or young person to learn and fulfil their cultural obligations to family, kin, community and Country whilst in care
- record this information in the infant, child or young person's ACIST.

Consider the child or young person's cultural needs as part of case planning

Closing the Gap

The National Agreement on Closing the Gap is an agreed plan to improve socio-economic and health outcomes for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander infants,



children and young people have a right to access a range of services and initiatives which support the objectives of Closing the Gap.

DCP has a specific responsibility for Target 12 - 'Children are not overrepresented in the child protection system' under Closing the Gap. Supporting the health, development, wellbeing and cultural identities of Aboriginal and Torres Strait Islander infants, children and young people in care is an important effort toward preventing future generations from coming into the child protection system.

Closing the Gap includes targets for improving outcomes for Aboriginal and Torres Strait Islander infants, children and young people across:

- [physical health](#)
- [psychological and emotional wellbeing](#)
- [early childhood development](#)
- [identity and culture](#)
- [education and employment.](#)

For further information about the National Agreement for Closing the Gap, including the target areas, refer to the [Closing the Gap website](#).

Placement

Placement of Aboriginal and Torres Strait Islander infants, children and young people must be prioritised in accordance with the placement hierarchy as described in the ACPP and the CYPS Act. When placing an Aboriginal or Torres Strait Islander infant, child or young person in care, DCP must consult with a recognised organisation prior to placement where reasonably practicable. All efforts must be made to locate a safe placement that aligns with the hierarchy of placements pursuant to section 12(3)(a) of the CYPS Act.

For further information about considerations for placing Aboriginal and Torres Strait Islander infants, children and young people in care, including the process of consulting with a recognised organisation refer to the [Place a child or young person in care chapter](#) of the Manual of Practice.

Contact arrangements

Contact arrangements are an important way to support the infant, child or young person's connection to family, community and culture.

For further guidance, refer to [Support the child or young person to develop and maintain family and community connections through contact arrangements](#) in this chapter of the Manual of Practice.

Links with local Aboriginal and Torres Strait Islander organisations and services

The infant, child or young person should be given opportunities to connect with culturally appropriate organisations and services as needed. This can include access to local ACCOs or child care services, mentoring programs, housing supports, sporting organisations, and Aboriginal education programs.

There may be circumstances where the child or young person may not wish to use an Aboriginal specific service. It is important to respect the child or young person's wishes and to reassure them that the option of engaging with an Aboriginal specific service is available should they wish to do in the future.

Information about culturally specific services and organisations is available from [Connecting Foster and Kinship Carers South Australia](#).



Aboriginal and Torres Strait Islander cultural events and activities

Infants, children and young people can connect to community and culture through everyday activities and experiences in their placement, including (but not limited to):

- attending Aboriginal specific health services through an Aboriginal Community Controlled Organisation
- participation in Aboriginal school, arts or sports programs
- participation in cultural and language programs
- playing [cultural games or sports](#)
- reading books, including stories, artwork or language specific to the child or young person's clan group or Nation group
- watching films, television programs or videos featuring Aboriginal stories, songs, culture, communities and history.

Other events the infant, child or young person can participate in and connect with the local Aboriginal or Torres Strait Islander community include:

- NAIDOC week events
- Reconciliation Week activities
- other community based activities which may not be specific to the infant, child or young person's language group or Nation group

It is important to note that although these activities can be a useful starting point for connecting infants, children and young people to their local Aboriginal or Torres Strait Islander community, they should not be the only form of connection for the infant, child or young person has.

Return to Country

Maintaining connection to Country is a fundamental right of Aboriginal and Torres Strait Islander infants, children and young people. For infants, children and young people who are not placed on their Country, the opportunity to return regularly to Country must be explored with the infant, child or young person and their family and community. The DCP case worker is responsible for ensuring that the carer has support to facilitate the infant, child or young person's return to Country.



Connection

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

For an Aboriginal or Torres Strait Islander infant, child or young person, relationships are not only with people but also with their environment: the land, the animals, the plants, the skies, the waters, the weather and the spirits. Maintaining these connections enables them to fulfil their obligations as custodians of Country, nurtures their stories and validates their cultural practices. Infants, children and young people are happy when they are strong in culture and belonging. Every effort should be made to ensure Aboriginal and Torres Strait Islander infants, children and young people are able to return to Country on an ongoing basis.

To develop a plan for return to Country, the DCP case worker in consultation with a PAC, family/kin and community should:

- identify planned events (such as school holidays, participation in ceremony or other community events)



- identify other family and community matters which may arise (such as Sorry Business) and consider what supports can be put in place to ensure that the infant, child or young person and their carer can return to Country urgently if required
- establish a relationship with a key family member or community contact who can provide cultural vouching, support relationship building with the community and advise on cultural values, protocols and ways of doing business in the community
- consider whether permission is required for the infant, child or young person to enter the Community from:
 - a decision maker from within the infant, child or young person's family or kinship network
 - the Community
 - a formal process.
- if financial support is required, seek approval for financial assistance from the manager, and if appropriate, any other financial delegate (for further information, refer to [Who pays for what?](#))
- record plans for return to Country in the infant, child or young person's ACIST as part of [case planning](#).



Connection

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Acknowledge the value of, and support the infant, child or young person's participation in, community healing rituals that celebrate their cultural identity. It is important for the infant, child or young person's wellbeing to participate in cultural obligations, including Sorry Business and other community matters.

Returning to Country must be prioritised to facilitate this healing and to support the infant, child or young person's connection to their community, culture and Country. Participation in cultural events on Country contribute to the infant, child or young person's learning and development. It is a source of strength for healthy wellbeing, positive identity development, self-esteem and belonging. If required, financial assistance should be arranged through the appropriate delegate to support the opportunity to attend.

For some infants, children and young people, return to Country may be required to participate in age-appropriate cultural ceremonies, including traditional initiation. It is important to ensure that planning for return to Country takes into account the frequency of travel to Country required to enable them to participate in these ceremonies, and, if required, financial assistance is arranged through the regional director.

Return to Country should be recorded as part of Aboriginal life story work with the infant, child or young person. This may include photographs or stories about the infant, child or young person's time on Country and with family, kin and community.

For guidance about planning return to Country, refer to [Develop the case plan](#) in the Case planning, review and annual review chapter of the Manual of Practice.

Undertake Aboriginal life story work

Aboriginal life story work must be undertaken for all infants, children and young people in care in partnership with the infant, child or young person, their family and their carer (where appropriate). Aboriginal life story work includes exploration of the infant, child or young person's cultural and kinship



groups, connection to Elders, and Dreaming stories. DCP has Aboriginal Life Story Books which are tailored to the infant, child or young person's own clan, Nation or language group. It is critically important that Aboriginal and Torres Strait Islander infants, children and young people are provided with an Aboriginal Life Story Book and supported to use it to record their cultural identity development, reflections and learning. To begin an Aboriginal Life Story Book for the infant, child or young person, the DCP case worker should use the [Aboriginal Life Story Book order form](#).

For further guidance regarding Aboriginal life story work, refer to [Support the development of the child or young person's identity](#) in this chapter of the Manual of Practice, the [Life story work and life story books Practice Paper](#) and the [Aboriginal Life Story Books fact sheet](#).

11. Identify and respond to the cultural needs of children and young people who are from a culturally and linguistically diverse background

Connection to family, culture, kin and community is essential for the health and wellbeing of children and young people from culturally and linguistically diverse (CALD) backgrounds. The CALD Identity Support Tool (CALDIST) is included in the case plan for children and young people identified as being from CALD backgrounds. The CALDIST is used to plan how the child or young person will preserve their cultural identity and connection whilst in care.

Work in partnership to explore the child or young person's cultural identity

When working in partnership with the child or young person's family to develop the CALDIST, the DCP case worker should:

- ensure that the child or young person's family understand why information about their culture is being gathered
- explain how it will be used to support the child or young person to maintain connection to their culture and heritage
- consider whether an interpreter or translator is required (for further guidance, refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#)).

Explore and document family and cultural connections using genograms and ecomaps

Genograms and ecomaps are essential tools for children and young people from CALD backgrounds to explore family strengths, the family's spirituality and/or religion, and extended networks.

When developing a genogram with the child or young person's family, the DCP case worker should:

- ask the family to identify who is included in their extended family network (this may include cultural family as defined by the family's kinship system)
- ask for clarification about cultural and kinship relationships (particularly if they differ from biological or marital relationships)
- identify family members who are considered leaders or decision makers by the family and the child or young person's relationship with them
- note where other extended family members (such as grandparents) live geographically
- explore who in the family and kinship network the family has received support from and the role they have played in the child or young person's life
- identify sources of support for the child or young person, including potential [respite carers](#).



The DCP case worker should be aware that for many migrants and former refugees connection to other significant individuals are particularly important. These individuals often provide supports for the child or young person that would have been assumed by their nuclear family, who may be overseas or deceased.

When exploring genograms and ecomaps with CALD children, young people and families, topics may include:

- where the child or young person and their family receive support (including, but not limited to church, mosque, school or community)
- the roles that community members have played in the in the child or young person's life
- potential supports that members of the community can provide, such as:
 - respite care
 - supporting the child or young person to participate in cultural activities or events
 - supporting the child or young person to learn and/or practice speaking in their language.

For further guidance about exploring the child or young person's connections with genograms and ecomaps, refer to the [Systems theory Practice Paper](#).

Consult with relevant parties

It is recommended that the DCP case worker consults with DCP Multicultural Services or community and religious leaders from the child or young person's cultural background to obtain information regarding the cultural needs of the child or young person.

The DCP case worker may consult with DCP Multicultural Services for advice on topics including, but not limited to:

- relevant aspects of culture, language and religion pertaining to the child or young person's community
- who should participate in the development of the child or young person's CALD Identity Support Tool
- advice regarding engaging with the child or young person, family or community
- the child or young person and family's migration pathway and length of time in Australia
- cultural and family expectations, practices and norms, including parenting practices.

Refer to the [Service Delivery Model for DCP Multicultural Services](#) for further guidance about consultation with DCP Multicultural Services.

Gather information about the child or young person's culture, ethnicity, nationality and religion

It is important not to make assumptions about the child or young person's cultural, linguistic or religious background. There may be multiple language, cultural, community, clan and religious groups in each country. Ethnicity is a group of people who identify with each other based on shared attributes that distinguish them from other groups such as traditions, ancestry, language and culture, which is distinct from nationality.

The DCP case worker should:

- provide the child or young person with the opportunity to self-identify their ethnicity and nationality (where developmentally appropriate) or if the child or young person is unable to provide this information, seek clarification from the child or young person's parents



- confirm details of the child or young person's ethnicity and nationality if they differ from those of their parents (for example, if they were born in a refugee camp and their nationality on their identity documents is listed as the country they were born in)
- record details accurately in the child or young person's C3MS Profile and in the case plan.

For further guidance about specific considerations for gathering information from children and young people, families and carers from a CALD background, refer to [Engage with children and young people, their families and carers when sharing or gathering information](#) in the Information gathering and sharing chapter of the Manual of Practice.

Consider the child or young person's cultural needs as part of case planning

Placement and carer supports

Children and young people are best cared for by family and kin where possible and every effort should be made so that children and young people can remain with and return to their families and communities. The [Culturally and linguistically diverse child placement Policy](#) describes requirements in relation to the placement of children and young people from CALD backgrounds. Refer to the [Service Delivery Model for DCP Multicultural Services](#) for further guidance about placement considerations and how to seek support with placement scoping.

The DCP case worker should seek the active participation of the carers in the development of the CALDIST to ensure that the carer understands and supports the child or young person's cultural needs in their placement.

Carers play a crucial role in promoting and maintaining the child or young person's cultural connections. It is important for DCP case workers to recognise that increasing a carer's cultural awareness will help the carer understand the cultural needs of the child or young person in care.

For children and young people placed with carers who are not part of the child or young person's community of origin, the DCP case worker should consider:

- identifying learning opportunities and resources for carers to access accurate information about cultural identity, including:
 - information about the child or young person's cultural and ethnic background
 - traditions and celebrations from the child or young person's culture or religion
 - information about dietary preferences (such as staple foods and common dishes) and religious requirements (for example, Halal foods and fasting practices during Ramadan for children and young people of Muslim faith)
- how the child or young person will be supported to learn and/or speak their language
- how the child or young person will be supported to maintain their spiritual and religious practices
- encouraging them to network with carers of the same cultural background as the child or young person in their local community
- arranging someone from the community to attend community events with the carer for the first time
- introducing carers to key community members.



Cultural and religious observances

Religion is considered as a significant aspect of identity in many CALD families. Maintaining religious identity and practices can play an important role in the child or young person's sense of identity, self-worth, personal growth and wellbeing.

It is important to recognise that there may be differences in belief and practice between different sects or denominations within a religious group, as well as differences in religious observance between families and communities.

When documenting cultural and religious observances in the CADLIST, the DCP case worker should ascertain:

- the religion the family identifies with, and where relevant the sect or denomination they belong to
- whether the family attend church, temple, mosque or other religious institutions, how often they attend and whether attendance is required on specific days of the week
- special religious obligations observed by the family (for example, dress, food and religious observances during the religious festivals)
- special sacred or devotional objects or symbols kept by the family
- where the family normally access books, toys and other entertainment materials which reflect their religion, culture and heritage.

Links with cultural services and organisations

When exploring the child or young person's connections to cultural services and organisations as part of the CALDIST, the DCP case worker should:

- refer to DCP Multicultural Services' [list of community supports, services and organisations](#)
- seek further advice from DCP Multicultural Services as required for advice on culturally appropriate services and organisations the child or young person can be linked to
- provide the child or young person's carer with contact details and other information about accessing culturally appropriate services.

Cultural events and activities

The DCP case worker should consult with the family, child or young person and DCP Multicultural Services to identify relevant cultural events, including family observances for births, marriages, deaths or other commemorative events, noting that different cultures may place differing emphases on events such as birthdays, weddings or funerals.

The DCP case worker in consultation with the child or young person's family should also consider options for the child or young person's participation in:

- ethnic and community languages schools (ECLS) programs in the community
- settlement services and sports or recreational activities
- special cultural and/or religious events in their community (for example, Eid al-Fitr, lunar new year, or national days of celebration).

The DCP case worker may support the child or young person and their carer to develop religious and cultural events calendars for each year.

Include cultural identity in life story work



For children and young people from CALD backgrounds, life story work is an opportunity to support the child or young person to explore their cultural identity as a strength and as form of connection with their family and cultural community.

Integrating the child or young person's cultural identity as part of their life story work can include (but is not limited to):

- working in partnership with the child or young person's family, community (including religious leaders) and DCP Multicultural Services to gather information and support discussions about culture and/or religion with the child or young person
- encouraging the child or young person's carer to collect photographs, videos and other items of significance relating to the child or young person's cultural experiences
- exploring with the child or young person how practicing and participating in their culture and/or religion (where relevant) contributes to their:
 - feelings of belonging and connection to their family and/or community of origin
 - unique identity and sense of who they are
 - resilience and ability to navigate challenging or difficult experiences.

For further guidance about undertaking life story work, refer to [Support the development of the child or young person's identity](#) and the [Life story work and life story books Practice Paper](#).

12. Identify and respond to the child or young person's developmental and disability needs

Children and young people with developmental delay or disability are overrepresented in the child protection system and many have complex needs due to a combination of their disability, developmental delay and trauma experiences.

There are many types of disabilities, including those that children and young people are born with, develop after birth or result from injury. Disabilities may relate to physical functioning, cognitive abilities, neurological impairment or may involve an impairment of vision or hearing. Children and young people with a disability may be unable to perform everyday tasks, activities and functions in the same way as other children or young people.

It is important to be mindful of the child or young person's cultural context when responding to the child or young person's developmental and disability needs. For additional guidance, refer to [Working with children and young people with disability Practice Paper](#).

The [How disability and developmental delay is assessed: A guide for carers](#) presents information about the DCP disability assessment pathway specifically for carers and can support them to understand their role in the process. Providing this booklet to carers helps uphold the 'Inform' principle of the [Statement of Commitment to foster and kinship carers](#).

Identify if the child or young person has a developmental delay or disability

When commencing work with the child or young person the DCP case worker must:

- identify whether the child or young person has a diagnosed developmental delay or disability
- if the child or young person does not have a diagnosed developmental delay or disability, ascertain whether there are concerns about their development or disability status



- where there are concerns, consult with the disability consultant about whether further assessment or diagnosis may be required.

Children from birth to six years are described as having a developmental delay when they are not meeting their developmental milestones. Indicators of developmental delay in young children include (but are not limited to):

- reaching developmental milestones later than is typical for children of a similar age (for example, a four-year-old who has the functioning and development of a two-year-old)
- atypical behaviours for a child of their chronological age (for example, not making eye contact; not responding when called by their name)
- regression in previously learned skills such as speech.

It is important to note that many of these indicators are also present in children who have experienced trauma, poor attachment relationships or lack of stimulation. The child or young person's trauma history, experiences of attachment and care history must be considered as possible contributors to developmental difficulties. This is particularly important because for children with trauma-related developmental delay, interventions which address developmental concerns only, without consideration of the child's trauma are unlikely to achieve positive long-term outcomes.

Having a developmental delay does not necessarily mean the child will go on to receive a diagnosis of a disability. Some children experiencing developmental delay 'catch up' to their peers when they are provided with a safe, nurturing and stimulating care environment and access to specialist supports.

Concerns about the child or young person's developmental progress or disability may be identified by:

- the carer
- other professionals working with the child or young person (such as their GP or educators)
- a [Preliminary Health Check](#) or [Comprehensive Health and Development Assessment](#).

The DCP case worker should:

- work in partnership with the carer and other care team members to identify concerns about the child or young person's development and functioning
- provide carers with information about their role in supporting any possible assessment, diagnosis and therapy, including providing a copy of the [How disability and developmental delay is assessed: A guide for carers](#) booklet
- consider whether further assessment, diagnosis or therapy may be required; including [psychological assessment or therapy](#) where it is suspected that the child's developmental delay may be trauma-related
- where concerns are present (even those that appear minor), raise these with a DCP disability consultant
- make and record referrals as appropriate in C3MS (for further guidance, refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#)).

DCP disability consultants from the Regional Disability Team are assigned to all DCP Offices to:

- assist DCP case workers to identify children and young people with developmental delay or disability
- provide advice on what further assessment or diagnosis is required to ascertain whether the child or young person has a developmental delay or disability, and
- ensure that those who are eligible have access to supports through the National Disability Insurance Scheme (NDIS).



The decision to seek further assessment or diagnosis and to submit an access request to the NDIS should be discussed with the child or young person (where developmentally appropriate), their carer and other care team members and documented in the child or young person's case plan.

The steps to receiving support via the NDIS are outlined below.

Arrange access to the National Disability Insurance Scheme

Children under nine years old: NDIS early childhood approach

For children under nine years the NDIS early childhood approach supports children differently according to their age group

- For children up to six years those with a disability or developmental delay are supported
- For children up to seven years those with a formal diagnosis of Global Developmental Delay, disability or other NDIS List D eligible condition will be supported
- For children up to nine years those with a diagnosed disability will be supported.

The NDIS delivers the early childhood approach by partnering with local organisations. In South Australia the NDIS early childhood partner is [Kudos Services](#). Kudos Services are the NDIS contact for all children until their ninth birthday.

Some remote country areas are not serviced by Kudos Services and instead are supported by the NDIA. The DCP case worker should seek advice from their regional disability consultant for additional information.

For children younger than six years, a delay in one or more areas of development must be evident to meet the NDIS developmental delay criteria. Areas the child may show a delay include:

- gross or fine motor skills
- self-care skills such as eating or toileting
- receptive or expressive language
- cognitive skills
- social skills.

The DCP case worker should refer the child to the early childhood approach by telephoning Kudos Services on 8348 6500. For further guidance about the process of making a referral to the NDIS early childhood approach refer to the NDIS guide- [Connecting with an early childhood partner](#).

The NDIS early childhood approach assists with:

- making connections with relevant services, such as community health centre or a local play group
- a request for NDIS access for the child if longer-term support is needed.

When making a referral for the NDIS early childhood approach, the DCP case worker must liaise with a DCP disability consultant to discuss the complexity and urgency of the child's disability and development related needs. It may be appropriate in some circumstances to also submit a NDIS access request with the referral, after consultation with the DCP disability consultant.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Healthy childhood development for Aboriginal and Torres Strait Islander infants and children is a key target area under the National Agreement on Closing the Gap. Consider information from Preliminary Health Checks, Comprehensive Health and Development Assessments, other professional assessments and reports, and observations from the infant or child's carer or other professionals to consider whether the infant or child may benefit from a referral for support through the NDIS early childhood approach. Where possible and appropriate, connect the infant or child with Aboriginal health services and early childhood learning services.

If the child or young person is seven years or older and there are concerns that could indicate the presence of a disability, the DCP case worker should:

- consult with a DCP disability consultant regarding the child or young person's potential eligibility for the NDIS
- seek guidance from the DCP disability consultant regarding assessments and supporting evidence required to support an application to access the NDIS
- obtain evidence of a disability from the child or young person's treating doctor or specialist.

To access the NDIS, the child or young person must meet the following eligibility criteria:

- the presence of one or more intellectual, cognitive, neurological, sensory or physical impairments
- the impairments are or are likely to be permanent
- the impairments result in substantially reduced functional capacity in undertaking activities such as communicating, social interaction, learning, mobility, self-care and self-management
- the impairments affect the child or young person's ability to work, study or take part in social life
- the child or young person is likely to require support from the NDIS for their whole life.

A child or young person may be eligible for NDIS support if they have hearing or vision difficulties. The DCP case worker should consult a DCP disability consultant before making a referral to NDIS for these cases.

If the child or young person is aged seven years or older and does not have a disability diagnosis but is experiencing difficulties with learning and day to day functioning, the following assessments will be required to assist with determining eligibility for the NDIS:

Child or young person	Assessments or diagnoses required
Has a suspected intellectual disability	<p>Results of a recent cognitive assessment.</p> <p>For children and young people who have had a cognitive assessment undertaken by the Department for Education or another provider, an assessment report should be requested.</p> <p>If no assessment has been undertaken make a referral to DCP Psychological Services.</p>
Demonstrates features of Autism Spectrum Disorder	A diagnosis of Autism Spectrum Disorder – Levels 1, 2 or 3.



	<p>Make a referral to the SA Health Child Development Unit if autism is suspected but the child or young person has not been assessed.</p> <p>Assessments can also be arranged through DCP Psychological Services.</p>
<p>Has a diagnosis of mild intellectual disability or Autism Spectrum Disorder Level 1</p>	<p>An assessment of adaptive functioning such as a Vineland Assessment must be provided. In many instances this assessment will be undertaken together with a cognitive assessment.</p> <p>If an adaptive functioning assessment has not been undertaken consult with the DCP disability consultant.</p>

To support a NDIS Access Request, the DCP case worker must gather supporting information which may include reports from:

- General Practitioners (GPs) or specialist medical practitioners
- a [Preliminary Health Check](#) from a GP, other health service or for children under five, the Child and Family Health Service (CaFHS)
- a [Comprehensive Health and Development Assessment](#)
- specialist medical clinics such as Child Development Units (CDUs) or Women's and Children's Hospital Audiology Clinic
- allied health practitioners providing therapy services
- reports available from the Department for Education, such as speech pathology reports or cognitive assessments

For further guidance regarding Preliminary Health Checks and Comprehensive Health and Development Assessments, refer to [Access health services for the child or young person](#) in this chapter of the Manual of Practice.

Applying for NDIS for children and young people over nine years

NDIS Local Area Coordinators (LACs) are the contact agencies for applications to the NDIS for most children and young people with a disability over nine years of age. Some remote country areas are supported by the NDIA.

There are a number of LACs in South Australia. If required, the DCP case worker should seek advice from the DCP disability consultant regarding which agency is the NDIS contact in the child or young person's location.

The DCP case worker is responsible for arranging access to the NDIS on the child or young person's behalf and liaising with the NDIA (including NDIS planning, implementation and review). These decisions cannot be delegated to family-based carers or residential care staff but the DCP case worker should ensure that the carer is aware of the access request and is advised of the outcome.

The DCP case worker, with the support of a DCP disability consultant (where required), should:

- gather all required evidence and reports for NDIS access
- telephone the NDIS Local Area Coordinator and arrange an access meeting
- at the access meeting, provide copies of relevant documentation including a copy of any relevant orders, child or young person's birth certificate, residency and evidence of disability diagnosis and functional impairment (if needed). A copy of the DCP worker's identification will also need to be provided



- ensure the DCP office address is recorded as the child or young person's key contact details
- provide consent for the child or young person to become a participant in the NDIS
- act as the contact point for the child or young person for the NDIS.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

When preparing a request, the DCP case worker should confirm that details of the child or young person's cultural identity are captured correctly. This ensures that the DCP case worker and DCP disability consultant can advocate for the child or young person's cultural needs as part of NDIS planning and where available, make referrals to support a culturally appropriate service response.

DCP disability consultants are available to check evidence for NDIS eligibility, advise on the new NDIS access process, and clarify which documents will be required by the NDIA.

In response to an Access Request Form, the NDIA will advise the DCP case worker in writing whether:

- the child or young person meets the eligibility criteria; or
- further information is required to make a determination.

If the DCP case worker or carer does not agree with the NDIA eligibility decision, the DCP case worker should:

- discuss the matter with the DCP disability consultant
- seek the DCP disability consultant's assistance to follow up with the NDIA, including preparing and submitting a [Request for a review of a decision](#) which must be completed within three months of receiving a decision of not eligible from the NDIA.

Requests for a Review of a Decision forms must be completed or checked by a relevant DCP disability consultant prior to being submitted to the NDIA. Request for a review of a decision forms must not be submitted by the child or young person's carer. If a child or young person living in family-based care requires a review, the DCP case worker should consult with the carer regarding the information the carer would like the NDIA to consider in the review.

Local Area Coordinators (LAC) from the NDIS may provide guidance regarding mainstream and community services available to children and young people nine years and older, who are not eligible for the NDIS. For further information refer to [Support for people who are not eligible](#).

Manage contact with the NDIA

To gain full access to the child or young person's information and the ability to manage a NDIS plan as the child representative, the DCP case worker must inform the NDIA of DCP's legal or guardianship responsibilities for the child or young person by emailing the following documents to enquiries@ndis.gov.au:

- a copy of the child or young person's current custody or guardianship order
- a copy of the DCP case worker's government ID.

If there is a change in DCP case worker for the child or young person, it will be necessary for the new case worker's ID to be updated. Contact details for the plan manager should also be kept up to date, so that the DCP worker can track the NDIS funds. A DCP disability consultant can provide support if required.

If information is urgently required by DCP to prevent or lessen a serious threat to life, health or safety, the DCP case worker should call the NDIA on 1800 800 110.



Support the development of the child or young person's NDIS plan

The NDIS will fund reasonable and necessary supports that are specific to the functional impact the child or young person's disability or developmental delay has on their day to day functioning and are additional to the needs of a child or young person of similar age.

This may include funding for:

- behaviour support, therapy and skill development
- connection to services via Support Coordination or Specialist Support Coordination
- support to access the community
- assistive technology
- consumables related to disability (for example, a thickener for swallowing difficulties or continence aids)
- transport to school in specific circumstances
- Registered Nurse (RN) delegation program for children or young people with high disability and high health needs.

To be considered reasonable and necessary, a support or service:

- must be related to the child or young person's disability
- must not include day-to-day living costs that are not related to the child or young person's disability support needs (such as food or rent)
- should represent value for money
- must be likely to be effective and beneficial to the child or young person
- should take account of informal supports given to children and young people by families, carers, networks, and the community
- must not already be provided by another system (such as health or education)
- must not be a risk to the child or young person or others
- must not be a parental responsibility (such as sports club fees or transport to a weekend activity).

To ensure that the child or young person receives supports that are adequate and appropriate to their needs, the DCP case worker should be aware that:

- evidence (such as a therapist's report) is the best way to identify the need for NDIS funding
- support coordination must be requested for all children and young people over
- plan management must be requested for all children and young people in care who have a NDIS plan
- core support funding must be requested where the child or young person's disability needs are above what would be regarded as a parental responsibility (for example, the child or young person requires two carers when accessing the community)
- respite care funding for children and young people residing in family-based arrangements can be requested to ensure appropriate support is given to families and carers. Some key criteria for receiving support may include:
 - unstable sleep patterns
 - ongoing overnight disability related needs



- complex behaviour support needs
- multiple children or young people in the household with a disability.

Preparation for the NDIS planning meeting

Once the child or young person is eligible for the NDIS, a NDIS planner will make contact to organise time with the DCP case worker and carer to:

- check the information that has been provided to the NDIS Local Area Coordinator or Kudos Early Childhood Partner at the access request meeting
- provide an opportunity for the DCP case worker and carer to submit any further supporting information on the young person's needs
- provide an overview on what funded supports will be included within the child or young person's NDIS plan.

At the initial planning meeting, the NDIS planner will ask questions about the child or young person including:

- personal details
- community and mainstream supports
- how the child or young person manages everyday activities (this may include conducting a developmental questionnaire)
- goals they want to achieve
- ways to manage a plan
- the support needed to utilise the NDIS plan
- length of plan and funded plan periods.

To ensure all necessary information is available when preparing for the NDIS planning meeting, it is recommended the DCP case worker gathers information about the child or young person's strengths, interests, goals, cultural needs and disability support needs in partnership with:

- family-based carers
- residential care staff
- Aboriginal Family Practitioner (AFP) and/or
- DCP Multicultural Services, where relevant.

Where appropriate, the child or young person should contribute to pre-planning conversations and participate in planning meetings.

When determining an appropriate time to hold the meeting, the DCP case worker should ensure that enough time is available to gather the information required and consider the availability of the:

- child or young person (where appropriate)
- child or young person's carer, including residential care carers
- AFP and/or Aboriginal or Torres Strait Islander cultural support person
- DCP Multicultural Services staff member and/or CALD community support person
- child or young person's parents (where appropriate)



- DCP disability consultant if required.

To ensure children and young people receive a NDIS plan that adequately meets their disability support needs, refer to the [DCP checklist for the NDIS](#).

When preparing for an initial planning or review meeting, the DCP case worker should in partnership with the carer and care team consider the following:

- if the child is turning six years of age, whether they have a diagnostic report specifying a disability diagnosis (noting that this is required to determine ongoing NDIS eligibility)
- whether there are any updated reports/assessments to provide to the NDIA
- what goals the child or young person could achieve with therapy or other supports funded by their NDIS plan
- the impact of the child or young person's disability or developmental delay has on their daily functioning and whether there are tasks the child or young person is unable to do without the assistance of a carer, aid or assistive technology (AT)
- whether there are low-cost assistive technology items or consumables that would assist the child or young person to achieve their goals or become more independent, and whether quotes for these items been obtained in preparation for the planning meeting
- whether assistive technology prescriptions and quotes (if required) have been obtained
- whether the child or young person requires specialist behaviour support intervention and whether evidence from a psychologist or behaviour support practitioner has been obtained to support this request
- whether there are any restrictive practices that require a positive behaviour support plan.

For Aboriginal and Torres Strait Islander children and young people, the DCP case worker should also consider:

- what might be required in the child or young person's NDIS plan to prioritise use of culturally responsive disability supports (such as use of ACCOs or Aboriginal-led services, mentoring and connection to community)
- whether support from an Aboriginal practitioner or other Aboriginal or Torres Strait Islander community member with a relationship to the DCP office is required
- whether support from an Aboriginal or Torres Strait Islander advocate or Aboriginal support person is required or whether one has been requested
- whether the child or young person's Aboriginal Cultural Identity Support Tool (ACIST) includes details of culturally appropriate disability supports
- whether the child or young person has an updated genogram with at least three generations of family recorded
- whether the child or young person has any culturally specific goals to be included within their NDIS plan.

For children and young people from a culturally and linguistically diverse (CALD) background, the DCP case worker should consider:

- what might be required in the child or young person's NDIS plan to enable access to culturally responsive disability supports (such as mentoring and connection to community)
- whether support from DCP Multicultural Services is required
- support required from a CALD community member or community leader, and whether this support been requested



- whether the child or young person's CALD Identity Support Tool (CALDIST) includes details of culturally responsive disability supports
- whether the child or young person has any culturally specific goals to be included within their NDIS plan.

Attend the NDIS planning meeting

The DCP case worker must attend the NDIS planning meeting with the child or young person (if appropriate). Attendance of others should be limited to relevant and significant people in the child or young person's life (such as the child or young person's carer). Where the carer (or other significant person) is unable to attend the meeting in person, the DCP case worker must seek their views about the child or young person's support needs prior to the meeting.

A PAC may attend a NDIS planning meeting for an Aboriginal or Torres Strait Islander child or young person. For children and young people from CALD backgrounds, a DCP Multicultural Services staff member may attend. The DCP case worker should request that a DCP disability consultant attend the NDIS planning meeting when:

- the child or young person has complex needs
- the DCP case worker is new to the department or inexperienced in participating in NDIS planning meetings
- it is the child or young person's first NDIS planning meeting
- the child or young person's disability related behaviours are impacting their placement and additional disability funded supports are required, including respite care required to support the placement
- a Positive Behaviour Support Plan is required for the young person that is likely to include restrictive practices
- the child or young person has a physical disability and there is a need for specific therapies, care plans and/or assistive technology
- a young person with a disability is transitioning from care.

For less complex cases, the DCP disability consultant will undertake preplanning for the NDIS planning meeting with the DCP case worker.

It is not appropriate for funded service providers to attend NDIS planning appointments as this may create a perceived or actual conflict of interest. The exception is placement support workers, if they are attending to support a carer.

Advocate for the child or young person's disability related needs

During the planning meeting the DCP case worker must ensure the NDIS planner is aware of:

- the child or young person's custody or guardianship status
- whether the child or young person identifies as Aboriginal or Torres Strait Islander
- whether the goals recorded by the planner accurately reflect the discussion and that all required funded supports are included
- the requirement to include support coordination in the plan for children over nine years of age
- the requirement to include plan management
- funding for assessments, disability related health care plans, equipment prescriptions and any equipment required by the child or young person is included
- contact and address details for the DCP case worker.



The DCP case worker, as the representative for the child or young person at a NDIS planning meeting, and the carer will be asked standard developmental questions by the NDIS planner regarding the child or young person, which correspond to different life domains. When answering these questions, the DCP case worker and carer should consider:

- Can the child or young person do the task every time?
- Can the child or young person undertake tasks with or without prompting, support and/or supervision?
- How does the child or young person's current developmental profile compare with a child or young person without a disability or developmental delay?
- Do behaviours of concern impede the child or young person's ability to complete tasks consistently?

When gathering information about the child or young person's developmental needs consideration must be given to understanding this information in the context of cultural needs.

Advocate for the cultural needs of an Aboriginal or Torres Strait Islander child or young person

When planning with Aboriginal and Torres Strait Islander children and young people with disability, the DCP case worker should:

- ensure NDIS planning for Aboriginal and Torres Strait Islander children and young people includes appropriate and relevant cultural information, referring to the Aboriginal Cultural Identity Support Tool (ACIST) in the case plan and/or the advice of an AFP
- work with DCP Disability and Development program staff to ensure that all services provided for Aboriginal or Torres Strait Islander children, young people, families and communities:
 - build on strengths and resilience inherent in Aboriginal and Torres Strait Islander family and communities
 - are respectful of and sensitive to Aboriginal and Torres Strait Islander people's culture and traditions, and recognise the importance of keeping children and young people connected to their culture to preserve and enhance identity and connections with family and community
 - enable the participation of children and young people (where appropriate), families and communities in all planning and decision-making processes
 - ensure that services are individually tailored to meet the protective care needs of each child or young person, taking the child or young person's family, culture and community context into account
 - are in line with the precursor Identification and five core elements of the Aboriginal and Torres Strait Islander Child Placement Principles of Prevention, Partnership, Placement, Participation and Connection.

Advocate for the cultural needs of child or young person from a CALD background

When planning with children and young people from a CALD background with a disability, the DCP case worker should:

- ensure NDIS planning includes appropriate and relevant cultural and/or religious information, referring to the CALDIST in the case plan and/or advice from DCP Multicultural Services
- be respectful of and sensitive to CALD communities' culture, language, religion and traditions, and recognise the importance of keeping children and young people connected to their culture in order to preserve and enhance identity and connections with family and community
- enable the participation of children and young people (where appropriate), families and communities in all planning and decision-making processes



- ensure that services are individually tailored to meet the protective care needs of each child or young person, taking into consideration family, culture, religion, and community context.
- are in line with the [Culturally and linguistically diverse child placement Policy](#).

Specialist support for children and young people with physical or complex disability needs

Some children and young people in care have specific needs related to complex disabilities. These specific needs may be associated with physical disabilities such as Cerebral Palsy, genetic conditions such as Down's Syndrome or sensory disabilities such as hearing loss. These children and young people may require assistive technology or care plans to ensure their safety and participation.

Assistive technology

Children and young people with physical or other complex disability needs may require specialised equipment, devices or home modifications, known as assistive technology to support their independence and participation. Assistive technology may help a child or young person do things that they cannot do, help them do something more easily or safely or reduce the need for supports over time.

Higher risk assistive technology products

All higher risk assistive technology products will require the involvement of an allied health professional to guide the selection and support the use of the assistive technology. Higher risk products include (but are not limited to):

- items that potentially restrict voluntary movement (including bed rails or covers)
- mobility equipment such as wheelchairs and walkers
- postural support or correction devices (such as supported seating)
- motor vehicle adaptations including adaptations of car seats or restraints
- bed sticks and other transfer aids
- beds that are adjustable while occupied
- prosthetics and orthotics
- lifters to assist with transfers
- home modifications including ramps and bathroom modifications
- some sensory items
- hearing aids.

Prescription of and documentation for assistive technology and disability related modifications

Prescription of assistive technology is complex. A suitably trained and experienced allied health clinician must be responsible for assessing, trialling, prescribing and monitoring any assistive technology or disability related modification for children and young people in care. Any medical contraindications need to be considered to ensure safety when accessing assistive technology.

It is the responsibility of the prescribing professional to discuss any intention to trial assistive technology with the DCP case worker. All final decisions on the prescription and implementation of assistive technology must be approved by the DCP supervisor.



The DCP case worker should ensure the prescribing professional is provided with relevant information to inform assessment, trial, prescription and monitoring including:

- the child or young person's health and development
- information about the child or young person's needs, routines and care environment
- training the DCP case worker or carer will required to use equipment, items or modifications safely
- details of care team members and other parties working with the child or young person
- details of training the carer or other care team members have undertaken, including the dates the training was undertaken
- any other relevant information the prescribing professional may require to provide guidance about the use of the assistive technology, safety precautions, training, monitoring and review.

All communication and documentation relating to assistive technology or disability related modifications for children and young people with physical or other complex disability needs must be uploaded to their C3MS file.

Funding considerations for assistive technology

Children and young people in care requiring assistive technology who have a NDIS plan should be able to access funding in their plan to cover trial, prescription, supply, training in use of and monitoring and maintenance of the equipment.

It is recommended that the DCP case worker consult with a DCP disability consultant if a NDIS plan does not meet the child or young person's assistive technology needs. All assistive technology funded by the NDIS must meet the reasonable and necessary criteria and not be funded by other government services. For further information relating to accessing assistive technology through a NDIS plan, the DCP case worker should refer to [Assistive technology explained](#) on the NDIS website. It is recommended that the DCP case worker consult with the DCP disability consultant when considering the need for assistive technology and when engaging a suitably trained and experienced allied health professional to prescribe assistive technology.

If required, funding can be included in a NDIS plan for trial or short-term rental of assistive technology.

The NDIA has different processes for accessing low, mid and high cost assistive technology.

Cost	Description
Low cost assistive technology: under \$1,500 per item	<p>Low cost items are:</p> <ul style="list-style-type: none"> • easy to set up and use • available from local suppliers or general non-disability specific retailers. <p>The <i>core – consumables</i> section of the NDIS plan will indicate the funding available for low cost items.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • continence products • non-slip bathmats • large print labels • basic shower chairs.



Cost	Description
Mid cost assistive technology: between \$1,500 and \$15,000 per item	<p>The <i>capital</i> budget in a NDIS plan shows mid cost assistive technology funding.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • a standing hoist • a customised shower chair • ankle-foot orthotics • alternative communication devices • some power wheelchairs • pressure care mattresses.
High cost assistive technology: over \$15,000 per item	<p>High cost items:</p> <ul style="list-style-type: none"> • may be custom made for an individual's needs • require a quote to ensure the right amount of funding is included in a NDIS plan. <p>The <i>capital</i> section of the NDIS plan shows the high cost assistive technology support. It may say the specific type of assistive technology and will indicate that a 'quote is required'.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • a custom-made wheelchair • complex communication aids • prosthetics.

Additional considerations for use of sensory items and equipment

Sensory items can support calming and self-regulation for some children and young people. However, some medical issues may contraindicate the use of sensory items (for example asthma, brittle bone diseases or pica disorder). Items that are used to support the sensory needs of children and young people in care must be prescribed by an occupational therapist because of the potential risk of harm or injury if the items are not developmentally appropriate or suitably monitored when in use.

Sensory items that could be considered high risk for children and young people with complex physical, developmental or medical needs include:

- therapeutic swings
- hammocks
- surround chairs
- weighted items such as blankets and toys
- Lycra items such as bedding, body socks, tunnels
- sensory diet items such as fidget toys, chewy toys, deep pressure items such as trampolines and exercise balls and punching bags
- compression garments such as singlets, tops, shorts, bottoms.

Additional risks to be considered include:



- whether the carer/s are able to meet the supervision needs of the child or young person when using the sensory item
- whether there are younger children or other children with disabilities in the placement who could be placed at risk by the item.

Special considerations for suspension items

For suspension items such as swings or hammocks, a builder or engineer may need to be consulted to identify an appropriate suspension point and ensure that the safety weight rating of the suspension system (that is hook, ropes, carabineer and suspension item/s) is compliant with Australian Safety Standards. These systems may need to be reviewed annually for compliance.

Prescription and documentation for sensory items

The prescription, monitoring and documentation requirements for sensory items are the same as for higher risk assistive technology (refer to the 'Higher risk assistive technology products' section above).

Funding for sensory items

Sensory related items may not be funded by a NDIS plan. To pursue these items an occupational therapist assessment is necessary to provide a detailed prescription. Prescribed sensory items for children and young people in care, with or without a NDIS plan, may be funded using DCP regional budget following approval by the appropriate delegate (for further guidance, refer to the [Financial authorisation register](#)).

Support the child or young person to travel safely

If a child or young person refuses to comply with a standard car restraint, seat belt or to travel safely in a motor vehicle, the DCP case worker must consider implementing positive behaviour supports to be used in addition to the use of non-standard car restraints. A suitably trained and experienced positive behaviour support practitioner must be engaged.

Transportation should be provided in the least restrictive and least intrusive manner possible and give due regard to the support needs and safety of the child or young person being transported, the safety of others and available resources.

If the child or young person displays behaviours of concern such as attempting to remove their seatbelt or engaging in aggressive or self-injurious behaviours during travel, mechanical or environmental restraint may be required to support safe transportation (if positive strategies alone are not sufficient to keep the person and others safe from harm).

A device used for the sole purpose of therapeutic support to transport the child or young person safely is not considered a mechanical restraint (for example, a harness recommended by an occupational therapist for postural support for the child or young person while travelling in a vehicle).

A device used for the purposes of preventing a behaviour of concern to support safe transportation is a mechanical restraint. A harness used to restrict the child or young person from engaging in a behaviour of concern (for example, hitting others) is considered a restrictive practice.

If a restrictive practice, such as mechanical restraint is used by a NDIS provider, it is subject to regulation, monitoring and oversight by the NDIS Commission.

The use of the following devices does not require reporting to the NDIS Commission as they are not considered to be restrictive practices, but reasonable measures for safe transportation:

- a child lock on vehicles
- seat belt guards



- a dividing screen between the driver and the back seat.

For further guidance regarding the use of restrictive practices, refer to the [Understanding Restrictive Practices Practice Paper](#). Further information can be found in the [NDIS Quality and Safeguards Commission Restrictive Practice Guide – Safe Transportation](#).

Prescription and use of non-standard car restraints and equipment

Children and young people with physical or other complex disability or significant medical condition may require a non-standard car restraint to provide adequate support and safe travel in motor vehicles. Prescription of non-standard car restraints is a specialised service. A suitability trained and experienced occupational therapist or physiotherapist must be engaged to trial, fit, prescribe and train caregivers in the restraint based on the needs of the individual child or young person.

Standard car restraints are those that meet the Australian Standard AS/NZS 1754. Non-standard restraints are any restraints that do not meet that standard. This can include restraints that meet standards in other nations or those custom-made to the needs of an individual child or young person. A medical exemption will be required to allow the child or young person to use a car restraint that does not comply with the Australian Standard AS/NZS 1754.

Equipment that requires prescription includes:

- special purpose restraints
- buckle guards
- adjustable vests
- harnesses
- modified seating.

For guidance regarding general requirements for documentation relating to prescription, refer to the 'Prescription of and documentation for assistive technology and disability related modifications' section. Additional consideration is required regarding the type of car a non-standard restraint can be used in. Prescription information may need to be provided in conjunction with a transfer and positioning care plan (refer to the 'Care plans' section).

Medical practitioner exemption

In circumstances where a medical practitioner exemption is required to support the use of non-standard car restraints, the DCP case worker should be aware of the following:

- an exemption should occur in conjunction with a suitably trained and experienced occupational therapist or physiotherapist prescribing an alternative (non-standard) restraint based on the needs of the child or young person (there is no requirement to have the alternative car seat named in a condition on the exemption)
- the child or young person who is exempt from using a standard restraint must comply with the named conditions on the exemption
- the exemption certificate should be carried in a vehicle anytime the child or young person is commuting under the exempted conditions
- the exemption certificate issued by the medical practitioner must display a date of issue and an expiry date that is no more than 12 months from the date of issue
- the exemption certificate must be reviewed every 12 months



- it is the DCP case worker's responsibility to distribute the exemption as needed, upload a copy of the certificate to C3MS in the 'Notes and Documents' tab, using the note category 'Disability/special needs – transportation'
- the DCP case worker must obtain an up to date exemption certificate prior to expiry
- a non-standard car restraint must be reviewed by the prescribing professional prior to the medical practitioner reviewing the exemption certificate.

Care plans

Some children and young people with physical disability or other complex disability may require a care plan to support their safety and participation. Types of care plans include:

- oral eating and drinking care plan
- continence care plan
- transfer and positioning care plan.

These plans could be necessary for care environments or educational settings and a suitably trained and experienced allied health professional must be sourced to complete assessment, document and undertake training relevant to the plan.

Oral eating and drinking care plans

Children and young people with additional mealtime support requirements or a compromised swallow will require an Oral eating and drinking care plan (OEDCP).

When a child or young person is at risk of choking or aspiration, requires their food or fluid consistency to be modified or needs to be fed or closely supervised because of their physical disability, an OEDCP is required. Assessment, development, training and ongoing monitoring relating to an OEDCP must be undertaken by an appropriately skilled and experienced speech pathologist. Children and young people do not generally need an OEDCP for food phobias, eating disorders, general delay in independent feeding skills or oral sensitivities.

A speech pathologist may work as part of a team to evaluate posture, self-feeding abilities, medical status and nutritional intake to develop an OEDCP which may include recommendations on:

- positioning
- equipment
- diet and food preparation including modification to texture, temperature or thickness
- feeding plan techniques and routine
- level and type of support needed
- any oral care requirements
- precautions and a risk-management plan
- an emergency response plan and emergency contacts
- communication supports
- learning targets
- documentation and recording requirements
- reviewing and monitoring of plan.



Contenance care plan

Education or care services must enable all children and young people to participate in and benefit from their experience. Enrolment in a preschool or school cannot be refused if a child is not toilet trained. The nature of support needed should be discussed at the time of enrolment and it may be determined that a Contenance care plan is required.

An appropriately skilled and experienced allied health clinician or continence nurse must be sourced to determine the level of support a child or young person needs for:

- personal care
- supervision for safety
- support times and nature of support
- continence supplies and equipment
- management of unplanned continence events
- communication supports
- learning targets
- documentation and recording requirements
- the review and monitoring plan.

If a continence care plan includes transfers or lifting, a transfer and positioning care plan is also required.

Transfer and positioning care plan

A transfer and positioning care plan is required for children and young people with complex physical disabilities who cannot transfer independently. A suitably trained and experienced allied health professional must be sourced to determine the level of planning, support and equipment a child or young person requires for:

- chair to chair transfers
- chair to ground/floor transfers
- ground/floor to chair transfers
- chair to change table transfers
- toileting transfers
- vehicle to chair transfers
- mobility, either indoor or outdoor
- special equipment
- supervision for safety needs
- communication supports
- learning targets
- any further specific plans such as risk assessments, operating manuals, specific plans for particular settings (such as pool transfers)
- documentation and recording requirements
- the review and monitoring plan.



Funding, training and documentation

Children and young people can access funding within their NDIS plan for assessment, development, provision and training associated with care plans related to their disability needs.

The DCP case worker must ensure that all care plans and associated documentation for the child or young person must be shared with relevant parties (such as care team members and professionals working with the child or young person) and are uploaded to C3MS.

Specialist support for high disability and high health needs

Some children and young people in care have both high disability needs and high health needs. These children and young people should be assessed and provided with a Model of Care by the Nursing Agency Encompass. The Model of Care sets out what additional care and support the child or young person needs at various times during the day and what nursing qualification or training staff require to provide the care. If a Model of Care is not in place or requires an update the DCP case worker should contact Encompass:

- **Phone:** [8159 9400](tel:81599400)
- **Mobile:** [1300 468 773](tel:1300468773)
- **Email:** encompass@sa.gov.au
- [Encompass referral form](#)

Individuals involved in the care of these children or young people may require training from a registered nurse (RN) to provide safe care. This may include carers in residential or family-based care settings in addition to those providing care in:

- preschools
- schools
- out of school hours care
- childcare
- community access programs
- short-term accommodation (respite)
- in-home supports.

For other children and young people with multiple and complex medical needs an Enrolled or Registered Nurse may be required to provide some direct care. This will be specified in the Model of Care developed by Encompass.

There are a range of medical needs that will require nursing or delegated nursing care including (but not limited to) tube feeding, catheterization and airways support. Individuals providing care must be trained and credentialed by the Encompass RN delegation program based on the child or young person's individual health needs before they can provide care. Training or credentialing is not transferrable across children or young people with similar needs. Children and young people with these needs will require funding in their NDIS Plan for carer training by a RN. The Women's and Children's Health Network has a specialist service that employs nurses with high levels of skill in supporting children and young people with disability and high health needs called Encompass. Encompass is a registered NDIS provider. The DCP case worker should seek the support of the DCP disability consultant regarding accessing this service for:

- a child or young person new to care who has high health care and disability needs



- a child or young person who requires discharge from hospital where carers require support and training from nursing staff to provide safe care for discharge to occur
- a child or young person's medical care needs have changed and additional training from a RN is required.

Record and share the Community Connections or NDIS plan

Following an NDIS access meeting, the child or young person should receive either a community connections plan or NDIS plan. NDIA should provide a copy of either the community connections or NDIS plan to the DCP case worker.

The DCP case worker must email all current and new community connections plans or NDIS plans to the DCPOPPbusinesssupport@sa.gov.au with a copy to the DCP regional disability consultant.

The DCP Central Business Unit will make sure community connections and NDIS plans and associated data are entered into C3MS.

The DCP case worker must ensure a copy of the plan is provided to the child or young person's carer as soon as practicable. A copy of the plan should be provided to the young person when it is considered developmentally appropriate.

Implement the NDIS plan

NDIS plans allocate funding against one or more of three support budgets:

- core: for supports related to daily living, everyday activities, and community access
- capital: for assistive technologies
- capacity building: for supports to build skills and increase independence, for example, therapies and support coordination.

On receiving the plan, the DCP case worker should check that all the required supports discussed and agreed to at the planning meeting have been funded. The DCP case worker should also seek the carer's views and take these into account when choosing providers. For support with reading and interpreting the child or young person's NDIS plan, the DCP case worker should contact the DCP disability consultant and arrange an implementation meeting.

For new plans or a change in plan manager there may be a requirement for a provider to be 'endorsed' on the NDIS system.

The DCP case worker should contact the NDIA via the Guardianship Line (1800 879 471) providing the full name and the provider number of the provider requiring endorsement.

The NDIA completes a 'check in' approximately 90 days before a plan end date via telephone call. In this telephone call, an online Teams meeting or an alternative time for a telephone call can be requested. It is important this process is completed as NDIS plans in the PACE system do not have the option to be extended automatically on the expiry date without a 'check in' being completed. At the check-in, a similar plan can be requested, or new/additional supports can be requested (full plan reassessment).

It is important that the DCP case worker details are kept up to date on the NDIA system at all times.

To update the DCP case worker is required to email enquiries@ndis.gov.au with the following information:

- Subject line of the email: NDIS number and young person's full name
- Write in the body of the email: young person's full name, NDIS number and young person's date of birth
- Write in the body of the email; "(young person's name) is under a guardianship order with the Department for Child Protection. I, (DCP case worker name), am the new DCP case worker / Child



Representative for (child or young person's name). Please update your records to list me as the primary contact for this NDIS participant."

The DCP case worker should:

- attach a copy of the DCP case worker's DCP ID badge
- attach a copy of the child or young person's current care and protection/guardianship order
- upload the email to C3MS
- telephone the NDIS plan manager to update new DCP case worker details

Choose registered NDIS service providers

The registration of NDIS service providers and regulation of the NDIS market, including quality and safeguarding arrangements, is the responsibility of the [NDIS Quality and Safeguards Commission](#) (NDIS Commission). The DCP case worker is responsible for ensuring that the child or young person is supported by providers who are registered with the NDIS Commission and therefore comply with registration, accreditation and quality and safeguarding requirements.

NDIS Registered Providers can be located via the [NDIA website finder page](#).

There may be instances where DCP staff experience difficulties finding suitable registered NDIS providers to provide supports to children and young people in care with a NDIS plan. In exceptional circumstances, where there is an alternative accreditation body, such as the Australian Health Practitioner Regulation Agency (AHPRA) or where DCP Executive has considered an individual case and provided approval, a non-registered provider may be engaged to provide supports under a child or young person's NDIS plan.

Engage a non-NDIS registered therapy or support coordination provider

Where an occupational therapist, physiotherapist, speech pathologist, psychologist, developmental educator or social worker is a non-registered NDIS provider, but has current AHPRA registration, or is a member of a professional body that relates directly to their qualification and practice and the practitioner has a valid Working with Children Check (WWCC), the practitioner can be engaged by the DCP case worker to provide therapeutic intervention or support coordination (including specialist support coordination) for the child or young person.

The DCP case worker should consult the DCP disability consultant regarding the registration or membership requirements for individual professions, then request the following from the service provider:

- current AHPRA registration or membership with professional association directly related to the NDIS funded service they are providing
- a current Working with Children Check (WWCC).

Evidence of the professional's registration or membership of the relevant professional body and a valid WWCC must to be sent to the DCP disability consultant who will seek approval from the Manager, Disability and Development Program.

If a DCP case worker has concerns regarding the validity of a practitioner's AHPRA registration, information can be verified on the [AHPRA website](#). The DCP case worker must document in C3MS that the practitioner's current professional registration and WWCC has been sighted as well as the approval to use a non-NDIS registered provider.

Seek approval to engage other non-NDIS registered providers

It should be noted that DCP does not support the engagement of non-NDIS registered providers to deliver what the NDIA terms 'core supports' except in exceptional circumstances. In these cases the engagement of a non-NDIS registered provider may be required to provide supports such as mentoring or a support worker under a NDIS plan.



If the DCP case worker is seeking to engage a non-NDIS registered provider for core supports, they must seek approval from the regional director via email. Requests to engage a non-NDIS registered provider should include:

- evidence of attempts to find a registered NDIS provider
- the reason a registered provider cannot be engaged
- the NDIS support type proposed to be delivered by the non-NDIS registered provider
- the non-NDIS registered provider seeking to be engaged
- information about any alternative accreditation or quality and safeguarding body the provider is registered with
- confirmation that the provider has a current WWCC which has been sighted by the DCP case worker.

The DCP case worker must document the provider's WWCC has been sighted and the regional director's approval in C3MS.

If there are concerns about NDIS supports or services being provided to the child or young person, the DCP case worker can make a complaint about the NDIS support provider through the [NDIS Quality and Safeguards Commission](#) website or by telephoning the NDIS Commission on 1800 035 544.

Access specialist disability funding arrangements

Where the child or young person has a complex disability, NDIS plan funding may be available to meet the young person's specialist disability needs within their care setting when the young person resides in a residential care placement provided by a non-government organisation (NGO). This funding will be located within the core support budget line of the plan and can be utilised to support the young person's goals within their day-to-day setting. Such funding arrangements require discussion with a DCP disability consultant, who will ensure that DCP Service Contracts and Licensing are aware that the funding is available in the plan. DCP Services Contracts and Licensing will inform the NGO accommodation provider that the additional disability support needs should be billed against the young person's NDIS plan and include the DCP case worker and disability consultant in all correspondence with the NGO related to this action.

The DCP case worker supported by the DCP disability consultant must ensure the provider:

- understands the child or young person's goals within the NDIS plan and how these can be supported within the day to day care setting
- completes a service agreement for the NDIS funded supports the provider has been engaged to deliver.

The DCP case worker must sign the service agreement, upload a copy to C3MS and return the signed service agreement to the provider as soon as practicable.

Use the DCP Plan Management Provider List

DCP has a NDIS Plan Management Provider List for engaging Plan Management providers. The NDIS Plan Management Provider List is a list of NDIS Plan Managers with an understanding of the DCP specific requirements for supporting children and young people in care (such as verification of Working with Children Checks and compliance with DCP's legislative records management and confidentiality requirements).

DCP staff seeking Plan Management for children and young people with NDIS plans are directed to engage providers on the list. Use of the list will depend on each child or young person's particular situation:

Child or young person's circumstances	When to refer to the list
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The child or young person already in care is receiving Plan Management services from a provider who is not on the list	The child or young person will continue to receive supports from the current provider until the next NDIS plan review. At that time the DCP case worker should select a Plan Management provider on the list.
The child or young person enters care and is already receiving Plan Management services from a provider who is not on the list	The DCP case worker will transfer these services to a provider on the list as soon as practicable.
The child or young person in care is placed under an order of long-term guardianship to a specified person (where the NDIS plan is managed by the guardian) and is already receiving Plan Management services	These services will remain with the current provider until altered by the Long-term guardian.

To access the list or for further information about NDIS Plan Management the DCP case worker should contact the DCP disability consultant .

Inform the NDIS of a change of situation

If a child or young person's situation changes or details need to be updated, the DCP case worker must inform the NDIA and submit a NDIS [Change of details or change of situation](#) form. In some cases, a change of situation will mean the child or young person will require a variation or reassessment of the NDIS plan.

Some changes will be information only (such as a change of address).

Changes to the NDIS plan may be required when:

- there is a significant increase or decrease in the child or young person's support needs
- there is an urgent requirement for an additional support type not already included in the plan
- the child or young person is no longer under guardianship or custody of the Chief Executive
- an important life transition is approaching, such as leaving school or leaving care.

When there is a change required to the NDIS plan in any of the above circumstances, the DCP case worker must consult with the disability consultant prior to submitting the form.

Resolve concerns about NDIS funding

The DCP case worker must discuss any concerns regarding what has been funded in a NDIS plan with the DCP disability consultant. If it is agreed that a plan review is likely to lead to an improved plan for the child or young person, the DCP disability consultant will recommend that an [internal review of a NDIS decision](#) occurs. An internal review of a decision must only be submitted to the NDIA if supported and developed by or in consultation with the DCP disability consultant. Once completed, the NDIS [Request for review of a decision form](#) must be lodged with the NDIA by the DCP case worker (or Support Coordinator with the DCP case worker's consent) within three months of the NDIS plan approval.

The Administrative Appeals Tribunal (AAT) manages situations where the child or young person's representative (the DCP case worker) and the NDIA are not able to resolve disagreements in relation to the



child or young person's disability related support needs. An approach to the AAT will require advice from DCP Legal and can only be initiated by the Chief Executive or Deputy Chief Executive. An approach to the AAT must not be initiated by a DCP case worker, supervisor or carer. Further information in relation to the AAT process can be provided by the Manager, DCP Disability and Development program.

If a DCP case worker becomes aware of an application or approach to the AAT by any other party, they must immediately notify the DCP disability consultant and the relevant DCP office manager.

Escalate matters with the NDIA

Escalations are undertaken when delays or funding issues occur that impact the child or young person's developmental potential, wellbeing and/or safety.

This includes delays by the NDIA to:

- respond to the NDIA Access Requests for children and young people with disability support needs
- arrange planning meetings
- approve plans, or provide plans to DCP staff
- process Internal Reviews of Decisions and Change of Situation requests lodged by DCP
- begin funding the support required for transition planning for young people post 18 years of age.

When an issue associated with a child or young person's NDIS access, planning or plan reassessment process arises, the DCP case worker should ensure:

- all relevant information in relation to the child or young person is up to date and has been provided to the NDIA
- a child or young person's NDIS plan is being utilised and expended to its full capacity prior to escalation
- any contact with the NDIA via a telephone call or email is documented in C3MS
- that the NDIA has been informed of any clinical risks.

If the matter with the NDIA is not resolved, the DCP case worker should inform the DCP disability consultant. If the matter remains unresolved, the issue will be placed on the Regional Disability Team (RDT) NDIS Escalation Register by the DCP disability consultant.

Issues on the RDT Escalation NDIS Register will be raised with the NDIA Assistant Director, Service Delivery, by the DCP lead disability consultants and Manager, Regional Disability Team at fortnightly escalation meetings.

Some matters require urgent escalation to the NDIA. Examples of circumstances that require urgent escalation include:

- delays with processing the child or young person's disability related assistive technology requests which may affect their safety
- when the young person is about to turn 18 years of age and the NDIA have not considered the Home and Living application for the young person to transition from care with appropriate levels of support
- inadequate funding is available for behaviour support, putting the child or young person, other child or young people or carers at risk
- omission of support coordination or specialist support coordination in a plan when this is required to implement the plan for children and young people with complex disability support needs.

If urgent escalation is required and clinical risks have been identified, the DCP disability consultant must be informed.



Attend a NDIS plan review meeting

When a NDIS plan is within the last 116 days from expiry, the NDIA or partner should contact the DCP case worker to discuss supports for the next plan. This will primarily be done via a telephone call.

The NDIS will make three attempts to contact the guardian. It is important that the DCP case worker responds to the NDIS in a timely manner. If the DCP case worker does not answer or return calls from the NDIS, the NDIS will approve a plan they deem reasonable and necessary without consulting the DCP case worker.

Once the meeting has occurred a new plan will be approved prior to the end date of the current plan. In some instances, an automatic plan rollover could still occur until NDIS can action a plan review.

The DCP case worker must request a report on progress towards the NDIS plan goals from all services funded by the NDIS plan as these reports are required before the review meeting can proceed.

If there is unused funding in the previous NDIS plan, it will be necessary to provide an explanation if the child or young person continues to require the service. Reasons may include (but are not limited to) a significant waitlist for services, no providers or services being available or the child or young person recently entering care.

When preparing for a review meeting, the DCP case worker in partnership with the carer should review the previous NDIS plan goals and consider:

- Are they still relevant to the child or young person's disability needs?
- What progress has been made in the child or young person's development and what goals have been achieved?
- Do they need to be adjusted or additional goals added (for example, is the child or young person transitioning, moving or leaving school, wanting to access the community more, developing independent living skills)?
- Was funding in the last plan adequate? If not, why?

The DCP case worker should ensure changes to the child or young person's NDIS plan are reflected in the child or young person's case plan.

13. Support the child to attend child care

Child care can have a positive impact on the child's short and long-term learning and development. It provides an opportunity for children to develop skills including literacy and numeracy, as well as social skills. For children in family based care, child care may also assist in supporting a carer in a placement so they can work, study, volunteer, attend training or take a break.

Enrol the child in child care

For children in family based care, a carer may select and enrol the child in an approved child care centre that is eligible for the Australian Government child care subsidy payment. The decision for the child to attend child care, including the specified number of hours or days must be made in partnership between the carer and the DCP case worker.

A number of factors should be considered when making child care arrangements including:

- whether it is beneficial for the child or necessary to meet their specific needs; or
- if child care is required because of:
 - the carer's employment and child care will continue to support a stable placement



- the carer has regular ongoing appointments or activities involving other children or young people in their home
- a situational crisis occurs; or
- the carer is attending training, meetings or events that will assist them in their caring role.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

In line with the National Agreement on Closing the Gap, it is imperative to ensure that Aboriginal and Torres Strait Islander children are enrolled in quality early childhood education. Ensure Aboriginal and Torres Strait Islander children and young people have their cultural identity accurately and clearly recorded as part of the enrolment process to support a culturally appropriate service response (where available) and recognise the importance of their culture. Consideration should be given to enrolling the child in an Aboriginal child care centre where possible.

Support an application for the child care subsidy and additional financial assistance

The DCP case worker should support the carer to understand and access financial assistance that they are entitled through the Australian Government, including:

- Child Care Subsidy (CCS)
- Additional Child Care Subsidy (grandparent)
- Additional Child Care Subsidy (child wellbeing).

While the carer may not receive any entitlement from the Child Care Subsidy (CSS), the Additional Child Care Subsidy (either child wellbeing or grandparent) should cover all of the child's child care fees. The carer will not be able to receive the Additional Child Care Subsidy unless they are eligible for the Child Care Subsidy (CCS), so it is essential that the carer claims the CCS, regardless of whether or not they will receive an entitlement.

The DCP case worker should:

- provide the carer with a copy of Child Care Subsidy [factsheet](#) for key information about accessing the Australian Government child care subsidies for the child or young person in care
- advise the child care provider to apply for Additional Child Care Subsidy (child wellbeing) using the [Email for DCP staff to send to providers following a child care enrolment template](#); this template can also be used to request child care providers enter into a Provider Eligible Arrangement where the child is in a family based placement and the Child Care Subsidy has not yet been approved
- advise the child care provider to apply for Provider Eligible arrangement where a CSS eligible individual cannot be identified using the [Email for DCP staff to send to providers regarding Provider Eligible Arrangement template](#).

For further information about CCS and ACCS payments, as well as financial assistance that DCP may provide to cover child care costs, refer to the [Child care assistance fact sheet](#) and the [Child Care Subsidy Procedure](#).

Arrange DCP financial support

In most cases, the above Australian Government child care subsidies will cover all of the child's child care fees. However, there may be circumstances where DCP may provide child care fee financial assistance to cover additional costs associated with the child or young person's attendance at child care. For a list of associated costs that may be covered using DCP financial assistance, refer to [Who pays for what?](#)



Any financial assistance provided by DCP should be considered and approved prior to the child attending child care. This agreement should be clearly recorded in the child's case plan.

DCP may provide financial assistance to carers where negotiated and approved in circumstances where:

- the carer is either an approved carer or in the process of being assessed to become an approved carer (providing care in a temporary placement)
- prior approval has been obtained from the DCP case worker to enrol the child in child care (this must occur before the child is enrolled in child care)
- a claim for CCS is made by the carer within two weeks of the child commencing child care and the carer provides the CCS claim receipt number to the DCP case worker as evidence that they have claimed CCS
- the child care invoices are in the name of the carer
- in the event there is an outstanding balance, the invoice is provided to DCP within 14 days, enabling DCP to monitor whether CCS and ACCS have been applied to the account
- the carer pays the child care fees upfront while waiting for CCS to be approved and then seek reimbursement from DCP where appropriate
- the carer advises Centrelink of any changes to income or activity levels within 14 days
- the carer complies with taxation obligations.

The carer must repay DCP for any back payment received from Centrelink once the subsidies have been approved where DCP have provided financial assistance.

Any agreements reached about the payment of fees should be clearly recorded in the child's case plan.

14. Identify and support the child or young person's education and employment needs

Education provides children and young people with opportunities to learn, develop skills and form positive relationships. A safe and supportive learning environment can play an important role in supporting children and young people's development and increasing their opportunities later in adult life. The DCP case worker must make active efforts in partnership with the carer, care team and education staff to support children and young people in care to be engaged in education.

For children and young people under 18 years of age, employment can be an educational and satisfying experience. Employment can also provide young people with their own income which can be an important step towards learning independent living skills.

Support the child or young person to attend school or preschool

Identify school attendance requirements

Children and young people in care must be supported to be enrolled and participate in preschool or school at the following stages:

Stage	Attendance requirements
Preschool-age children	Children in care are eligible to attend preschool after their third birthday and may attend for up to 15 hours per week. They may start school when they reach the age of eligibility for enrolment at a government school or continue at preschool until they are aged six years.



Children and young people between 6 and 16 years – compulsory school age	All children and young people between six and 16 years must, by law, be enrolled in school and must fully participate in the education program arranged and approved by the school.
Young people aged 16 to 17 years – compulsory education age	All young people between the ages of 16 and 17 years 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.

When enrolling children and young people in school, consideration should be given to the distance from their placement and transport requirements.

Enrol the child or young person in a government preschool or school

To enrol the child or young person in preschool or school the DCP case worker should partner with the child or young person and their carer to discuss their educational needs and enrolment options.

If required, case workers can contact the central Education inbox for enrolments for children in care (Education.SSSChildreninCareEnrolment@sa.gov.au) to request contact details of the relevant Team Manager of the local Student Support Services office to seek further information about possible sites (or contact the relevant Team manager directly).

All emails to this inbox will receive an automated response including Form A: Request for a new enrolment for a child in care and a letter template to the new school about the child or young person's guardianship or custody status.

Once a preferred school is identified, DCP case workers should forward the following completed forms/information to the central inbox (Education.SSSChildreninCareEnrolment@sa.gov.au)

- [Form A: Request for a new enrolment for a child in care](#)
- a completed [letter](#) to the new school about the child or young person's guardianship or custody status
- copies of professional reports that contain information about the student's educational, health or other relevant needs
- One Plan (if available).

Once the above information is provided, the Team Manager from the local office of Student Support Services will action the enrolment and will contact the DCP case worker as required.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Ensure Aboriginal and Torres Strait Islander children and young people have their cultural identity accurately and clearly recorded on enrolments and application forms. Accurate identification supports a culturally appropriate service response (where available), recognises the importance of their culture and helps link the child or young person to educational supports and programs they may be eligible for.

The enrolment process should occur as quickly and efficiently as possible to cause the least possible disruption to the child or young person's learning, and to enable them to be welcomed into their new learning environment as soon as possible.



The SSS will contact the school to facilitate the enrolment, including arranging an enrolment meeting. At an enrolment meeting, DCP and SSS will share relevant information to support the child or young person's enrolment (such as their academic history and needs, current development, cultural background, skills, interests, trauma and placement history, behaviour and outcomes of any medical, psychological or other relevant assessments).



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Engagement and successful completion of education is one of the key target areas in the National Agreement on Closing the Gap. School-based engagement and retention programs are a key strategy to support Aboriginal and Torres Strait Islander children and young people to attend and successfully participate in education. Aboriginal and Torres Strait Islander children and young people starting at government preschool and high school can apply for the [Enter for Success program](#), which supports the inclusion, attendance, participation and retention of Aboriginal students. Liaise with the child or young person's school for advice on other school-based programs to support Aboriginal and Torres Strait Islander students.

After the enrolment meeting, the DCP case worker must complete and sign the school enrolment form. The principal or preschool director (or delegate) will organise for the enrolment information and details from the [Department for Education information for a child or young person in care form](#) to be recorded on the Early Years System or the Education Department School Administration System.

Once the enrolment is confirmed, the principal or preschool director (or delegate) will initiate the One Plan process within one month of enrolment and review it at least annually.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Aboriginal and Torres Strait Islander children and young people may be able to receive further support from an Aboriginal community education officer (ACEO). ACEOs are employed by schools to support Aboriginal children and young people's learning needs in culturally safe spaces.

ACEOs are a valuable resource for Aboriginal and Torres Strait Islander children and young people at school in fostering connection and sense of belonging in the school environment.

Enrol the child or young person in a non-government school

In some circumstances, DCP may approve for the child or young person in care to be enrolled in a non-government school. These situations may include:

- enrolment is supported by a professional opinion
- the child or young person is enrolled in the non-government school at the time they are taken into care and it is preferable to maintain continuity of their education
- other siblings are enrolled in the non-government school and it is demonstrated that it would be detrimental for the child or young person to be enrolled in a different school
- a special program is offered at the school that is not offered elsewhere (within reasonable travelling distance)
- the child or young person is gifted, has a particular talent



- the child or young person has been awarded a scholarship and there is a funding gap
- the child or young person has a special need that can be best met by the non-government school.

The DCP case worker should discuss the decision to enroll the child or young person in a non-government school with the carer, including consideration of:

- the ongoing financial commitment required for fees, uniforms and other educational expenses for the duration of the child or young person's enrolment; and
- available funding options (such as DCP scholarships – refer to 'Apply for a DCP scholarship' in this key step for further guidance).

If additional financial support is required for the child or young person to attend the non-government school the DCP case worker should:

- explore all available funding options
- consult with the supervisor about making an application for exceptional resource funding
- complete an application for exceptional resource funding for partial or full payment of non-government school fees
- seek endorsement from the office manager
- forward the application for exceptional resource funding to the regional director for review and appropriate delegate approval per the [Financial authorisation register](#).

Refer to the [Exceptional resource funding procedure](#) for further guidance about applying for exceptional resources funding. For further guidance regarding decision making about the education of the child or young person who is in a family based placement, refer to [Who can say OK?](#)

Decisions about the child or young person's education, including any agreements regarding funding to be provided by DCP should be reflected in the child or young person's case plan.

For guidance regarding payment of education expenses (such as uniforms or excursions), refer to [Who pays for what?](#)

When enrolling the child or young person in a non-government school, the DCP case worker should:

- update the child or young person's case plan to include details about the decision and rationale to enrol the child or young person in a non-government school
- work closely with the carer to plan the enrolment
- ensure the appropriate documentation is signed and sent to the school.

Enrol children and young people from interstate

If the child or young person is currently under a care and protection order administered by another jurisdiction, that jurisdiction is responsible for the case management of the child or young person. This includes arranging the child or young person's enrolment in school and any school transitions.

Any queries from the preschool or school that may usually come to DCP, including the DCP Interstate Liaison Officer, are to be directed to the responsible jurisdiction.



Notify a school when the child is placed in the custody or under the guardianship of the Chief Executive

When the child or young person is placed in the custody or under the guardianship of the Chief Executive, the DCP case worker must inform the child or young person's school as soon as possible after the child or young person has entered care.

Notifying government schools and preschools

To notify a government school that a student is in the custody or under the guardianship of the Chief Executive, complete the:

- [Department for Education School or preschool child in care letter template](#)
- [Department for Education information for a child or young person in care form.](#)

This letter will initiate the process for developing an education plan, referred to as a One Plan. The Department for Education is responsible for developing this plan.

Notifying non-government schools and preschools

If the child or young person is currently attending a Catholic or independent school, complete the [Non-government school child in care letter template](#).

Apply for the child or young person to be exempt from attending school

If it is necessary to take the child or young person out of school, an application must be made for the child or young person to be exempt from attending school.

An exemption from attending school may be sought due to:

- family travel or holidays
- medical or health reasons
- home education
- full-time employment
- disability or behavioural challenges that require a part-time exemption.

The DCP case worker should consider whether a conditional exemption should be sought to enable the child or young person to attend school on a temporary part-time basis in circumstances where the child or young person is:

- transitioning to a new placement or new school
- experiencing medical, behavioural or psychological issues that make full-time attendance at school harmful to their wellbeing.

The DCP case worker should ensure that the application for exemption includes:

- details about the child or young person and nature of the issue that limits their attendance
- documentation of previous strategies and additional resourcing that has been implemented
- information regarding support provided by the department or interagency personnel
- supporting evidence from a medical practitioner (at minimum a General Practitioner, preferably a specialist)
- updated One Plan
- a plan for programs that would be accessed by the child or young person



- case planning for the student's transition back to full-time attendance over the agreed period of time.

Consultation must take place with the school principal to discuss the reasons for an exemption.

The principal will provide the appropriate exemption application form and advise what specific documentation is required. The exemption form must be signed by the supervisor and submitted to the school principal.

Refer to [Exemption from attending school](#) on the South Australian Government website for more information.

Apply for a School Card

The [School Card scheme](#) offers financial assistance with educational expenses, materials, and services charges for students attending government schools. All school students under the guardianship of the Chief Executive are eligible for the School Card. The requirements for application of a School Card are as follows:

School attended by child or young person	Application requirements
Government school	An application for a School Card is not required if the child or young person is recorded as being in care at the time of their enrolment in a government school.
Non-government school	The School Card is not automatically approved. The DCP case worker should contact the school directly for further information.

For further information, the DCP case worker should contact the school or refer to the [South Australian Government School Card page](#).

Manage education-related expenses

In addition to the School Card, DCP may provide additional funding assistance for education-related expenses, including (but not limited to):

- school camps
- tutoring
- educational supports (as set out in the child or young person's One Plan)
- additional school photos for parents or the child or young person's DCP file.

Details of financial responsibilities relating to the child or young person's education should be recorded in their [case plan](#).

For comprehensive guidance about expenses that DCP may assist with, refer to [Who pays for what?](#)

Support the development of a One Plan

The One Plan is a personalised learning plan that contains information to ensure that the child or young person has their developmental, cultural, social, psychological and educational needs taken into account and adequately met.

The development of a One Plan is the responsibility of the Department for Education. All children and young people in care are expected to have a One Plan. The One Plan should be updated at least annually.



The DCP case worker should initiate the process for preparing the One Plan by sending the [Department for Education information for a child or young person in care form](#) at the time of enrolment and at the beginning of each school year.

The DCP case worker can provide the carer with additional information about the One Plan by providing them with the [One Plan Information for carers fact sheet](#).

Principals, preschool directors or their delegates are responsible for organising a meeting to develop the One Plan. The delegate is usually the student wellbeing leader. The meeting may include the participation of:

- child or young person
- DCP case worker
- the carer
- for children and young people in residential care, their key worker or the senior youth worker
- other relevant parties listed on the [Education information for a child or young person in care form](#)
- additional professionals identified by the DCP case worker (for example, the child or young person's therapist).

At the One Plan meeting, those attending will:

- identify the child or young person's interests, strengths, long- and short-term goals, strategies, actions and responsibilities
- discuss adjustments that may be required to best support the child or young person's learning
- plan for regular communication and review of goals
- identify a key person at the school to monitor the plan and coordinate actions, communication and future meetings
- endorse and share the plan.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

The One Plan includes social and cultural identity development. The DCP case worker should advocate for the child or young person's right to express and celebrate their cultural identity in their educational environment. This can include featuring language, art, stories and Country in their classroom learning.

The principal or preschool director (or delegate) is responsible for compiling the One Plan and including relevant documentation. A copy must be provided to the DCP case worker to be included in the child or young person's case plan and uploaded in C3MS.

The One Plan should be reviewed at least annually. Reviews may also be undertaken if there are significant changes in the child or young person's circumstances or educational needs. If the child or young person changes placements, the carer should be provided with a copy of the One Plan. If there is a change in the child or young person's DCP case worker, the new worker is responsible for familiarising themselves with the contents of the plan, including roles and responsibilities.

If the child or young person is enrolled in a non-government school, the DCP case worker should contact the school to request the development of an education plan.



Consider additional assessments required to identify and respond to the child or young person's learning needs

It may be necessary for the child or young person to be assessed for developmental delay or additional learning needs (noting that a formal diagnosis may be required for the child or young person to be eligible for some school-based supports or programs). The DCP case worker should in consultation with the carer contact the DCP disability consultant and/or DCP Psychological Services to discuss the child or young person's learning needs and to determine whether additional assessment or diagnosis may be required.

For further guidance, refer to [Access health services](#), [Identify and respond to the child or young person's disability and developmental needs](#), and [Identify and respond to the psychological and emotional needs of the child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice.

Support the child or young person's engagement in school by referring to a specialist program

When considering the child or young person's eligibility and suitability for referral to a specialist school-based program, the DCP case worker should:

- discuss the program with the child or young person (where developmentally appropriate), their carer and care team members and document the decision to refer the child or young person in the child or young person's case plan
- seek additional information or supporting documents as required to support the application
- advise the child or young person and the carer of the outcome of the application
- record and monitor the outcomes of the child or young person's participation in the program as part of regular case planning and review.

Aboriginal Program Assistance Scheme

Aboriginal and Torres Strait Islander children and young people can access the Aboriginal Program Assistance Scheme (APAS), which provides funding to schools to engage a tutor to support Aboriginal and Torres Strait Islander students with literacy and numeracy. For information, the DCP case worker should refer to the [Department for Education website](#) or email education.aboriginalservices@sa.gov.au.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Supporting success at school builds a positive narrative of being able and capable at school. Ensure Aboriginal and Torres Strait Islander children and young people have their cultural identity accurately and clearly recorded and seek opportunities to link them to supports and programs they may be eligible for.

Make an application for the child or young person to participate in the Mentor program

The Department for Education Mentor program provides a one-to-one service for children and young people who are primary school aged to 17 years in the custody or under the guardianship of the Chief Executive and who are considered to be at risk of disengaging from education. The Mentor program works with the DCP case worker and other staff to achieve better social, emotional and educational outcomes by providing mentoring sessions that address goals identified in the child or young person's case plan, including their cultural needs.



The maximum length of mentoring services for a young person is two years. A maximum of three hours per week is allocated per child or young person.

Priority groups for the Mentor program include children and young people in the custody or under the guardianship of the Chief Executive who are:

- in residential care placements
- Aboriginal and/or Torres Strait Islander
- children and young people with a disability

All referrals to the Mentor program are made by the DCP case worker by completing the [School Retention Program Mentoring referral form](#) and recording the referral in C3MS. For further guidance, refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#).

The Mentor program can be contacted by emailing the Education.SchoolRetentionProgram@sa.gov.au

The Department for Education has a statewide Approved Panel of Providers (APP) for the provision of mentoring services for children and young people in the custody or under the guardianship of the Chief Executive. Only providers appointed to the APP can be used to provide mentoring services.

If the Mentor program is at capacity, the referral will be placed on the waiting list and actioned in order of referral date and priority groups for mentoring services.

A matching process is applied by Department for Education mentor coordinators and providers to find a suitable match for the child or young person.

A monthly summary update is provided by APP mentors which provides a description of the strategies and activities undertaken during the month to work towards achieving the goals outlined in the referral form.

The Mentor program reviews the progress of the service and revises goals and strategies throughout the contract in conjunction with the DCP case worker and other stakeholders. At the completion of the funding period, the Mentor program will review services in conjunction with the DCP case worker and issue a new contract if required. If the mentoring service is to continue, but the goals are not being met, the Mentor program may convene a review meeting with the DCP case worker, the mentoring provider and other relevant stakeholders.

For further information, the DCP case worker should contact the Mentor program (Department for Education) 8303 0751 or by emailing the [School Retention Program](#)

School engagement program

The school engagement program works with children and young people in the custody or under the guardianship of the Chief Executive from primary school to 17 years who are at most risk of disengaging from education. The program focuses on providing individually tailored responses to social and educational barriers to school engagement.

Tutoring Services

Tuition services are available in and outside of school settings to support children and young people in care.

If the child or young person is attending a government school, the child or young person's school site and the Department for Education use academic, behavioural and attendance data to identify whether they are eligible for tutoring. The program prioritises Aboriginal and Torres Strait Islander children and young people, those with disability, and children and young people in residential care.

To make a referral for a child or young person in a non-government school, the DCP case worker should complete the [School engagement referral form](#). The referral should be recorded in C3MS. For further guidance, refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#).



For further information, the DCP case worker should contact the School Retention Program (Department for Education) on 8303 0751 or by emailing the [School Retention Program](#).

Support a young person to enrol in Tailored Learning (formerly FLO)

Tailored Learning can support a young person to complete their South Australian Certificate of Education (SACE), a VET qualification or an apprenticeship by helping students to remain connected to school and improving their learning outcomes.

The young person may be eligible for Tailored Learning if they are enrolled in a SA government school from Year 8 up to the age of 21 years and are at risk of disengagement or have disengaged from education due to significant personal barriers. If you think a young person may benefit from Tailored Learning, please contact the young person's school for further discussion. Suitability for Tailored Learning is based on consistent criteria assessed using the Tailored Learning Tool in consultation with the school's student review team.

Young people in Tailored Learning work with an external case manager or school employed youth worker who develops an individualised plan and supports the student with their goals, learning pathways and wellbeing and learning programs.

Once the young person is enrolled in Tailored Learning, the DCP case worker should:

- maintain contact with the young person's Tailored Learning case manager or youth worker and include them in case planning and review
- record details of the young person's Tailored Learning enrolment, including contact details for their case manager or youth worker, in the case plan.

Refer to the [Case planning, review and annual review chapter](#) in the Manual of Practice for further guidance.

For further information about Tailored Learning, refer to the [Department for Education website](#).

Apply for a DCP scholarship

For some children and young people, attending a non-government school can provide educational opportunities that support and foster their particular talents and aspirations.

DCP has partnered with Catholic Education South Australia (CESA) and a number of independent schools to provide scholarships for children and young people in care to attend these schools fee-free and with a package of educational supports.

The DCP case worker is responsible for registering interest in a scholarship for children and young people under the guardianship of the Chief Executive. It is strongly recommended that this occur more than 12 months ahead of the desired enrolment start date, where possible, due to high demand for places. Registration of interest for high school scholarships should occur as early as year 4, where possible, due to potential enrolment waitlists.

For children and young people under long-term guardianship specified person (LTG (SP)), the guardian is responsible for registering interest in a scholarship. For specific requirements for LTG (SP) refer to the DCP Scholarship program webpage and supporting fact sheet for guardians.

Where a child is already on a primary school scholarship, a new registration of interest may need to be submitted for high school, for instance if the transition to high school involves a change of school or campus. If the DCP case worker is unsure about whether a new registration is required, they should contact scholarship@cesa.catholic.edu.au with DCPScholarships@sa.gov.au copied in.

The DCP case worker should consider each program and the extent to which it is suitable to the child or young person's needs. This includes consideration of:



- location and transport options
- class sizes
- supports available
- whether there is a formal uniform requirement
- the school curriculum and specialised subjects offered
- whether the school's values and/or religious affiliation align with those of the child or young person and their carer, family and kinship networks (where appropriate).

Information about each scholarship is provided below (refer to 'Scholarship partners').

Scholarship partners

Scholarship partners	School details	Costs that are covered by the scholarship
Catholic Education South Australia	<p>Catholic Education South Australia (CESA) provide scholarships to primary and secondary-aged children and young people in care across rural, regional and metropolitan South Australia. Refer to this list of participating sites.</p> <p>Issues relating to CESA Scholarships should be raised with the DCP office manager before being raised to the regional director for escalation with CESA.</p>	<ul style="list-style-type: none"> • Full tuition • Uniforms • Textbooks • Excursions • Extracurricular activities (with specific inclusions depending on the individual school site). <p>Funding continues for each year until the child or young person completes all available year levels at the specific school. In some cases, nominations for primary school and high school will need to be completed to ensure funds for the child's entire education (R-12). Additional costs may need to be negotiated with the regional director and CESA on a case-by-case basis.</p>
SEDA College South Australia	<p>SEDA College is an independent senior secondary college for year 11 and 12 students. It delivers a SACE curriculum through engagement in the sports and recreation industry, with students receiving a VET qualification, industry mentoring and the opportunity for traineeships within the sporting industry. SEDA College SA students attend classrooms located at various sports locations across the metropolitan area.</p>	<ul style="list-style-type: none"> • Full tuition • Uniforms • Textbooks • Laptops • Excursions and extracurricular activities. <p>Funding continues until the young person completes year 12. Individual student supports can be negotiated in partnership between the DCP regional director and SEDA College SA.</p>



	<p>A total of ten scholarships are available for year 11 students, with two scholarships in each of the following sports streams:</p> <ul style="list-style-type: none"> • soccer • netball • football (AFL) • cricket • basketball. <p>The scholarships are aimed at young people who are passionate about sport and are interested in working in the sporting industry. The carer must be able to demonstrate a commitment to support the young person's learning.</p> <p>In assessing a scholarship nomination, SEDA College SA will confirm the availability of the scholarship in the chosen sport stream and invite the young person and their carer to attend an information session, and an interview with the school principal.</p>	
<p>Pedare Christian College</p>	<p>Pedare Christian College is a co-educational R-12 Anglican and Uniting Church school located in Golden Grove.</p> <p>Year 6 and 7 students study Christian Life. All senior school students study Religion Studies as a compulsory subject. The carers and the child or young person are required to demonstrate a commitment to learning and have regard for the school's Christian values.</p> <p>In addition to standard core subjects, Pedare's curriculum includes specialist subjects. For a student commencing middle school (year 6 or 7), curriculum opportunities include:</p> <ul style="list-style-type: none"> • design technology • music (including instrumental lessons) • languages (Mandarin Chinese or German). <p>Senior school students may access specialist subjects in:</p> <ul style="list-style-type: none"> • food and hospitality 	<ul style="list-style-type: none"> • Full tuition • Annual package to cover <ul style="list-style-type: none"> • uniforms • technology requirements • textbooks • excursions and extracurricular activities, including sport or music lessons. <p>Individual student supports are to be negotiated between the regional director and Pedare.</p> <p>Once accepted, the scholarship will continue each year until the young person completes year 12.</p>



	<ul style="list-style-type: none"> • digital technologies • physical education • innovation and entrepreneurship • arts (drama, music, visual and media art) • German and Chinese • STEM (Science, Technology, Engineering and Mathematics). <p>The young person's most recent NAPLAN results, school report/s and relevant specialist reports should be provided with the nomination form.</p>	
Golden Grove Lutheran Primary School	Golden Grove Lutheran Primary School is located in Wynn Vale in the north eastern suburbs. The school has small class sizes and teacher aides to assist students with their learning. Golden Grove Lutheran Primary School offers a scholarship for an Aboriginal or Torres Strait Islander child in care to attend their school for years 5 and 6.	<ul style="list-style-type: none"> • Full tuition • Learning supports and support to participate in excursions (considered on an as needs basis) . <p>Additional support for children who have high level complex needs may be further negotiated between DCP and the school.</p>
Good Shepherd Lutheran School - Angaston	<p>Good Shepherd Lutheran School is a primary school in Angaston in the Barossa Valley offering five scholarships that can begin in any year level, subject to availability in classes. The scholarship will continue until the child completes their primary schooling.</p> <p>Good Shepherd promote small class sizes enabling individualised attention to support children's specific learning needs. The school's curriculum reflects their belief that each child learns differently and they have innovative, flexible learning environments and a dedicated nature and learning space on campus to promote outdoor creative play.</p>	<ul style="list-style-type: none"> • Full tuition • Learning supports and additional support for high level complex needs may be further negotiated between DCP and the school.
St Peter's Woodlands Grammar School	St Peter's Woodlands is a co-educational, Anglican, early learning and primary school located in Glenelg. St Peter's Woodlands offers four scholarships per year to children in care. The scholarships may begin in any year level and will continue	<ul style="list-style-type: none"> • Full tuition • Learning support • Uniform • iPad



	<p>until the child completes their primary schooling at the end of year 6.</p> <p>The curriculum includes dedicated learning support and extensive extra-curricular opportunities.</p>	
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Prepare and submit an application for a DCP school scholarship

For children and young people under the Guardianship of the Chief Executive (GCE)

The DCP case worker is responsible for discussing scholarship options and support needs with the care team, including carers or residential care staff, and providing them with the [DCP School Scholarship Program Fact sheet](#). If the care team agrees that a scholarship would benefit the child or young person, the case worker completes the appropriate nomination form—either the [CESA scholarship nomination form](#) (including the consent form) or the [Independent Schools nomination form](#). For children and young people living in family-based care, the nomination form must also be signed by the carer. This decision must be recorded in the child or young person's case plan. The completed nomination form is submitted to the manager for endorsement, who then forwards it to the regional director for approval. Once approved, the nomination form is emailed to the relevant school contact, with DCPScholarships@sa.gov.au copied in.

The school's scholarship contact will progress the nomination and may request a meeting with the child or young person and their carer. If a scholarship is offered, the case worker will receive an acceptance form to complete. The case worker completes and signs the form, encouraging family-based carers to co-sign, and returns it to the school. The case worker is then responsible for coordinating the remaining enrolment processes with the school.

For children and young people under Long-Term Guardianship (Specified Person) – LTG (SP)

The LTG (SP) guardian is responsible for reviewing scholarship options, discussing them with the child or young person (and senior practitioner if required), and consulting the [DCP School Scholarship Program Fact sheet](#). If the guardian believes a CESA scholarship would be beneficial, they need to complete the [LTG – SP CESA scholarship nomination form](#) (including the consent form) and forward it to the LTG (SP) Case Management Team. The LTG (SP) Case Management Team is responsible for reviewing and completing the DCP delegate details section on the last page of the nomination form. Once the DCP Delegate details have been completed and after ICT responsibilities have been discussed—the Senior Practitioner submits the nomination to DCPScholarships@sa.gov.au.

The school's scholarship program contact will then progress the nomination and may request a meeting with the child or young person and their carer. If a scholarship is offered, the guardian will receive an acceptance form to complete and return to the school. The guardian is responsible for coordinating all remaining enrolment processes and managing ICT-related expenses unless alternative arrangements have been made with the LTG (SP) Case Management Team.

Additional support for Catholic scholarship students

When a child or young person is identified as needing additional support at school, or when an assessment by the Disability and Development team is required, the DCP case worker should consider whether it is appropriate to speak with the child or young person at their school or another suitable location. In some situations, it may be more appropriate to observe the child or young person in the presence of a school staff member or teacher. If the DCP case worker or a member of the DCP Disability and Development team intends to visit the school, the [DCP Support Letter](#) must be provided to the school in advance. When attending, they must bring a copy of the letter and their DCP ID card.



Celebrate success

It is important to celebrate success for all children and young people in care. Celebrating successes helps children and young people to feel recognised and valued and is consistent with a [strengths based approach](#).



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

To support Aboriginal and Torres Strait Islander children and young people in developing their identity and sense of belonging, Aboriginal life story work can be used to talk about success in their learning. Celebrate these milestones by recording success at school in the child or young person's Aboriginal Life Story Book.

The child or young person, their carer and family members should be encouraged to celebrate educational achievements or milestones including (but not limited to):

- transitions between preschool, primary school and high school
- participation in extra-curricular activities
- increasing school attendance
- achieving an academic goal nominated by the child or young person (such as completion of an assessment task)
- transitioning to an apprenticeship.

Sharing school reports, certificates or notes from teachers with the child or young person's family may be an appropriate way of sharing their success and progress.

Manage transitions between schools

Manage transitions from primary to secondary school

The transition from primary school to secondary school is a critical time for all students. In the year prior to starting secondary school, the DCP case worker will be asked to submit a registration of interest form for the young person through the statewide transition process.

It is recommended that prior to the lodgement date for the young person's registration form, the DCP case worker, young person, carer, local SSS staff and current school discuss enrolment options, expectations, responsibilities and commitments. Young people in care will receive automatic entry to the first nominated school on their lodged registration form.

The primary school is responsible for ensuring there is a registration form completed for students enrolled in their final year of primary school by the lodgement date. The form is updated and statewide transition dates are determined annually by the Department for Education. When primary schools run the registration of interest form for their students, the form will indicate the young person's local (zoned) school based on their placement address. The DCP case worker can nominate up to three non-local secondary schools in addition to the local (zoned) school.

Manage transitions between schools

Wherever possible and appropriate, priority should be given to ensuring that the child or young person experiences the least possible disruption to their education. Continuity of in the child or young person's education supports:

- stability and predictability for the child or young person



- development and maintenance of key relationships with friends, education staff and other community members
- maintenance of cultural relationships and connection to culturally specific learning programs

The DCP case worker in partnership with the carer and care team should consider a range of options to support the child or young person to continue to attend the same school (such as transportation arrangements) where appropriate.

Where it is not possible or appropriate for the child or young person to continue attending the same school, the DCP case worker should:

- follow the school's enrolment procedures and work in consultation with education staff to provide transition support, including attendance at education planning meetings, and
- work in partnership with the child or young person, the carer, members of the child or young person's family and kinship networks, education staff and care team members to develop a transition plan.

When planning transitions between schools, the DCP case worker should consider:

- how the child or young person will be provided with an explanation of the reasons for the transition
- the timeframes for the transition
- how the child or young person, their carer, education staff and other care team members will support the child or young person to adapt to changes in their routine, environment and key relationships
- for Aboriginal and Torres Strait Islander children and young people, how the child or young person's Aboriginal or Torres Strait Islander cultural identity and connections will be integrated into transition planning
- how progress in implementing the transition will be monitored.

Respond to the suspension or exclusion of the child or young person

It is essential for the DCP case worker and the child or young person's carer to work collaboratively and proactively with schools and the care team to prevent suspension and exclusion wherever possible. Refer to 'Work in partnership with the child or young person's care team' in the Support the placement key step of the Supporting children and young people in care chapter of the Manual of Practice for further guidance about working with the care team and facilitating care team meetings.

The DCP case worker should consider convening a case conference (including DCP and education staff, carers, and other relevant professionals) when concerns develop about the child or young person's behaviour or attendance at school. The case conference should be used to:

- identify the behavioural concerns and explore factors which may be contributing to the situation
- plan interventions to support positive behaviour, maximise the child or young person's inclusion in school and accommodate their individual learning needs
- develop an agreed approach to responding to the child or young person's needs across their school and placement environments.

When the child or young person is at risk of suspension or exclusion, the DCP case worker should engage with the school and request a review of the One Plan to explore the full range of options available to support the student and minimise the likelihood of suspension or exclusion.

If a child or young person is suspended, the school may convene a Directions Conference, which is an opportunity to discuss the available options (including, if necessary, exclusion). The Directions Conference



should be attended by the DCP case worker and the carer. Following the Directions Conference, the child or young person may:

- return to the school
- be excluded for a period of four to ten weeks, during which time they will participate in an alternative learning plan and participate in a mid-exclusion review.

Information about suspensions and exclusions can be provided to the child or young person's carer using the [Suspension and exclusion information for parents and carers fact sheet](#).

Where the DCP case worker has assessed that the exclusion is not in the child or young person's best interests, they should lodge an appeal to the school against the exclusion, noting that:

- appeals can be made against the use of an exclusion, the length of an exclusion, the learning program offered, the conditions of an exclusion
- school staff must provide the documentation for DCP to appeal an exclusion at the Directions Conference
- the appeal must be lodged to the school principal within five school days of the decision to exclude.

Following the suspension or exclusion, the DCP case worker and carer are required to attend a Reconnection meeting with the child or young person's school to plan the child or young person's re-entry to the school, including positive behaviour and learning supports that will be put in place.

For guidance about the roles and responsibilities of the DCP case worker, the carer, residential care staff and Department for Education staff, refer to [Roles and responsibilities for supporting educational outcomes for children and young people in care](#).

Support the child or young person's participation in extracurricular activities

Children and young people should be supported to explore their interests, build on strengths, develop positive relationships and learn new skills through extracurricular activities.

Case planning, review and annual review meetings, care team meetings and placement visits are an opportunity to explore the child or young person's interests and strengths, as well as new activities they may wish to try. These discussions with the child or young person, carer and care team can include:

- extracurricular activities the child or young person currently enjoys
- interests they would like to pursue (for example, sports, hobbies, arts, community services and projects)
- options for supporting their participation (for example, registering with a club or team, attending information sessions or introductory classes, enrolling in classes or registering as a volunteer)
- for children and young people with a disability, options that may be available to support their inclusion and participation through NDIS funding
- planning how extracurricular activities will be managed alongside other commitments (such as education, contact arrangements, therapy/health appointments and other household members' commitments)
- details of how extracurricular activities will be supervised
- transportation arrangements
- how costs associated with the extracurricular activity (such as fees, uniforms, or equipment) will be managed, including any financial assistance required (for further guidance about managing costs associated with extracurricular activities, refer to [Who pays for what?](#)).



Planning to support the child or young person's participation in extracurricular activities, including any financial supports, should be included in the child or young person's [case plan](#).

Sports vouchers

The Sports Voucher program is a South Australian government scheme to reduce financial barriers to children and young people from Reception to year 9 to participating in sports, dance or swimming lessons. Sports Vouchers provide a discount of \$100 to contribute to the costs associated with these activities, such as membership fees or registration. The voucher can only be redeemed with approved providers. For further information about the Sports Voucher program, refer to the [Sports Vouchers website](#).

Karen Fitzgerald Grant

The Karen Fitzgerald Fund offers grants to support children and young people in care (and eligible care leavers) to support their access to activities that support their:

- confidence
- competence
- belonging
- wellbeing.

To be eligible for a Karen Fitzgerald grant, all available DCP funding options must have been exhausted.

To make an application for a grant, the DCP case worker should complete and submit the [application form](#). The application can be submitted at any time.

For more information, refer to the [Karen Fitzgerald grant application information guidelines](#).

Read to Me program

The Read to Me program has been designed to support children in care aged 0 to 6 years to develop language and literacy skills and encourage positive interactions between the child and their carer. The Read to Me project provides children with books at no cost to their carer.

DCP uses data extracted from C3MS to identify children aged under 7 years of age who are under the guardianship of the Chief Executive. The child will receive:

- an initial start-up pack of ten books
- a library bag
- supporting resources for carers.

After the initial start-up pack, the child will receive an additional three books each quarter in March, June, September and December. Books are specially selected based on the child's age at the time of distribution. The child will continue to receive books until they turn 7 years old (or until they leave care).

The distribution list uses the address recorded in the child's C3MS profile. The DCP case worker should ensure the child's address details are recorded correctly in C3MS to ensure that the child receives their book packs.

The DCP case worker should contact the [Strategic Projects team](#), Strategy, Partnerships and Reform Directorate for further information or if a child has not received their books.

Support the young person to access post-secondary education



Discuss education and training options with the young person

As part of transition from care planning, the DCP case worker should discuss options for the young person's engagement in further education or training. This should include:

- what the young person's interests, goals and aspirations are
- what learning pathways would best enable them to achieve their goals
- what support they require to apply for or enrol in their preferred learning pathways
- what supports the young person may need to successfully participate in post-secondary education or training.

Learning pathways and options for study, training and work experience can be explored with the young person through the South Australian Government [Student Pathways website](#).

Options for supporting or preparing the young person for post-secondary education should also be discussed as part of the development of the young person's One Plan. The young person and their carer should also be encouraged to seek assistance and advice to find out about specific educational pathways and programs relevant to the young person's interests and goals from their school.

Financial supports available for continuing education

Young people who remain in a family based care placement after age 18 years and who are enrolled in education may be eligible for the Over 18 Education Initiative. For further guidance about the Over 18 Education Initiative and other financial supports available for young people preparing for transition to adulthood, refer to [Develop the case plan to support transition from care](#) in the Transition to adulthood chapter of the Manual of Practice.

Support the young person to apply for University entry

Young people can apply for University through the South Australian Tertiary Admissions Centre (SATAC) through their [online application platform](#).

Support the young person to access university

Young people may be eligible for academic scholarships for university studies. For information about scholarships and other financial supports available, refer to the following university websites:

University	Website
Flinders University	<ul style="list-style-type: none"> • Flinders University website • Flinders University Scholarships
University of Adelaide	<ul style="list-style-type: none"> • Adelaide University Website • Adelaide University Scholarships
University of South Australia	<ul style="list-style-type: none"> • University of South Australia Website • University of South Australia Scholarships
Torrens University	<ul style="list-style-type: none"> • Torrens University Website • Torrens University Scholarships



Tabor	<ul style="list-style-type: none"> • Tabor Website
The Helpmann Academy	<ul style="list-style-type: none"> • Helpmann Academy Website

Support an Aboriginal or Torres Strait Islander young person to access university

A number of universities in South Australia offer programs to support Aboriginal and Torres Strait Islander young people who may not otherwise be able to qualify for university to prepare for university entry and access culturally appropriate supports. These programs remove institutional barriers to Aboriginal and Torres Strait Islander young people's participation in higher education and offer opportunities for them to reach their full potential through education pathways (in line with the [National Agreement on Closing the Gap](#)). The DCP case worker should refer to the respective universities' websites for information about Aboriginal and Torres Strait Islander university pathway programs:

- [University of Adelaide](#)
- [Flinders University](#)
- [University of South Australia](#).

Support the young person to access Vocational Education and Training (VET)

The VET sector enables students to gain qualifications for many types of employment, as well as specific skills to help them in the workplace, including accredited training in job-related and technical skills.

Senior school students can complete VET as part of their South Australian Certificate of Education (SACE). Students can gain recognition for up to 150 SACE credits at Stage 1 and/or Stage 2 for successfully completed VET. See the [SACE website](#) for more information about VET in SACE. If a young person is interested in becoming a school-based apprentice or trainee they can make an appointment with the school VET coordinator to discuss their options.

Young people in the custody or under the guardianship of the Chief Executive are eligible to have their fees waived for courses funded through the Government of South Australia's [Subsidised Training Initiative](#). Aboriginal and Torres Strait Islander young people can also access support through the [TAFE SA Aboriginal Access Centre](#), which includes a tutoring program for young people studying at Certificate III level or above.

Australian School Based Apprenticeships (ASbAs)

Australian School Based Apprenticeships (ASbAs) enable students to undertake an apprenticeship or traineeship in the final two years of their schooling. These students:

- attend school and study for their SACE while working towards a VET qualification through an approved Registered Training Organisation (RTO)
- undertake part-time paid employment in a workplace.

For further information, refer to the [Australian Apprenticeships Pathways website](#).

Australian Apprenticeships and Traineeships

Australian Apprenticeships (often referred to as apprenticeships or traineeships) offer opportunities to train, study and earn an income in a wide range of occupations and trades.

Australian Apprentices are usually employed under a federal or state award or agreement and are paid a wage. Australian Apprenticeships can be either full-time, part-time or school-based.

For further information, refer to the [Australian Apprenticeships Pathways website](#).



Subsidised training

Young people may be eligible for South Australian Government subsidised training. For details of eligibility criteria and lists of accredited courses that may be subsidised, refer to the [Skills SA website](#).

State Government Traineeships

A Traineeship combines paid work placement with formal training under a Contract of Training. Trainees are provided with work experience and receive a nationally recognised qualification.

Traineeships are open to people between the ages of 17-24 years (inclusive) who live in South Australia and have:

- completed year 11 or SACE Stage 1 (a small number of traineeships only require completion of year 10); or
- graduated from or are undertaking vocational training with a Registered Training Provider such as TAFE.

For further information, refer to the [Skills SA website](#).

Support the young person to gain employment

Support the young person to apply for employment

When supporting young people to engage in employment, consideration should be given to factors including but not limited to:

- the type of work
- working conditions
- hours of work, work pressures, work load and the potential impact on the young person's participation in education and extracurricular activities
- rates of pay
- how the young person will be supervised at work.

Under South Australian law children and young people aged between 6 and 16 years cannot be employed during the hours that they are required to attend school or at times that would negatively affect their attendance and participation in education (for example, late at night or early in the morning). Children and young people are also prohibited from working in certain industries. For further information, refer to the [SafeWork SA website](#).

If the young person is considering seeking employment, the DCP case worker, in partnership with the carer should consider what supports the young person needs to apply for jobs and enter the workforce.

Areas where the young person needs support may include (but are not limited to):

- identifying jobs or career pathways of interest
- searching for jobs
- preparing a resume or CV, including identifying referees
- writing application letters
- preparing for job interviews, including ensuring that the young person has appropriate clothing to wear to the interview
- applying for a Working with Children Check



- registering and engaging with job service providers.

Further information about seeking employment can be found on the South Australian Government [Student Pathways](#) website and the Australian Government [Workforce Australia website](#).

Prepare the young person for employment

The young person may also need support to prepare for employment, including (but not limited to):

- obtaining a [tax file number](#)
- opening a bank account
- understanding how to complete a tax return
- arranging transportation to and from their workplace.

Before beginning employment, the young person, and their carer or senior youth worker should ensure they are clear and in agreement about how money earned by the young person will be managed. Considerations include (but are not limited to):

- whether the young person may choose to do what they like with all the money earned or only part of it
- whether the young person has to save a certain proportion
- whether the young person has to buy certain items with their wages.

The young person's participation in paid employment should be monitored regularly to ensure that it continues to be in their best interests.

Support the young person to understand their employment rights

The DCP case worker should support the young person to understand their employment rights. For further information, refer to the South Australian Government's [Rights at Work webpage](#).

15. Support the development of the child or young person's identity

Children and young people who come into care often experience significant disruption to their life. Depending on their developmental capacity, their understanding of their experiences and the reasons for their entry into care can vary significantly. Children and young people in care may not have access to stories about their early childhood, items of significance (such as photographs or mementos) or contact with adults with knowledge about their early life.

The DCP case worker, carer and the care team play an important role in supporting the child or young person's identity development. This includes life story work.

Support the child or young person's identity development

Support the child or young person's sense of connection and belonging

Experiences of acceptance, respect and feeling valued support children and young people's positive identity development and provides them with a sense of safety and security. This in turn supports children and young people to develop confidence, explore their world, learn, and develop resilience.

Children and young people's sense of identity, connection and belonging can come from a range of relationships, environments and experiences, including:

- placement
- family and kinship networks



- friendships
- cultural community (where applicable)
- religious community (where applicable)
- school
- extracurricular interests and activities.

Case planning and transition planning (where relevant) should include discussions with the child or young person, the carer and the care team to explore the following:

- who the child or young person regards as important and why
- where and with whom the child or young person feel safe, valued and respected
- how the child or young person maintains relationships with important people or places
- other ways that connections with important people or places can be supported.

Creating or updating an ecomap with the child or young person as part of life story work, in preparation for case planning, review or annual review, or as part of transition planning can be an effective way of facilitating these discussions. For further guidance regarding ecomaps, refer to the [Systems Theory Practice Paper](#).

Explore the child or young person's strengths and interests

Recognising and celebrating children and young people's strengths supports them to feel valued and respected. Cultivating their strengths and developing interests is also a key way that children and young people can express their identity or experience a sense of accomplishment (such as learning a new skill).

Children and young people can be encouraged to identify and explore their strengths and interests through a variety of experiences, including (but not limited to):

- play, recreational activities and hobbies
- education
- cultural activities
- organised sports, clubs or other groups.

Placement visits, case planning, review and annual review are opportunities to explore the child or young person's likes and dislikes, strengths and skills. Key points to explore and discuss with the child or young person and their carer can include:

- what the child or young person good at
- what the child or young person is currently interested in and how they pursue their interests
- what skills or knowledge the child or young person is interested in developing
- how the carer can support the child or young person's strengths and interests
- experiences and activities the child or young person can be exposed to in their placement or other settings to encourage curiosity or further interests.

Support the child or young person to understand the reasons for their entry into care

Coming into care can be a distressing and confusing experience for some children and young people.

Providing them with a developmentally appropriate and consistent explanation of the reasons for their entry into care is an important part of identity development and life story work.



The DCP case worker should ensure that:

- discussions about the child or young person's entry into care are planned in partnership with the child or young person's carer, the child or young person's treating psychologist or therapist (where applicable) and the care team
- the explanation given to the child or young person is developmentally appropriate
- the child or young person receives reassurance that their entry into care was not their fault
- the discussion is revisited as the child or young person grows older, and the explanation provided to them is reflective of their developmental capacity and maturity level
- the child or young person knows they can speak to the carer and/or DCP case worker or another trusted person if they have questions or concerns
- appropriate support is available to the child or young person to process the information and their emotional response.

For complex cases, it is recommended that the DCP case worker consult with a practice leader. For Aboriginal and Torres Strait Islander children and young people, consultation with a PAC is recommended. For children and young people from CALD backgrounds, consultation with DCP Multicultural Services is recommended. If the child or young person has a disability which may have an impact on their capacity to understand or communicate during life story work, consultation with a DCP disability consultant or any disability professionals working with the child or young person is recommended.

Support the child or young person to learn about their family

Genograms can be useful tools for supporting children and young people to learn about their family and kinship networks. Updating genograms with the child or young person as part of case planning and review, during life story work and when planning placement transitions can support discussions about:

- who is in the child or young person's family
- important relationships
- the child or young person's sense of belonging within their family or kinship networks.

Children and young people may also express interest in learning about members of their family they do not have a relationship with, such as biological parents or grandparents. While the child or young person may not wish to make contact or develop a relationship with an individual, they may be interested in learning information about them to gain a greater understanding of their family history or cultural background. The DCP case worker should in partnership with the child or young person consider:

- whether the child or young person wishes to learn information about members of their family with whom they are not in contact
- options for ascertaining this information (for example, through the child or young person's family or kinship networks)
- how this information will be provided to the child or young person.

If there are concerns about sharing specific information about the child or young person's family, it is recommended that the DCP case worker consults with their supervisor and in complex cases, a practice leader, the child or young person's therapist or a DCP psychologist.

Support the child or young person's attendance at family events

A decision about supporting the child or young person's attendance at a family event (such as a funeral or other special occasion) should take into consideration:



- the potential impact on the child or young person's safety (for example, if one of the attendees is the subject of a written direction)
- the potential impact on the child or young person's psychological and emotional wellbeing (for example, if attending the event and having contact with members of their family or kinship networks is likely to create significant distress for the child or young person)
- the child or young person's familiarity with those who will be in attendance
- whether there are options for mitigating the potential negative impact on the child or young person (such as the child or young person attending with a familiar and trusted adult).

A decision about whether the child or young person should be supported to attend a family event should be made in partnership with the child or young person, their carer, the child or young person's parents, family and kin (where appropriate) and other relevant parties. For guidance about making decisions, refer to [Work in partnership to make decisions about the child or young person](#).

Undertake life story work

Life story work is a process through which the child or young person is supported to make sense of their experiences and their history, which includes both their positive experiences and relationships, and their experiences of trauma, rejection, grief, loss and poor and disrupted attachment relationships. The goal of life story work is to support the child or young person to form a positive, coherent life narrative about themselves. For further guidance about the purpose of life story work, refer to the [Life story work and life story books Practice Paper](#).

Cultural context forms an important part of the child or young person's life story and their sense of identity.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

The child or young person's family are the experts in the child or young person's identity and connections. Maintaining partnerships with the child or young person's family and enabling participation of the child, young person and their family in [family led decision making](#) processes recognises the important role they can play in the child or young person's life story work and identity development.

Cultural identity, connection to Aboriginal family, kin and community, spirituality, participation in cultural practices and ceremony, and being on Country play an important role in supporting Aboriginal and Torres Strait Islander children and young people's development of a positive narrative about themselves and their experiences. For advice about integrating Aboriginal and Torres Strait Islander cultural identity and connection into life story work, it is recommended that the DCP case worker consult with an Aboriginal practitioner or PAC. For further guidance about exploring cultural identity with Aboriginal and Torres Strait Islander children and young people in the context of life story work, refer to [Identify and respond to the cultural needs of Aboriginal children and young people](#) in this chapter of the Manual of Practice.

For children and young people from CALD backgrounds, connection to their family and community of origin, practicing their religion (where applicable), speaking their language and participating in cultural practices are important to the development of a positive narrative about themselves and their experiences. For advice about integrating CALD cultural identity and connection into life story work, it is recommended that the DCP case worker consult with DCP Multicultural Services. For further guidance about exploring cultural identity with children and young people from CALD backgrounds, refer to [Identify and respond to the cultural needs of children and young people from a culturally and linguistically diverse \(CALD\) backgrounds](#) in this chapter of the Manual of Practice.



Developing a life story is an ongoing process throughout the child or young person's time in care and should be planned, trauma-informed, and responsive to the child or young person's needs.

Plan and prepare for life story work

Life story work requires careful planning to ensure that the child or young person is supported to work through potentially sensitive or triggering topics. When planning life story work, the DCP case worker should consider:

- how they will approach sensitive or potentially triggering topics with the child or young person in a developmentally appropriate manner
- how life story work will progress over time to address more in-depth or challenging topics with the child or young person
- what strategies will be implemented to support the child or young person through these discussions.

The DCP case worker should consider options for when and where life story work will take place. Life story work can be done in multiple places, including (but not limited to):

- home visits
- therapy sessions
- family contact (if appropriate)
- care team meetings.

Refer to 'Work in partnership with the child or young person's care team' in the [Support the placement](#) key step of the Supporting children and young people in care chapter of the Manual of Practice for further guidance about care team meetings.

Life story work should be done with someone who the child or young person trusts. This can include the DCP case worker, their carer/s, family members, kin and other supports (such as therapists) in the child or young person's networks.

The child or young person should be given the choice as to whether they wish to collate their life story and if so, in what way. Life stories can be represented in a variety of mediums including hard copy books, scrapbooks, albums, treasure boxes or by digital means. Aboriginal and Torres Strait Islander children and young people should be supported to keep an Aboriginal Life Story Book. For further guidance about ordering an Aboriginal Life Story Book, refer to [Identify and respond to the cultural needs of Aboriginal children and young people](#) in this chapter of the Manual of Practice.

The frequency of life story work may differ depending on the child or young person's circumstances. The DCP case worker should discuss plans for undertaking regular life story work with the child or young person, carer and family members. Details of who will support the child or young person to do life story work and how life story work is stored should be recorded in the child or young person's [case plan](#).

When planning life story work, the DCP case worker should consider consulting with relevant professionals such as the child or young person's therapist, a DCP psychologist or practice leader. For advice about supporting culturally responsive life story work, it is recommended the DCP case worker seek advice from:

- a PAC for Aboriginal and Torres Strait Islander children and young people
- DCP Multicultural Services for children and young people from CALD backgrounds.

In cases where the child or young person is moving between placements, planning should include considerations for how the child or young person's life story book or other items of significance will move with them and how life story work can be used to support the child or young person with their transition to their new placement.



Support the carer to contribute to life story work with the child or young person

The DCP case worker must work closely with the child or young person, their family and carers to gather information to inform the child or young person's life story. It is important to encourage carers (including residential care staff) to regularly take photographs and keep mementos for the child or young person.

The DCP case worker should consider how to best support the carer to contribute to the child or young person's life story work. This includes:

- explaining the purpose of life story work and how it supports the child or young person's recovery and healing from trauma
- assessing what information should be shared with the carer about the child or young person's family and cultural background, trauma history, reasons for coming into care and previous care experiences (for further guidance regarding considerations for sharing information, refer to [Share information](#) in the Information gathering and sharing chapter of the Manual of Practice)
- what role the carer will play in compiling, recording and storing photographs, mementos, or other items of personal significance to the child or young person.

Support the child or young person to do life story work

When doing life story work with the child or young person, the DCP case worker should consider giving the child or young person a choice of topics to work on. This can help give the child or young person more choice and control and support their engagement. This may mean that not all life story work will be done in chronological order, and it may be necessary at times to take breaks or to re-visit topics at a later date.

Life story work can be empowering and positive, but also challenging for the child or young person, as it may remind them of difficult experiences. It is essential that those around the child or young person provide support and validate the range of feelings they may be experiencing. For strategies for responding to the child or young person's psychological and emotional needs during life story work, the DCP case worker should consider seeking advice from the child or young person's therapist, or a DCP psychologist.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

It is important for DCP case workers to recognise the strengths provided by the child or young person's culture and identity. For Aboriginal and Torres Strait Islander children and young people, reflection on their cultural journey is an important and empowering part of life story work. This includes supporting them to build a positive narrative about themselves, including what they are most proud of about their culture, knowing their family tree and identifying what connects them to their community and Country. Increased knowledge of and participation in culture through life story work can support healing and increase protective factors including resilience, self-esteem and feelings of pride.

It is important to ensure that life story work is undertaken on a regular basis throughout the child or young person's time in care. This enables the child or young person to continue to develop their life story as they mature and as their understanding of their experiences deepens over time.

For further guidance about life story work, refer to the [Life story work and life story books Practice Paper](#).

Monitor and record the progress of life story work

Plans for life story work, including planned outcomes, strategies to be used to support life story work, and details of who will be involved with life story work should be recorded in the child or young person's [case plan](#). Life story work should be monitored regularly and progress should be recorded in C3MS. Progress on



life story work, including positive impacts and challenges experienced by the child or young person during life story work, may be discussed at placement visits, care team meetings and through contact with the child or young person, their carer, family members and other significant people. Progress on life story work should also be considered as part of [case plan reviews](#) and [annual reviews](#). For further guidance, refer to the [Case planning, review and annual review](#) and [Transition to adulthood](#) chapters of the Manual of Practice.

Support the child or young person to explore their gender identity

Exploration of gender identity and sexual orientation is a normal part of child and adolescent development. It is important to provide children and young people with a safe, affirming and supportive environment that enables them to share their views about their identity and their feelings without fear of judgement or shame.

The DCP case worker should work in partnership with the child or young person's carer to support the child or young person in their placement as some carers may require additional support, learning opportunities or information about gender and sexuality. Where appropriate, the DCP case worker should ensure that sex, gender and identifying information in C3MS is recorded appropriately in accordance with the child or young person's wishes (for further guidance, refer to [C3MS – Sex and Gender Instructions](#)).

For detailed guidance regarding gender identity, sexual orientation and practice considerations for working with young people who identify as LGBTIQ+, refer to the [Supporting children and young people who identify as LGBTIQ+ Practice Paper](#).

It is recommended that the DCP case worker seek advice and consult as required with a practice leader, PAC (for Aboriginal and Torres Strait Islander children and young people and carers), DCP Multicultural Services (for children and young people from CALD backgrounds) or DCP disability consultant for advice on responding to the young person's unique support needs.

Information about the child or young person's exploration of their gender identity and sexual orientation should, where appropriate, be included as part of their case plan. Gender identity, sexual orientation and sexual and reproductive health should be included as part of case planning for transition to adulthood. This may include making appropriate referrals to therapeutic or community supports. For further guidance, refer to the [Transition to adulthood chapter](#) and the [Case planning, review and annual review chapter](#) of the Manual of Practice.

16. Support the child or young person to obtain legal proof of identity documents

Legal proof of identity documents are formal records that provide evidence of:

- name
- date of birth
- sex and/or gender
- place of birth and nationality
- citizenship
- address

Proof of identity documents are used for a variety of purposes, including (but not limited to):

- supporting the child or young person to enrol in childcare or school
- obtaining a driver's licence



- travelling internationally
- opening a bank account
- accessing government payments or services
- citizenship applications for Unaccompanied Humanitarian Minors.

The DCP case worker is responsible for ensuring that the child or young person has necessary proof of identity documents and that these are stored appropriately.

As part of the process of obtaining proof of identity documents, the DCP case worker should confirm with the child or young person, their parents, family and the carer that details of the child or young person's cultural identity are recorded accurately.

Register the birth of the child or young person

It is the responsibility of the parents of the child to complete and submit a [Birth Registration Statement \(BRS\)](#) to register the birth of their child. Babies must be registered within 60 days of their birth. Registration is free of charge. Where the child or young person's is under the custody or guardianship of the Chief Executive and their birth is not registered, DCP should support the parents to ensure this is completed.

Both parents of the child or young person must sign the birth registration statement. The BDM Registrar may accept a BRS from one parent if satisfied that it is impossible, impracticable or inappropriate for the other parent to join or be required to join in the application whether because of:

- their death, disappearance, ill-health or unavailability
- the need to avoid unwarranted distress
- for some other reason.

If attempts to support the child or young person's parent/s to lodge a BRS are unsuccessful, DCP may lodge a birth registration statement. The BDM Registrar will only accept a BRS from DCP if satisfied that the person lodging the statement has knowledge of the relevant facts and the child or young person's parents are unable or unlikely to lodge a BRS.

When registering the child or young person, BDM must also have regard to the *Family Relationships Act 1975* in relation to how the child or young person was conceived and who are considered the parents by law.

If DCP has contact details for one parent:	<ul style="list-style-type: none"> • BDM will always attempt to contact both parents to seek their signature for the purpose of registering the birth • If there is no DNA testing and BDM can only obtain the mother's signature, BDM will accept her response to the fertilisation question and no father will be included. The child's name will be registered according to the name the mother has written on the BRS, not what is recorded on the Youth Court order • If there is no DNA and only the father signs, BDM will advise them that they require DNA testing prior to registering the child's birth • If DNA testing has occurred and only the confirmed father signs, BDM will accept their response to the fertilisation question and the child's name will be registered according to the name the father has written on the BRS, not what is recorded on the Youth Court order.
If DCP have no contact details for either parent:	<ul style="list-style-type: none"> • If there is no DNA evidence BDM will allow DCP to register the birth but the father's details will not be included on the birth registration. The fertilisation question does



	<p>not need to be answered. The child's name will be registered according to what is recorded on the Youth Court order.</p> <ul style="list-style-type: none"> • If there is DNA evidence BDM allow DCP to register the birth and father's details to be included on birth registration. DCP must provide a Statutory Declaration stating they were unable to contact either parent to ensure there is a record of why the birth was registered to include father's details, without the fertilisation question being answered.
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When lodging a BRS, the DCP case worker must:

- provide opportunity for the parent to provide all known information about the parentage of the child
- include details of both parents of the child (where this is known)
- ensure that both parents sign the required parts of the statement
- confirm with both parents if the child was conceived via a fertilisation procedure
- provide opportunity for a parent to acknowledge parentage prior to stating the father is unknown
- provide a copy of the Youth Court order, Voluntary Custody Agreement or instrument of guardianship
- provide a Statutory Declaration if one or both parents have not signed the BRS, advising BDM of the circumstances and reasons DCP is lodging the BRS.

The Statutory Declaration will provide the DCP case worker's statement to record the outcome of an interview and/or discussions with a parent or both parents interview. BDM require this information to register the child where only one or no parent/s have signed the BDM. For example, *"the mother named XXXX (date of birth) confirmed with me that pregnancy was not due to fertilisation procedure and is not the cause of her pregnancy. The mother named XXXX (DOB) as the biological father of the child and there is DNA evidence to support this."*

For further information about how to register a birth, refer to [Births, deaths and marriages](#).

Apply for a birth certificate

To apply for a birth certificate from Births, Deaths and Marriages for the child or young person under the custody or guardianship of the Chief Executive, the DCP case worker should prepare the following documents:

- [letter to BDM – child under CE custody or guardianship](#) signed by the supervisor
- a copy of the supervisor's SA Government identification badge
- a copy of the Youth Court order, Voluntary Custody Agreement or instrument of guardianship
- if applying for a birth certificate of a parent or grandparent for a child or young person born interstate, a copy of the child or young person's birth certificate.

Applications must be submitted through the [BDM Online Services – Online Certificate Application](#) form.

The DCP case worker should:

- liaise with the business manager to assist with payment of the fee (noting that DCP is required to pay half the standard fee to receive a copy of a birth certificate)
- place the original copy of the birth certificate in the front section of the child or young person's 85 File (hardcopy client file)



- upload a scanned copy of the child or young person's birth certificate to their C3MS profile and attach in a case note in the 'Notes and Documents' section, using the "Identification" note category
- provide the child or young person's carer with a certified copy of the birth certificate but retain the original
- in circumstances where the child or young person's carer requires the original birth certificate to complete a specific task, provide the birth certificate on request and ensure it is returned to the DCP office.

If the child or young person moves between placements, the DCP case worker must arrange for the carer to return the certified copy of the birth certificate.

When the child or young person transitions from care, the DCP case worker must retain a **certified copy** of the birth certificate in the front section of their 85 File (Client File) and provide the original copy of the birth certificate to:

- the young person - where the young person is transitioning from care at 18 years
- the child or young person's guardian - where the child or young person is placed under the long-term guardianship of a specified person
- the child or young person's parent - where the child or young person returns to the care of a parent.

For children and young people born in another jurisdiction, the DCP case worker should request the information directly from the responsible agency. For further guidance about requesting information held by interstate bodies and persons, refer to [Gather information from interstate or Commonwealth agencies](#) in the Information gathering and sharing chapter of the Manual of Practice.

Children and young people who have entered Australia as refugees or asylum seekers may not have a birth certificate. In these cases, the child or young person's [Australian Convention Travel Document \(CTD\)](#) or [Certificate of Identity \(COI\)](#) should instead be obtained. CTDs and COIs are biometric travel documents and the only certificate of identity recognised for non-citizens in Australia. The child or young person's surname on the certificate of identity may be different from that of their birth parents and may identify them as belonging to a particular tribal or ethnic group. For support with obtaining these documents, it is recommended that the DCP case worker consult with DCP Multicultural Services for advice about obtaining proof of identity documents.

Support the child or young person to obtain a passport

All children and young people under the guardianship of the Chief Executive should be given the opportunity to hold a passport.

An application for the child or young person to obtain a passport can be lodged at any time and may occur independently to overseas travel plans being made or finalised (refer to [Support the child or young person to travel](#) in this chapter of the Manual of Practice).

The process to apply for a passport can be complex. If there is a plan for the child or young person to travel overseas it is essential to allow sufficient time:

- to gather necessary documents to support the application
- for the passport application to be processed by the Australian Passport Office (approximately six to eight weeks).

If issues arise when lodging the child passport application for the child or young person, contact the Australian Passport Office (131 232) for guidance.

Obtain all necessary documents

The following documents are needed to support a passport application:



Forms

- Australian passport child application form
- [Form B10](#) – “Statement under the Passports Act 2005: child subject to an order made under state or territory welfare law”.

Identity documents

- Original birth certificate for the child or young person (refer to the ‘Apply for a birth certificate’ section in this key step)
- Current passport (if one is held)
- Proof of citizenship (refer to the ‘Support the child or young person to obtain evidence of Australian citizenship’ section in this key step)
- Original Australian travel document (for children and young people of refugee background – DCP Multicultural Services can support DCP case workers to obtain these)
- Change of name certificate (if applicable)
- Colour photographs signed by appropriate guarantor.

Youth Court order

- Copy of the Youth Court order (a copy of the sealed order is acceptable; originals do not need to be sought from the Youth Court)
- Record of transfer between child protection agencies (if applicable).

Apply for evidence of Australian citizenship

If DCP is not able to obtain any of the [documents listed to provide as evidence of the child or young person’s Australian citizenship](#), the DCP case worker must make a separate application to the Australian Government Department of Home Affairs (DoHA) to obtain evidence of citizenship. Refer to the ‘Support a child or young person to obtain evidence of Australia citizenship’ section in this key step.

Applications for Aboriginal and Torres Strait Islander children and young people

If the child or young person is Aboriginal or Torres Strait Islander and does not have evidence of Australian citizenship, an application to DoHA is not required. The DCP case worker should contact the Australian Passport Office (131 232) for advice about what other documentation may be provided to support the passport application. For example, in some instances, the Australian Passport Office may accept a letter on an official letterhead from a:

- community Elder
- community leader
- community council
- church mission
- an associate Aboriginal or Torres Strait Islander body
- a government body.



Complete application forms

Application for an Australian Passport	<p>An Application for an Australian Passport can be completed online and printed for lodgement. A blank application form can also be collected from an Australia Post passport agency.</p> <p>The DCP case worker submitting the passport application must complete and sign section 17 of the passport application. This should be the same person who is listed as being authorised to lodge the application in section 6 of the Form B-10.</p> <p>Children and young people aged ten and older must also sign the application form.</p> <p>The application form should be reviewed by the supervisor prior to submission to the office manager for approval.</p>
Form B10	<p>The DCP office manager is required to sign section 8 of the Form B-10.</p>

Refer to [Quick reference: lodging a passport application for a child or young person](#) for further guidance about completing and submitting a passport application.

Record approval of passport application in C3MS

The DCP case worker must record that approval has been given for the child or young person to obtain a passport as a note in the current phase of the child or young person's case in C3MS with a copy of the signed documentation (passport application and B10). The note must have a clear and meaningful description in the subject line to ensure that it can be easily found and retrieved.

Lodge the passport application

All passport applications must be lodged in person by a DCP employee (in most cases the DCP case worker).

Applications can be lodged at:

Location	Contact details
Accredited Australia Post outlets	Visit the Australia Post website or call Australia Post on 137 678 to find the nearest accredited outlet, noting that some outlets may require an appointment.
Australian Passport Office	Call the Australian Passport Information Service on 131 232 to book an appointment. Due to high demand, it can take several weeks to obtain an appointment.

The DCP employee who is authorised to lodge the application must attend the passport interview and is required to bring:

- all documentation required to support the passport application
- proof of the DCP employee's own identity (current driver's licence and DCP identification).

If the passport application is for a young person aged 16 or 17 years, the young person must accompany the DCP case worker to lodge their passport application.

DCP must pay the standard passport fees at the time of lodging the application. The DCP case worker should seek assistance from the office business manager to arrange payment.



If the passport application is lodged at an Australia Post outlet and issues are raised by Australia Post staff, the DCP case worker should advise the Australian Post staff to contact the Passport Office for clarification by telephoning 131 232.

If the Passport Office requires additional information after lodgement, they will contact the DCP employee listed in section 7 of the Form B10.

Collect and store the passport

The DCP office address must be entered in section 3 of the Form B10 to ensure the passport is delivered to the DCP office.

The passport number must be recorded in C3MS under the Associated Numbers section located in the 'Personal Details' section of the child or young person's Profile. A copy of the identity page of the child or young person's passport must also be scanned and uploaded to C3MS.

In most long-term family based placements, it will be appropriate for the passport to be held by the carer. If the child or young person transitions to another placement, the DCP case worker must arrange for the carer to return the passport to DCP.

In all other care arrangements, the passport should be held in the child or young person's case file when not in use for travel.

Support the child or young person to obtain evidence of Australian citizenship

A person is required to provide evidence of Australian citizenship to apply for a passport. If the DCP case worker is not able to obtain the required evidence of the child or young person's Australian citizenship, they must make an application to the Australian Government Department of Home Affairs (DoHA) to obtain evidence of citizenship.

The approval of the office manager must be sought to initiate an application.

Confirm the child or young person's eligibility to obtain a citizenship certificate

The child or young person is eligible to obtain a citizenship certificate if they were:

- previously issued with an Australian citizenship certificate or extract (or on a parent's citizenship certificate)
- born in Australia on or after 20 August 1986, and were ordinarily resident in Australia for the first ten years after they were born
- born in Australia on or after 20 August 1986 and at least one of their parents was an Australian citizen or permanent resident at the time of their birth
- adopted in Australia and acquired Australian citizenship
- born outside Australia and acquired Australian citizenship by descent.

Apply for a parent or grandparent's birth certificate as evidence of citizenship by descent

If using evidence of the child or young person's citizenship by descent, the DCP case worker must obtain a copy of the parent or grandparent's birth certificate. Where possible, the DCP case worker should contact the child or young person's parent or grandparent and request a copy of their birth certificate. If a birth certificate is not able to be obtained from the parent or grandparent, an application can be made to the Registrar of Births, Deaths and Marriages for a copy of the birth certificate. This must include the following documents:



- a [letter to BDM - birth certificate of parent or grandparent](#) signed by the supervisor
- a copy of the supervisor's SA Government identification badge
- an [Application Form: Birth, Death, Marriage or Change of Name Certificate](#).

An application should be sent by email to bdmagencyapps@sa.gov.au.

DCP is required to pay the standard fee to receive a copy of a birth certificate. The DCP case worker should seek assistance from the office business manager to arrange payment.

If the child or young person's parent was born interstate, the DCP case worker should contact the Registrar of Births, Deaths and Marriages in the relevant state or territory to discuss the application process.

Obtain supporting documents

To lodge an application for the child or young person to obtain a citizenship certificate, a range of documentation must be provided to prove their identity and their eligibility for citizenship. Refer to the [Department of Home Affairs](#) for further details.

If these documents are unavailable or unable to be located, a cover letter should be attached to the application explaining:

- the child or young person's guardianship status
- efforts that have been taken to locate the relevant documents
- the reason why the documents are unable to be obtained.

All documents that are not in English must be provided with an official translation. Refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#) and the [NAATI website](#) for further information about obtaining translations of documents.

The DCP case worker should copy, certify and attach the required documents to the application. The certified copy must be authorised as being a true copy of the original document by an appropriate authority. The list of professions that can certify a document is available on the application form.

Complete the application form

The DCP case worker should complete the application [online](#).

DCP must pay the standard fees at the time of lodging the application. The DCP case worker should seek assistance from the office business manager to arrange payment.

Store the citizenship certificate

The original copy of the child or young person's citizenship certificate must be stored in the front section of their 85 File (Client File) and a scanned copy recorded in their C3MS profile attached in a case note in the 'Notes and Documents' section, using the 'Identification' category.

When the child or young person leaves care, the DCP case worker should retain a **certified copy** of the citizenship certificate in the front section of their 85 File (Client File) and provide the original copy of the citizenship certificate to:

- the young person, where the young person is transitioning to adult life
- the child or young person's guardian, where the child or young person is placed under the long-term guardianship of a specified person
- the child or young person's parent, where the child or young person returns to the care of a parent.



Proof of Aboriginal or Torres Strait Islander identity

Aboriginal and Torres Strait Islander children and young people may be required to provide proof of Aboriginal or Torres Strait Islander identity when applying for Aboriginal specific programs such as:

- grants
- university programs
- Aboriginal-specific Centrelink or housing programs
- employment
- school programs

Universities and government agencies will specify what supporting information or documents are accepted as evidence of Aboriginal identity. This is often a letter from an incorporated Aboriginal or Torres Strait Islander organisation confirming the child or young person's relationship to their Aboriginal or Torres Strait Islander community of origin and stamped with their common seal. For further information, refer to the [AIATSIS website](#).

17. Support the child or young person to change their name

A child or young person's name is an important part of their identity and connection with their family and community. Whilst it is encouraged that children and young people retain their birth name while they are in care, some children and young people express a wish to informally change their name (first, middle or family). There may also be cultural protocols observed by the child or young person's family which require the infant, child or young person to be known by a different name (for example, in some Aboriginal and Torres Strait Islander families and communities restrictions are placed on the use of a deceased individual's name).

DCP may receive a request to formally change the name of a child or young person under the guardianship of the Chief Executive or under the long-term guardianship of a specified person under section 91 of the *Children and Young People (Safety) Act 2017* (CYPS Act). This includes children and young people under the short-term guardianship of the Chief Executive, or a specified person, who have been under such orders for a period of at least 24 months (pursuant to sections 53(1)(e) and (f) of the CYPS Act). An application to change the name of the child or young person where a long-term order is not in force should only be made in exceptional circumstances with input from DCP Legal.

Pursuant to section 25A of the *Births, Deaths and Marriages Registration Act 1996*, the Chief Executive may direct the Registrar of Birth Deaths and Marriages (the Registrar) in writing to register a change of name of the child or young person to whom section 25A applies. This pathway for changing the child or young person's name should be used when:

- the child or young person is under the guardianship of the Chief Executive until they are 18 years of age, pursuant to an order of the Youth Court under the CYPS Act (Section 53(1)(g)); or
- the child or young person is under the guardianship of a specified person/s until they are 18 years of age, pursuant to an order of the Youth Court under the CYPS Act (Section 53(1)(h)).

For an overview of the process, refer to the [Support the child or young person to change their name flowchart](#).

In situations where there is an intention to seek an order for long-term guardianship to the Chief Executive or to a specified person, an order requesting the change of name may be included as part of the application



to the Youth Court. For further information about the process, refer to 'Include a change of name request within a Youth Court application for long-term guardianship' section in this key step.

Assess a request to change a name

Requests for the issue of a Direction to change the name of the child or young person under the guardianship of the Chief Executive (under section 53(1)(g)) are prepared and submitted by the DCP office or team with case management responsibility for the child or young person in the [digital workspace](#). For children and young people under the long-term guardianship of a specified person/s, this should be undertaken by the Long-term Guardianship (Specified Person) Case Management team.

If the child or young person is under the long-term guardianship of another person (LTGSP) pursuant to an order under section 53(1)(f) the CYPS Act, the long-term guardian should submit an application to the Long-term Guardianship (Specified Person) Case Management team using the [Application to Chief Executive to change a child or young person's name form](#). The Long-term Guardianship (Specified Person) Case Management team is responsible for undertaking the steps outlined below.

If the young person is under the short-term guardianship of a specified person under section 53(1)(h), the request should be submitted to the DCP office with case management responsibility for the child or young person.

Gather information and confirm that legislative requirements have been met

Upon receiving a request from a child or young person to change their name, or upon receiving an application from a LTGSP guardian to change a name, steps must be taken to gather information as required by section 25A of the *Birth, Deaths and Marriages Registration Act 2017* for the Chief Executive's consideration and decision.

The Chief Executive must (unless the Chief Executive is of the opinion that it is not appropriate to do so):

- ascertain, and have regard to, the views of the child or young person (if any) in respect of the proposed change of name
- take reasonable steps to notify the parents of the child or young person of the proposed change of name
- have regard to any submission made by the parent of the child or young person in respect of the proposed change of name.

The above information must be set out in a briefing to the Chief Executive and include a recommendation from the DCP office or LTGSP Case Management Team as to whether they consider the change of name is in the child or young person's best interest.

Obtain the child or young person's views

The DCP case worker must seek the child or young person's views about the proposed change of name where this is age and developmentally appropriate. While discussing the proposed change of name with the child or young person, the DCP case worker should discuss the following:

- if the child or young person has requested the change of name themselves, the reasons for the request
- what the child or young person sees as the positive impact of the proposed change of name (for example, affirming their sense of belonging with the carer, strengthening or affirming their cultural identity)
- any potential negative impacts the child or young person sees as a consequence of the proposed change of name
- whether the child or young person has discussed the proposed change of name with their family, carers, siblings or other parties.



Details of consultation with the child or young person should be recorded as a case note in C3MS.

If the child or young person is unable to provide their views on the proposed change of name, due to age or disability, the rationale must be provided as part of the submission to the Chief Executive seeking the Direction to change the child or young person's name.

Take reasonable steps to notify the child or young person's parents

Reasonable efforts must be made to contact the child or young person's parent/s and have regard to their views with respect to the change of name. Where it is assessed that making contact with one or both parents would present a potential risk to the child or young person, consultation with DCP Legal is strongly recommended.

Reasonable efforts can be defined as:

- contacting the family or friends of the parent/s and asking for the parent's contact details
- checking telephone directories for the parent's contact details
- facilitating a Centrelink search for the parent's contact details
- checking the electoral roll for the parent's residential/postal address
- sending correspondence to the parent's last known residential/postal address and not receiving a reply or having mail 'returned to sender'.

Efforts taken to locate parents should be recorded in C3MS.

In situations where it has been assessed that the parent/s by virtue of a considerable intellectual disability, mental illness or another capacity deficit are unable to understand the meaning and implications of the proposed change of name, the assessment must be evidenced with appropriate supporting documentation. One of the following supporting documents must be provided to confirm that one or both parents are unable to provide their views:

If the parent(s) are subject to Guardianship Orders	A written statement from the Guardianship Board advising that the parent(s) are unable to understand the meaning and implications of the proposed change of name due to their intellectual disability, mental illness or other significant difficulty.
If the parent(s) are case managed by a disability service provided under the NDIS (or another not for profit organisation)	Supporting documentation regarding the parent(s) being unable to understand the meaning and implications of the proposed change of name.
In the absence of either of the above - relevant DCP psychological/parenting reports	Evidence regarding the parent's general capacity to exercise parental responsibility, which may have formed part of the Care and Protection application, such as psychological or parenting capacity assessments and reports.

The parent must be notified of the decision to seek a change of name verbally and in writing using the [Change of name request - notification to parents letter template](#).

For Aboriginal and Torres Strait Islander infants, children and young people, if appropriate, the DCP case worker should seek the views of members of the infant, child or young person's family and kinship networks, Elders, community members and representatives from an Aboriginal Community Controlled Organisation about the proposed change of name.



The DCP case worker is responsible for identifying whether an interpreter or translator may be needed to support communication with the child or young person's parents and to enable them to provide their views. For further guidance, refer to the [South Australian Aboriginal Languages Interpreters and Translators Guide](#) and the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#)).

Consider any submissions made by the parent

Parents should be given 30 days from the date of the letter being issued provide their views about the proposed change of name.

The child or young person's parents may provide their views in a number of ways, including (but not limited to):

- written advice (for example a letter, email or text)
- telephone conversation
- video call
- face-to-face meeting.

The outcome of any discussions held with the parent should be recorded in C3MS.

Consider information and assess the appropriateness of the proposed change of name

When assessing the appropriateness of a change of name request, the DCP case worker must consider:

- the impact any change of name may have on the [child or young person's sense of identity](#), connection to their family and cultural ties
- the significance of the change (for example, whether the change of name request involves the correction of a misspelling or an introduction of a new name)
- the views of:
 - the child or young person
 - parents
 - siblings
 - carer
- any signs that the child or young person has been unduly influenced or coerced into making the request
- the outcome of any psychological consultations or assessments that may be requested.

The DCP case worker should also consult with:

- a practice leader
- a Principal Aboriginal Consultant (PAC) for Aboriginal and Torres Strait Islander children and young people
- DCP Multicultural Services for children and young people from CALD backgrounds.

All records of consultation undertaken must be recorded in C3MS in accordance with the [Consult or Decision Record Procedure](#). For further guidance about relevant individuals who may be consulted as part of decision making, refer to [Work in partnership to make decisions about the child or young person](#) in this chapter of the Manual of Practice.



Consider cultural factors for Aboriginal and Torres Strait Islander children and young people

Previous government policies where Aboriginal and Torres Strait Islander infants, children and young people were forcibly removed from their families and compelled to legally change their names has had significant negative impacts on Aboriginal and Torres Strait Islander communities including grief, loss of identity and loss of cultural ties.

For this reason, when assessing formal change of name for Aboriginal and Torres Strait Islander infants, children and young people whilst under guardianship, the DCP case worker must assess the impact of the proposed change of name on the infant, child or young person's Aboriginal or Torres Strait Islander identity and their sense of belonging. This may include:

- to add Aboriginal or Torres Strait Islander skin names
- to blend or add an Aboriginal or Torres Strait Islander parent's surname
- correct a misspelt name
- as a form of witness protection
- other exceptional circumstances (for example, gender change).

The DCP case worker should review the child or young person's genogram and the [case plan](#) to ensure current information about the infant, child or young person's cultural ties and relationships can be considered as part of consultation.

It is strongly recommended that the DCP case worker consult with:

- a Principal Aboriginal Consultant (PAC)
- extended family members recognised as decision makers in the infant, child or young person's family and kinship network
- individuals with cultural authority for the infant, child or young person
- other people who are culturally significant to the infant, child or young person, such as Elders.

If the DCP case worker is consulting with an Aboriginal or Torres Strait Islander person whose first language is not English, the DCP case worker should consider whether an interpreter or translator is required. For further guidance, refer to the [Aboriginal languages interpreters and translators guide](#).

For additional guidance about supporting the cultural needs of Aboriginal and Torres Strait Islander children and young people, refer to [Identify and respond to the cultural needs of Aboriginal children and young people](#) in this chapter of the Manual of Practice.

Consider cultural factors for children and young people from culturally and linguistically diverse (CALD) backgrounds

It is strongly recommended that the DCP case worker consult with:

- DCP Multicultural Services
- extended family
- other people who are culturally significant to the infant, child or young person.

For additional guidance about responding to the cultural needs of infants, children and young people from CALD backgrounds, refer to [Identify and respond to the cultural needs of children and young people who are from culturally and linguistically diverse \(CALD\) backgrounds](#).



The DCP case worker should consider whether an interpreter or translator is required. For further guidance, refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#).

Seek a decision from the Chief Executive

Once the necessary enquiries have been made and appropriate consultation is undertaken, the DCP case worker must prepare a briefing for the Chief Executive containing:

- the child or young person's background, including a brief summary of their care and protection history, the reasons for the child or young person's placement in care, and their placement history
- the outcomes of all consultation undertaken
- why DCP believes a change of name is, or is not, in the child or young person's best interests
- what detriment there might be to the child or young person if their name is/is not changed
- how the child or young person will remain connected to their parent/s and family of origin if their name were to be changed
- where the child or young person is Aboriginal or Torres Strait Islander, confirmation that details of the child or young person's cultural identity (including Nation and language group) and family, kinship and community connections are documented and up to date
- where the child or young person is from a CALD background, confirmation that details of their cultural identity, nationality, religion and family and kinship connections are documented and up to date
- any supporting assessments or recommendations relating to the proposed change of name (such as psychological assessment report or opinion).

If the child or young person's parent has not provided their views the DCP case worker should state:

- what attempts were made to notify the parent
- if the parents could not provide their views (due to disability or other incapacity), a rationale for why the parent's views have not been obtained
- relevant details if one or both of the child or young person's parents is deceased.

If the change of name request relates to a sibling group whose circumstances and rationale for the decision is similar, the DCP case worker should prepare a single briefing for the sibling group attaching all relevant documentation for each child to the briefing.

The briefing must be endorsed by the supervisor and work flowed to the Briefing Unit for the Chief Executive's consideration via the [Digital Workspace](#).

The DCP case worker must also provide the following documents in addition to the endorsed briefing:

- completed [Change of name for child under guardianship application form](#) (for children and young people under the guardianship of the Chief Executive)
- completed [Application to Chief Executive to change a child or young person's name form](#) (for children and young people under the guardianship of a specified person)
- completed [CE Direction to BDM Registrar letter template](#), noting that the letter should not include details about the child or young person's child protection history.
- child or young person's birth certificate
- child or young person's change of name certificate for any previous change of names (where applicable)



- copy of the DCP case worker's government identification badge
- copy of the Youth Court order.

Care should be taken to ensure that:

- the child or young person's full (first, middle and last) name is included on the application
- names are consistent with the child or young person's birth certificate with correct spelling.

The Briefing Unit will review the supporting documentation before progressing the application for endorsement via the online briefing workflow process.

If the decision has been made by the Chief Executive to issue a Direction to the BDM Registrar to register the change of name, the Briefing Unit will return the documents by email to the relevant DCP office.

Advise the child or young person, carer and parents of the outcome

The relevant DCP office must advise the child or young person, their carer(s), and parent(s) of the outcome of the Chief Executive's decision using the [Change of name request decision letter template](#). They must also advise all parties of their right to seek an [Internal Review](#) of the decision. A copy of the signed letter should be uploaded to the 'Notes and documents' tab in C3MS.

A person who is aggrieved by the decision must make an application to have the decision reviewed within 30 days after the day on which notice of the decision was given (or such longer time as the Chief Executive may allow).

Issue the direction to the Registrar (where appropriate)

If the decision has been made to issue the direction to the Registrar, the DCP office must not lodge the Chief Executive Direction until:

- at least 30 days after all interested parties have been given notice of the decision, and
- if an Internal Review has been carried out, at least 28 days after the notice of the outcome of the Internal Review has been review has been provided, and
- if an application has been lodged to SACAT, the matter is finalised.

Upon the expiry of the review period or conclusion of any review process, the DCP office must post the letter and all necessary documentation to the Registry of Births Deaths and Marriages, GPO Box 1351, ADELAIDE SA 5001. It is important that original copies of the child or young person's birth certificate and any previous change of name certificates are provided (not copies).

Include a change of name request within a Youth Court application for long-term guardianship

In exceptional circumstances it may be appropriate to seek to include a change of name request as part of a Youth Court application for long-term guardianship. Prior to using this pathway the DCP case worker must consult with DCP Legal and the Crown Solicitor's Office.

If the Youth Court makes an order declaring that the child or young person's name is changed, the Youth Court will provide notice to the Registrar. The DCP case worker is responsible for ensuring all relevant documentation including the outcome, key decisions and rationale are uploaded to the child or young person's C3MS profile.

In circumstances where an application is being made for long-term guardianship to a specified person, the decision to change the child or young person's name may be made by the carer once the long-term order



has been granted. Refer to 'Issue a Direction to the Registrar of Births, Deaths and Marriages requiring the registration of a change of name' in this key step for further guidance about this process.

Record and store the change of name certificate

Once the Registrar has registered the change of name, a copy of the new birth certificate and name change certificate will be forwarded to the relevant DCP office. DCP is required to pay half the standard fee to receive a copy of the child or young person's birth certificate following the registration of the change of name.

The new birth certificate will not show that the child or young person's name as changed. It will only include a notation stating the child or young person's name has been changed as per their certificate of name change. The relevant DCP office is responsible for ensuring all relevant documentation including the outcome, key decisions and rationale are recorded using a [Consult or Decision Record](#) note in C3MS. Details of the child or young person's name, previous name and any aliases must be recorded in the "Personal details" section of the child or young person's Profile in C3MS.

In the rare circumstance that an amendment to the child or young person's Youth Court Order is required to reflect their change of name, the DCP case worker should seek advice from DCP Legal.

For further guidance about storing the child or young person's birth certificate, refer to [Support the child or young person to obtain proof of identity documents](#) in the Manual of Practice.

18. Transporting children and young people

The DCP case worker is responsible for coordinating the following transports:

Child or young person	Transport type
For children and young people in care	<ul style="list-style-type: none"> all transports provided by DCP staff (excluding DCP residential care) and volunteers high-risk transports for children and young people in family based or NGO non-family based placements, if assistance is requested by the carers. A high-risk transport is defined as one that poses a high risk to the physical or emotional wellbeing of the child or young person.
For children and young people that are not in care when	<ul style="list-style-type: none"> transport is required to ensure the safety of the child or young person assistance has been requested by the child or young person or their family and the request is considered reasonable and within case management responsibilities.

If the DCP case worker is unable to coordinate transport, the role of the DCP case worker as outlined below should be carried out by another member of staff from the DCP office (during working hours) or DCP After Hours Call Centre/on-call country worker (after hours).

Coordinating transport involves:

- determining who will provide transport



- ensuring the person providing transport is an appropriate adult (see 'Determine who should provide transport' below) who has the necessary information to provide transport and manage any issues that arise.

For guidance about interstate travel (including requirements for approval and the process for booking travel) refer to [Support a child or young person to travel](#) in the Manual of Practice and the [Domestic travel](#) intranet page.

The content in this section applies to DCP office and DCP After Hours Call Centre staff. It does not apply to DCP residential care staff. In this guidance, the term 'carer' includes DCP residential care staff. For specific guidance regarding the roles and responsibilities of carers, refer to:

Care type	Guidance
DCP residential care staff and agency staff working in DCP residential care sites	Transport children and young people under the Create a safe and nurturing home in residential care in the DCP residential care chapter of the Manual of Practice
Kinship, SCO and foster carers	Family based carers: Transporting children and young people fact sheet
Carers in NGO non-family based placements	Service Provider Requirements: Transporting children and young people

The steps below outline the responsibilities of the people involved in coordinating and providing transport to children and young people.

Coordinate transport

Consider transport needs for children and young people in care

Prior to transport, the DCP case worker must:

- consider information about the child or young person, their safety and additional needs and their current presentation
- in emergency situations, use professional judgement to gather and consider essential information whilst avoiding unnecessary delay for the child or young person and without compromising safety or increasing risk of harm.

If required to coordinate an arrangement covering multiple transports over a period of time (such as taking the child or young person to school), the DCP case worker should:

- plan the transports as best as they can with the information available
- consider the child or young person's ongoing transport needs as part of case planning (referring to the 'Placement' section of the case plan)
- consider other plans which may include information relevant to transport (for example, use of [restrictive practices](#) if required)
- if a case plan has not been completed, consider the child or young person's transport needs to plan transport (refer to the 'Placement' section under [Develop the case plan](#) in the Case planning, review and annual review chapter of the Manual of Practice).



The DCP case worker should also consider:

- any alerts recorded in C3MS
- knowledge of the safety and any risks associated with the place the child or young person is being collected from and transported to
- anticipated time of arrival at the destination and who will meet the child or young person at the destination
- distance to be travelled, and
 - where long distance travel is required, the impact of this travel on the needs of the child or young person (and concerns that should be directed to the relevant supervisor)
 - the need for meal allowances or overnight accommodation (where relevant)
- the child or young person's views, including willingness or otherwise to be transported and/or returned to the location and care arrangement
- staff availability, the length of time residential care staff have been on shift prior to being requested to transport children or young people (where relevant) and whether the length of driving time required is within safe driving distances
- the time of day and any additional risks associated with transport at night
- whether more than one person is required to provide transport to ensure either the safety of the child or young person or the safety of person providing transport (for example, in circumstances when the child or young person to be transported has previously alleged harm by a carer or DCP staff member).

DCP After Hours Call Centre staff:

- are only able to provide assistance with transport after hours in exceptional/emergency circumstances
- are not expected to provide transport for children and young people outside of the metropolitan Adelaide area unless
 - exceptional circumstances exist (for example, returning a child or young person to an interstate or country location)
 - prior approval has been given by a DCP Call Centre supervisor
 - the DCP Call Centre Supervisor has considered work health and safety requirements.

Consider transport needs for children and young people who are not in care

In addition to relevant considerations outlined under the 'Consider transport needs for children and young people in care' section above, the DCP case worker must:

- seek permission from the child or young person's parent or guardian is required for all transports, when reasonably practicable, or
- if they are unable to obtain permission from the child or young person's parent or guardian, seek approval from a supervisor prior to transport where possible.

The DCP case worker should consider the following factors when considering the risks associated with transport for children and young people who are not in care:

- age and physical size, including need for child car restraints seats



- specific travel requirements due to medical or cultural needs, developmental delay or disability (for example, access vehicles for a child or young person with a wheelchair, whether assistance is required to get in to and out of a vehicle)
- any additional communication needs during transport
- knowledge of the safety and any risks associated with the place the child or young person is being collected from and transported to
- anticipated time of arrival at the destination and who will meet the child or young person at the destination
- distance to be travelled
- the child or young person's views, including willingness or otherwise to be transported and/or returned to the location
- staff availability, the length of time workers have been on shift prior to being requested to transport children or young people and whether the length of driving time required is within safe driving distances
- the time of day and any additional risks associated with transport at night.

DCP After Hours Call Centre staff:

- are only able to provide assistance with transport after hours in exceptional/emergency circumstances
- are not expected to provide transport for children and young people outside of the metropolitan Adelaide area unless
 - exceptional circumstances exist (for example, returning a child or young person to an interstate or country location)
 - prior approval has been given by a DCP Call Centre supervisor
 - the DCP Call Centre Supervisor has considered work health and safety requirements.

The [Fleet \(Motor Vehicle\) Management Procedure](#) contains details of approval requirements when transporting children and young people that are not in care in Fleet vehicles.

Consider the child or young person's cultural safety

Cultural practices can vary within communities and consideration must always be given to the individual child or young person's cultural safety when planning transport arrangements.

The DCP case worker should consider:

- for culturally significant journeys that children and young people might find emotionally distressing, arranging for a support person to accompany the child or young person
- gender, particularly if the person(s) providing transport is of a different gender to the child or young person or they are being transported in a group with people of another gender. For example:
 - it is not culturally appropriate for Aboriginal or Torres Strait Islander children and young people from traditional communities to be transported by the opposite gender on their own once they reach a certain age
 - Islamic law and custom requires the separation of men and boys from women and girls in social settings, particularly from adolescence and beyond
- attention to the dress requirements of the person(s) providing transport, if feasible



- diverse attitudes and interpretations of personal space, hand/facial gestures, voice intonation and eye contact
- dietary requirements (if needed)
- for Aboriginal and Torres Strait Islander children and young people from rural and remote Aboriginal or Torres Strait Islander communities, the impact of being in an unfamiliar environment and their level of social understanding
- consulting with a Principal Aboriginal Consultant (PAC) or Aboriginal Practice Directorate prior to providing transport where transport is being provided by someone who is inexperienced in responding to the additional cultural needs of Aboriginal and Torres Strait Islander children and young people
- using an Aboriginal Practitioner or another culturally significant/safe person to provide transport for Aboriginal and Torres Strait Islander children and young people
- the cultural safety needs for children and young people of diverse cultural and language backgrounds and [DCP Multicultural Services](#) can be contacted for advice if needed.

In the event that the child or young person's transport cannot be delayed and it is not possible to meet all cultural requirements, it should not prevent the child or young person from being transported. However, consideration should be given to any additional support the child or young person may need following the transport and to identifying strategies to promote cultural safety in future transports.

Determine who should provide transport (appropriate adults)

Providing transport involves driving or physically accompanying the child or young person during travel. If driving the child or young person, the driver must have a current driver's licence. The following appropriate adults can be used to provide transport (noting that if a Fleet vehicle is being used the driver must also be approved to use the vehicle as outlined in the [Fleet \(Motor Vehicle\) Management Procedure](#)):

- approved carer (for children and young people in care)
- approved adult family member
- DCP volunteer or mentor (for planned transports only)
- DCP staff member, including agency staff working in DCP residential care
- DCP contracted service provider personnel with a current Working with Children Check (for example, reunification or foster care support service)
- any other adult with an existing relationship with the child or young person who has been approved by a DCP case management supervisor to provide transport. A current Working with Children Check and C3MS check are required as a minimum.

The DCP case worker should try to maintain consistency in who is providing transport for children and young people, wherever possible.

Family based carers may arrange for another person to transport a child or young person without DCP approval when the transport arrangement is once-off and is organised at short notice. This includes using another adult to accompany a child or young person in a taxi. If a family based carer needs someone else to be involved in transporting the child or young person on a regular basis, the carer must discuss this with their placement support worker and the child or young person's DCP case worker. Decisions about transport provided by someone other than the carer or a DCP staff member or volunteer should be communicated to the child or young person and carer and recorded in C3MS.



When determining the suitability of an individual to provide transport, the DCP case worker should:

- consider the appropriateness of using an accredited taxi for unaccompanied young people aged 13 years or older (refer to the 'Transporting by taxi or chauffeured vehicle' section for further guidance)
- consider additional transport options that may be accessed by children and young people with disability may have access to such as those available through the National Disability Insurance Scheme (NDIS) and the Department for Education (and consulting with a [DCP disability consultant](#) regarding those options if required)
- familiarise themselves with the [Working with children and young people with disability Practice Paper](#) for guidance about specific vulnerabilities to harm experienced by children and young people with disability
- ensure that all transport providers have current Working with Children Checks
- consider whether the child or young person should also be accompanied by an appropriate adult (as outlined above).

Transporting by taxi or chauffeured vehicle

Taxis or chauffeured vehicles must NOT be used with children aged 12 years and under unless they are being accompanied by an appropriate adult (see 'Determine who should provide transport'). This also applies to children and young people aged 13 years and over, where their emotional state, developmental age, disability and/or cultural requirements indicate that it would be inappropriate for them to travel alone. In the event that a child or young person who should be accompanied is required to travel alone, the DCP case worker should seek approval from the supervisor prior to transport and record the decision in C3MS.

The supervisor may approve regular unaccompanied use of taxis if appropriate (for example, school transport for children and young people with disabilities). The DCP Supervisor should determine the period for which the approval will remain in place and ongoing approval should be recorded in the child or young person's case plan. Any regular or high-value use of taxis must adhere to the relevant [procurement rules](#).

Once a child or young person is 13 years or older, accredited taxi transport may be used without accompaniment in certain circumstances, following consideration of the individual child or young person's needs and safety requirements.

If a DCP staff member is required to provide unaccompanied transport by taxi for a child or young person that they are unfamiliar with they should as a minimum check any transport requirements in the child or young person's case plan and any alerts in C3MS. If the child or young person does not have a case plan, the DCP staff member should consult with a supervisor prior to arranging the transport.

If a child or young person is being transported by taxi, DCP staff must refer to [Road rules: Seatbelts and restraints](#) for further guidance in relation to child car restraint requirements.

DCP After Hours Call Centre staff should consider using alternative resources such as OPS workers or the mobile night team (for children in DCP residential care placements) to provide transport prior to considering use of a taxi.

The person providing transport must ensure that legal requirements for [child car restraints](#) when using taxis or ride share vehicles are followed.

Any regular or high-value use of taxis must adhere to the relevant [procurement rules](#).

Plan for transport



The DCP case worker is required to record decisions and transport arrangements in C3MS in a case note with the category 'Transportation'. It is also the DCP case worker's responsibility to ensure that any other relevant information has been recorded in C3MS, including details of issues that may arise during transport.

The DCP case worker must:

- ensure that the person(s) providing transport for the child or young person is provided with all necessary information to allow safe transport and ensure care needs are met
- communicate the transportation plan and any relevant information to everyone involved in providing transport if responsibility for providing transport is shared between more than one appropriate adult
- specify plans for handover of the child or young person at their destination, including (but not limited to):
 - arrangements for appropriate supervision of the child or young person
 - the safety and appropriateness of the location of the handover
 - how the handover will be managed in a way that supports the child or young person's psychological safety and wellbeing
 - information to be provided to the person receiving the child or young person
- if the transport is considered to pose a high risk to the emotional or physical wellbeing of the child or young person
 - identify the risks and strategies to manage and mitigate risk in consultation with the care team
 - document these strategies in a C3MS case note with the category 'Transportation' and the subject 'High-risk transport plan [Date of travel]'
 - provide a copy of this and ensure it is available for all relevant staff and appropriate adults providing transport
 - communicate this information directly to the person providing transport
- determine the most appropriate way for the information to be shared, such as sharing the child or young person's case plan or discussing the plan with the person providing transport.

If DCP staff or volunteers are providing transport, the DCP case worker should ensure that:

- the details of the transport (including who will provide transport, times for pick up and drop off and contact details for the person providing transport) are communicated to the carer in a timely way; and
- the carer is updated if there are any changes to the plan (for example, a different person providing transport or if transport cannot be provided due to staff illness).

Views of the child or young person and their family/carers on high-risk transports

When planning high-risk transports, the DCP case worker should:

- whenever possible, seek and consider the child or young person's views about the proposed high-risk transport arrangements, in line with their developmental age and ability to formulate such views
- if the child or young person has a high level of need, provide them opportunity to choose an appropriate support person to accompany them if this is practical
- seek and attempt to incorporate the views of the child or young person's family, carers or other relevant individuals regarding transport, particularly for Aboriginal and Torres Strait Islander infants, children and young people (as per the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#)).



Where appropriate to the child or young person's age and development, the DCP case worker should inform the child or young person about their confirmed transport arrangements and explain how their views have been taken into consideration. The DCP case worker will also provide this information to the child or young person's carers where necessary.

The DCP case worker should consider any language requirements of the child or young person including the use of interpreters or translators:

- For use of interpreting services with Aboriginal and Torres Strait Islander children and young people, further information is available at [South Australian Aboriginal languages interpreters and translators guide](#).
- For use of interpreting services with children and young people from culturally and linguistically diverse backgrounds, further information is available at [Interpreting and translating procedure for culturally and linguistically diverse \(CALD\) families](#).

Providing transport

Prepare for transport

The person providing transport should always consider whether the plan provided to them continues to be appropriate on the day of transport based on the child or young person's current presentation and any other factors that have arisen since the plan was developed (for example, inclement weather). The person providing transport should not transport if it is unsafe to do so and should seek DCP advice about how the transport can be carried out safely. The person providing transport should contact the person coordinating transport for support if this is required. The person coordinating transport should then consider the following:

- delaying transport, if possible until a time when it will be safer to transport the child or young person
- modifying the plan for transport to provide additional support (for example, an appropriate adult (see 'Determine who should provide transport') supporting the child or young person in addition to the driver or in a taxi).

If the person coordinating transport is unable to address the additional risks through delaying transport or modifying the plan, they should consult with a supervisor.

In cases of very hot or extreme weather conditions, the DCP case worker should decide whether to reschedule or cancel a transport made based on an assessment of factors including but not limited to:

- the age of the child or young person
- the distance to be travelled, including if travel is required in areas where a Total Fire Ban has been declared or where a warning has been issued;
- the mode of transportation being used (for example, if it is climate controlled); and
- the reason the child or young person is being transported and whether it is critical (for example, transport to contact where reunification is imminent).

Preparing the vehicle

When driving children and young people, the person providing transport must abide by the [road rules](#), including requirement for [child car restraints](#) and vehicle roadworthiness. Children and young people with disabilities may require specialist equipment for transport and this information should be included in their case plan. The person providing transport must comply with the [Safe Work Practices \(SWP\): Transferring](#)



[children in and out of vehicles](#), [Safe Work Practices \(SWP\): Safety with vehicles](#) and the [Fleet \(Motor Vehicle\) Management Procedure](#) if using a Government fleet vehicle.

The person providing transport should also:

- install child car restraints according to manufacturer's instructions and adjust them to fit the child or young person snugly with no slack and or twists. Children should not be wrapped in blankets or other swaddling before putting them in the child car restraint
- become familiar with operation of the child locks on the vehicle
- check the vehicle to ensure there are no loose objects which could cause injury
- ensure children or young people enter the vehicle from the kerb side seat for safer entry and exit
- if possible, ensure the vehicle is filled with the appropriate fuel prior to transporting children and young people. If absolutely necessary, ensure children and young people remain in the vehicle whilst filling it with fuel and take children and young people with you whilst making payment if there is no appropriate other adult in the car to supervise
- ensure that children or young people do not have access to an open vehicle in the event that they get into the car and become locked inside or are able to start the vehicle. Additional care should be taken when using a keyless vehicle
- supervise children and young people carefully when close to traffic or driveways.

Respond to issues during transport

If the child or young person is behaving in a way that endangers their own safety and/or the safety of others during transport (including removing their own seat belt or child restraint), the person providing transport must:

- if driving, pull to the side of the road as soon as it is safe to do so, switch off the car, remove the keys from the ignition/key fob from the vehicle (for keyless start) and keep them secure
- attempt to calm the child or young person and resolve the situation. Draw upon their knowledge of the child or young person and their skills in relation to deescalating situations. Consult with the person coordinating transport and/or a supervisor as necessary.

If the situation has not been resolved, the following may be considered:

- allow the child or young person time to calm down
- ensure any children under the age of four are supervised at all times in the vehicle
- ensure that the keys/key fob are not left in the vehicle and children and young people cannot start the engine or lock themselves in the car
- monitoring the temperature in the vehicle when deciding whether it is appropriate to leave the child or young person inside
- exercise caution about leaving the child or young person alone in a keyless vehicle as they may still be able to start the vehicle
- walk to the destination with the child or young person if possible
- consult with the person coordinating transport, a supervisor or after hours support if additional support is required.



If the child or young person's behaviour is dangerous (such as there is a risk of physical assault) and/or there is risk of a crime being committed, contact South Australia Police (SAPOL) on 131 444 for assistance.

If the child or young person leaves the vicinity of the person providing transport, reasonable efforts should be immediately made to locate them, ensure their safety and if possible, resume transportation. If the child or young person cannot be located, the person providing transport should consider whether the child or young person will be reported missing to SAPOL as outlined in the [Respond when a child or young person is missing or absent](#) key step in the Supporting children and young people in care chapter of the Manual of Practice.

The person providing transport should continue to attempt to resolve any issues and resume transport of the child or young person unless doing so would pose a risk to either their safety or the safety of the child or young person. If the person providing transport is unable to continue providing transport, they must contact a supervisor. Consideration should only be given to the child or young person travelling unaccompanied to their destination if this is considered appropriate based on the child or young person's ability to travel independently and their current presentation. If the attempt to transport the child or young person is abandoned, their carers and/or the person providing transport must meet with the child or young person as soon as possible afterwards to check on their wellbeing.

SAPOL will provide DCP with assistance in transporting children and young people in exceptional circumstances where DCP are unable to facilitate transport. This will be determined on a case by case basis. For Aboriginal and Torres Strait Islander children and young people, consultation with a PAC is recommended before consideration is given for SAPOL to provide transport, due to the potential trauma for Aboriginal and Torres Strait Islander children and young people in relation to police involvement. If transport is required after hours or in an emergency and this is not possible, the DCP case worker should arrange consultation as soon as possible afterwards to consider any follow up support that is required.

The child or young person's care team should be informed where appropriate of any issues that arise during transport or significant changes to transport arrangements. This is particularly important if the carer will need to support the child or young person in response to the incident. This should be recorded in C3MS as a case note with the category 'Transportation'. If the person providing transport has access to C3MS they should record this information directly into the system whenever possible. However, it is the responsibility of the person coordinating the transport to ensure that all relevant information has been recorded in C3MS. Consideration should also be given to raising an alert in C3MS.

DCP staff should consider whether the situation needs to be managed in accordance with the [Significant Incident Reporting Procedure](#).

If the incident involves damage to a Fleet vehicle, the [Fleet \(Motor Vehicle\) Management Procedure](#) should be referred to for further guidance.

Supporting carers

Supporting family based carers with transport

In addition to the responsibilities outlined in the sections on coordinating and providing transport, the DCP case worker is responsible for providing the following support to family based carers:

- ensuring that appropriate information is communicated to the carer via the case plan in relation to any ongoing additional needs the child or young person has in relation to transport
- making sure that carers have access to the correct mileage form for claiming reimbursement for transport



- supporting the carer to access financial support for transport. For general foster care, kinship care and specific child only placements this must be in line with [Carer Reference One – Who pays for what?](#). Refer to the [Specialist Family Based Care](#) page on the DCP intranet for further information on financial support for specialist carers
- providing timeframes to carers when they have requested financial or other assistance to indicate when they can expect a response from DCP
- assisting with transporting children and young people when:
 - the carer does not own a vehicle
 - the carer is unable to transport because of ill health, a family crisis and/or personal medical appointments
 - the carer is unable to provide transport to or from contact if:
 - there are safety concerns (physical or emotional)
 - transport is impractical due to relationship issues between the carer and the child or young person's family
 - the carer is unable to provide transport due to work commitments
 - the transport is impractical for the carer for another reason.
- considering assistance in other situations on a case-by-case basis, if requested by the carer
- providing assistance as required, including:
 - identifying other people who can provide transport
 - helping to reschedule the transport to a time when the carer is available
 - reducing the amount of transport required
 - arranging for DCP staff or volunteers to provide transport
- providing carers with a rationale when DCP are unable to assist with transport (including financial assistance) when this has been requested by the carer
- advising the carer if transport for contact is cancelled due to very hot or extreme weather, based on an assessment of the safety and health of the child or young person
- assisting the carer in identifying other people who may be able to support with transport, in line with the requirements for them to be appropriate adults (see 'Determine who should provide transport')
- for carers who are unable to use friends or family to assist with transport (for example, due the child or young person having a high level of needs), exploring other ways to support the carer with transport including using other professionals, using respite or reimbursement (in accordance with Carer Reference One - Who pays for what?) to support the placement
- carrying out checks for individuals that are proposed to be providing regular transport for the child or young person. A Working with Children Check and C3MS check should be completed as a minimum. Approval should be provided by a supervisor and recorded in C3MS
- providing approval for use of unaccompanied taxis if the child or young person is aged 12 years and under or they should be accompanied due to other factors. Approval must be provided by a supervisor and recorded in C3MS
- ensuring all relevant information provided by the carer is recorded in C3MS



- supporting carers with issues that arise during transport
- supporting carers with insurance claims following damage to their vehicle as outlined in the [Insurance and damage claims](#) section of the DCP intranet
- supporting carers with preparing a vehicle for transport if they require assistance with this, such as installing car seat
- sharing information about how DCP staff/volunteers have resolved issues with the child or young person during transport
- assisting carers if they escalate any safety issues to the DCP supervisor when someone else is providing transport for the child or young person (including DCP staff or volunteers).

Supporting non-family based carers with transport

In addition to the responsibilities outlined in the sections on coordinating and providing transport, DCP case management staff are also responsible for providing the following support to non-family based carers:

- ensuring that appropriate information is communicated to the carers via the case plan in relation to any ongoing additional needs the child or young person has in relation to transport
- providing approval for use of unaccompanied taxis if the child or young person is aged 12 years and under or they should be accompanied due to other factors. Approval must be provided by a supervisor and recorded in C3MS
- ensuring all relevant information provided by the carer is recorded in C3MS
- supporting carers with issues that arise during transport.

19. Support the child or young person to travel interstate or overseas

Arrange a standing letter of approval for regular interstate travel

Some children and young people have regular trips interstate that involve overnights stays. This may be because the child or young person or their carer:

- has relatives that live interstate
- live close to an interstate border and need to travel across the border for regular everyday activities (such as shopping, sport, visiting family and friends or to go on holiday)
- are required to travel interstate to their Country, lands and waters or Community to attend cultural events (such as caring for Country, Men's or Women's Business or family reunions) or to attend Sorry Business (for further guidance about supporting return to Country, refer to [Identify and respond to the cultural needs of Aboriginal](#) and Torres Strait Islander [children and young people](#) in this chapter of the Manual of Practice).

In these cases, a standing letter of approval (valid for 12 months) can be issued by the supervisor to enable a carer to travel with the child or young person to a specific destination. If a carer has multiple children or young people in their care, a separate standing letter of approval is required for each child or young person.

When considering whether a standing letter of approval for regular interstate travel is appropriate, the DCP case worker should discuss the proposed travel with the child or young person and the carer, and consult on the decision with their supervisor. For further guidance about making decisions, refer to [Work in partnership to make decisions about the child or young person](#) in this chapter of the Manual of Practice.



If the supervisor is in agreement with the decision to issue a standing letter of approval, the DCP case worker should complete the [Interstate travel standing approval letter template](#) and record the rationale for the standing approval in a memo in C3MS in accordance with the [Interstate Travel Memo C3MS Guide](#). The memo is recorded as a structured note in C3MS with the following information:

- brief details about the child or young person and the relevant Youth Court order
- the purpose of the trip/s
- destination and dates of trip/s, supervising adult/s and the contact details for the supervising adult and child or young person
- supports required for the child or young person and supervising adults
- if the child or young person is Aboriginal or Torres Strait Islander, whether the travel is required to support [return to Country](#), and if so, what protocols should be observed to support their return (for further guidance about supporting return to Country, refer to [Identify and respond to the cultural needs of Aboriginal](#) and Torres Strait Islander [children and young people](#))
- the potential impact of the proposed travel on the child or young person's progress against their case plan, inclusive of education, health, contact determinations, and psychological and emotional wellbeing, and strategies that will be implemented to minimise impact on the case plan
- any impact the trip will have on the child or young person's education and where appropriate, confirmation that an [Exemption from attending school form](#) has been submitted to the child or young person's school
- the child or young person's views
- whether the child or young person has any medical or special care needs that need to be taken into account, and the strategies that will be used to manage these needs
- whether the carer is covering the costs involved or there are costs that require a financial contribution from DCP.

The DCP case worker should submit the memo by:

- attaching the unsigned Interstate travel standing letter of approval to the interstate travel memo note, and
- actioning the note to the supervisor for approval.

The supervisor should:

- review the memo
- sign the interstate travel standing approval letter and attach the signed letter to the interstate travel memo note
- approve the note.

When the supervisor has approved the memo, the DCP case worker will:

- provide the carer with a copy of the standing letter of approval
- where possible and appropriate, advise the child or young person's parents that a standing approval is in place and undertake to liaise with the parents if any travel plans impact on contact or significant family events.

If the supervisor does not approve the standing letter, the DCP case worker should:

- advise the carer of the outcome and the rationale for the supervisor's decision



- upload the supervisor's email to the child or young person's case record in C3MS.

A letter of standing approval to a specific travel location must be reviewed and reissued every 12 months.

Support the child or young person to undertake occasional interstate travel

Day trips

The child or young person's carers may take the child or young person on an interstate day trip without seeking prior permission from DCP.

Overnight stays

When the child or young person is to travel interstate for a trip that involves an overnight stay, the DCP case worker must discuss the reasons for the proposed travel and travel arrangements with the child or young person, their carer and other relevant parties. The DCP case worker should advise the carer (or the person who is requesting the interstate travel) that travel arrangements should not be booked until the supervisor's approval has been obtained.

The DCP case worker should discuss the proposed travel arrangements with the child or young person's parents in circumstances where:

- the child or young person is under the short-term custody or guardianship of the Chief Executive
- it is assessed that the trip will impact reunification, family contact or significant family events.
- if the trip impacts schooling the DCP case worker must submit an [exemption from attending school form](#) to the school principal.

The DCP case worker should consult with the supervisor about the decision to approve interstate travel involving an overnight stay.

If the supervisor is in agreement with the proposed approval, the DCP case worker should prepare a memo for the supervisor's approval in C3MS in accordance with the [Interstate Travel Memo C3MS Guide](#). The memo should summarise the proposed travel arrangements, the impact on the child or young person and any other special requirements (as outlined under 'Arrange a standing letter of approval for regular interstate travel' in this key step). The DCP case worker should submit the memo to the supervisor for approval.

On receipt of the supervisor's approval the DCP case worker should:

- advise the carer or the person who is responsible for taking the child or young person on the proposed interstate trip, of the outcome of the supervisor's decision verbally and in writing
- upload written advice to the carer as a case note in C3MS.

If contact visits are missed as a result of travel, the DCP case worker must discuss with all parties and make alternative arrangements for contact, where appropriate. Consideration could be given to zoom, face time or telephone calls for family contact whilst the child or young person is travelling.

If the supervisor does not approve the travel, all relevant parties including the child or young person and the carer must be informed and provided with an explanation for why the travel was not approved.

Support the child or young person to travel overseas

A regional director is responsible for decision making in relation to overseas travel for a child or young person in care.

The DCP case worker should encourage the carer to seek approval for planned overseas travel as soon as possible. The DCP case worker must advise the carer (or the person who is requesting the overseas travel)



that travel arrangements should not be booked until the regional director has approved the travel and the child or young person has been issued a passport. For further guidance, refer to [Support the child or young person to obtain a passport](#).

Prior to obtaining approval for the child or young person to travel overseas, the DCP case worker should:

- obtain details of the proposed travel location, dates and accommodation
- assess the potential impact of the proposed travel on the child or young person's progress against their case plan, inclusive of the ACIST, CALDIST and contact determinations, and identify strategies to minimise impact on the implementation of the case plan
- seek the views of:
 - the child or young person
 - the carer
 - parents (where appropriate)
- the child or young person's school (if applicable) and submit an [exemption from attending school form](#) to the school principal
- identify whether the child or young person has special requirements (such as medical, dietary or disability needs) that need to be considered and strategies for managing these needs
- identify funding arrangements (including funding sources for any costs to be covered by DCP)
- obtain details of travel insurance
- check advice from the Department for Foreign Affairs and Trade (DFAT)'s [Smart Traveller website](#) Travel Advice for the proposed destination
- develop a risk management or safety plan with the child or young person's carers for locations that DFAT has advised 'high degree of caution' should be taken.

To obtain approval, the DCP case worker must complete an [Overseas Travel Briefing](#) and seek endorsement from the office manager. This should be completed as early as possible to enable timely approval. The office manager should forward the briefing to the regional director for approval.

On receipt of the approval decision the DCP case worker must:

- record the outcome as a note in the current phase of the child or young person's case in C3MS and attach a copy of the signed Overseas Travel Briefing, using a clear and meaningful description in the subject line to ensure that it can be easily found and retrieved
- advise the carer of the outcome in writing and ensure written advice to the carer is uploaded to C3MS.

If not approved, all parties must be advised and the reason clearly explained.

The business support team for each office is responsible for retaining a record of the details of all Overseas Travel Briefings that have been approved, including the child or young person's name, travel destination and travel dates.

Prepare the child or young person for overseas travel

Once the travel arrangements have been approved, the DCP case worker must confirm that the necessary visas, insurance, and vaccinations have been organised for the child or young person. Refer to [Smart Traveller](#) for information about the intended travel destination.



It is recommended that the DCP case worker refer to [Smart Traveller](#) for advice about the countries the child or young person is visiting for the period leading up to and during their trip. If a travel warning changes or is issued, the DCP case worker must discuss this with the manager.

20. Manage the publication of photos, images and information for the child or young person

Children and young people should be supported and encouraged to be included in photos and videos at school or when they participate in sporting or recreational activities. This is a normal and important part of childhood and can provide memories of significant events for them.

The child or young person's participation in photos or videos may be discussed and agreed as part of care team or education planning meetings.

In some situations, special conditions or consents will be required to protect the safety of the child or young person. This may include when the location of the child or young person must remain confidential to ensure their safety.

Provide consent for the school to share images of the child or young person

When the child or young person is enrolled in school, the DCP case worker must, in partnership with the child or young person's carer, complete and submit the [Department for Education Information for a child or young person in care Form](#) to the school. This will confirm whether there are any special conditions or consents regarding the collection, use and disclosure of photographs, videos and digital images of the child or young person at school. Such conditions or consents and associated decisions should be documented in the child or young person's case plan.

In most circumstances, as long as the child or young person is not identified as being in the custody or under the guardianship of the Chief Executive and there are no special conditions specified in the Information Sharing Form, the carer may consent to them being included in:

- school photographs and video recordings (such as recordings of a school play or award ceremony)
- school newsletters and magazines
- photographs and videos on school messaging systems and information applications used to share news and classroom updates between teachers and parents/carers
- photographs and videos of recreational activities (for example, sport, dance, music or drama).

Release images for media coverage

The supervisor must, where possible, approve the release of an image of the child or young person for broadcast or publication where they are not identified as being in the custody or under the guardianship of the Chief Executive.

Prior to approval being given, there must be an assessment of the impact of the media coverage on the child or young person. This should consider:

- the nature of the media coverage, which may be informed by discussions with the requesting media organisation, journalist or photographer about the proposed coverage
- the views of the child or young person, carer, family and others (as appropriate).

Release images of a missing child or young person



To assist in locating a child or young person who is missing from their placement, SAPOL may request the use of a photograph and information about the child or young person to undertake a public media campaign.

Refer to [Respond when a child or young person is missing or absent](#) in this chapter of the Manual of Practice for guidance about seeking approval for a media campaign for a missing child or young person.

Seek approval to publish photos, images and information where the child or young person is identified as being under custody or guardianship of the Chief Executive

The Chief Executive or Deputy Chief Executive must approve any media request to publish or broadcast photographs, digital images, videos or any content that identifies the child or young person as being in the custody or under the guardianship of the Chief Executive.

Before seeking approval from the Chief Executive or Deputy Chief Executive, the media request must be discussed with the Manager, Communications and Engagement via DCPMedia@sa.gov.au or 0437 953 016.

The impact the media coverage may have on the child or young person must be considered including:

- the nature of the media coverage
- the safety, welfare, privacy and wellbeing of the child or young person
- the views of the child or young person, the carer, family and other relevant parties (as appropriate).

If it is assessed that approval should be sought for the release of information, the DCP case worker must prepare and submit a briefing to the Chief Executive or Deputy Chief Executive through the [Digital Workspace](#) outlining:

- background details about the child or young person (such as why they are in care, care arrangements and type of custody or guardianship order)
- information about the carer (for example, the type of placement and length of time they have been in the placement)
- the nature of media request (such as photographs, videos, the extent of the coverage)
- the outcome of consultation with the Manager, Communications and Engagement
- the views of the child or young person, carer, family and others (as appropriate)
- sensitivities and other relevant considerations about the nature of the media coverage.

Consider significant incident reporting requirements

Significant incidents relating to children and young people in care may attract media attention. In these circumstances, the DCP case worker must consider their significant incident reporting obligations. For further guidance about reporting matters which are the subject of media attention, refer to the [Significant incident reporting Procedure](#).

Display photos or other images of the child or young person under guardianship or custody of the Chief Executive in DCP offices

Pictures of children and young people are sometimes displayed in DCP offices. This can be positive for children and young people and can help to emphasise their sense of importance and connectedness with DCP staff.

Before displaying photos, consider whether the photos will be in an area that is accessible to the public and seek the consent of the child or young person.



21. Support the young person to obtain their driver's licence

Obtaining a driver's licence is an important part of a young person's transition to adulthood.

Young people should be supported to obtain a driver's licence when they are ready to do so. It is recommended that this be done before the young person's eighteenth birthday as it will contribute to their independence, improve employment prospects and may increase options for education and training. The decision to obtain a driver's licence should be discussed with the young person in the development of their transition from care plan. Refer to the [Transition to adulthood chapter](#) of the Manual of Practice for further information about transition planning.

As far as possible, the support that is provided to a young person to gain their driver's licence should reflect the support that is commonly provided to young people in the community. Young people in family based care will often have greater access to a private vehicle and a licenced driver to supervise the necessary hours for their log book. Consideration should first be given to what assistance can be provided by the carer and extended family.

Support the young person to obtain a Learner's Permit

DCP may assist young people to obtain their licence who are:

- aged 16 or 17 years and under the custody or guardianship of the Chief Executive and have spent six months or more in care
- aged 18 to 25 years and were under the custody or guardianship of the Chief Executive for six months or more and as part of post-care service delivery.

DCP will support young people to gain their driver's licence within the context of their capability and maturity. The DCP case worker should do this in consultation with the young person, their carer and any other significant people in the young person's life who are well placed to make an informed decision about the maturity and capabilities of the young person.

Young people who have committed driving offences must wait for any disqualification period to expire before they can take driving lessons or undertake competency-based training. Consideration should also be given to their participation in a separate driver education program.

Refer to [The Driving Companion](#) for detailed information about obtaining a driver's licence.

Support funding for obtaining a driver's licence and driving lessons

Some young people and/or their carers may be able to share the costs of learning to drive (such as meeting the cost of a licence and/or driving lessons). This should be considered on a case-by-case basis within the context of the overall transition from care plan.

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 licence for young people who are currently under the custody or guardianship of the Chief Executive. Funding for eligible care leavers will be considered on a case-by-case basis in conjunction with Relationships Australia (SA) Post Care Support Services.

Refer to [Carer Payments \(Family Based\) Procedure](#) for guidelines for payment of driving lessons and acquiring or renewing a driver's licence.

Support the young person to learn to drive

To obtain their provisional licence (P plates), learner drivers must first complete 75 hours of driving with a qualified supervising driver. Planning to support the young person to undertake driving lessons and practice should be recorded in the young person's case plan.



It is strongly recommended that young people have a number of lessons with a professional driving instructor prior to driving with a supervising driver. Driving lessons should be sourced from members of the [Australian Driver Trainers Association of SA](#).

Ideally, training from a driving instructor should be undertaken together with driving practice with a carer or appropriate family member who meets the requirements of a qualified supervising driver. For further advice about supervision of learner drivers, refer to the [My Licence website](#).

For young people with a disability, it is recommended that the DCP case worker consult with a DCP disability consultant to discuss the young person's needs including:

- obtaining a medical clearance from the young person's GP
- functional assessments that may be required
- options for funding driving lessons in the young person's NDIS plan
- selecting a driving instructor who is able to respond to the young person's learning, physical or sensory needs.

The DCP case worker should encourage carers who permit a young person to drive the family car to consider taking out comprehensive insurance that will cover the car when driven by the young person (above the third party property damage vehicle insurance they must otherwise have in accordance with the requirements in the [Carer Support Payments Carer Handbook](#)).

Use a government vehicle to support a young person to learn to drive

Where the young person is not in family based care, they do not own a car, or the carer is not able to support the driving activity, a young person may use a government car to learn to drive. The DCP case worker may arrange for a mentor, DCP volunteer, or staff member to act as the supervising driver and support the young person to undertake regular driving practice. Details of plans to support the young person's driving practice and learning should be recorded in the young person's [case plan](#) under the 'Independent Living Skills' section.

There is currently a [Standing Approval](#) for non-public sector employees to either drive, or to be transported, in government vehicles. The Standing Approval also allows young people who are or were in care (up to 25 years of age) to drive government fleet vehicles to support them to obtain a driver's licence. Comprehensive vehicle insurance for DCP fleet vehicles and Fleet SA vehicles is provided by SAICORP (SA Government Insurance).

Approval to use a government vehicle should be sought from the relevant DCP office manager or residential care supervisor. "L" plates must be displayed at all times at the front and rear of the vehicle.

Under no circumstances is a DCP staff member or volunteer's private vehicle to be used to give driving lessons.

22. Remove the child or young person from a placement

Section 84(1)(c) of the CYPS Act grants the Chief Executive powers to remove a child or young person who is in the custody or under the guardianship of the Chief Executive from a placement.

The decision to remove the child or young person from a carer is a significant decision which may have a lifelong impact on the health, wellbeing and future of the child or young person. The carer and their family may also be significantly impacted by this decision. Such decisions must be made with the utmost consideration given to the child or young person's safety, stability, attachment and future emotional wellbeing. The rights of carers and their emotional wellbeing should also be considered.



Decisions of this magnitude are complex and must be based on a comprehensive assessment of the circumstances and needs of the child or young person, their immediate safety and the risk of future harm. Before considering removal of the child or young person from their placement, the DCP case worker should refer to [Support the placement](#) in this chapter of the Manual of Practice for strategies to maintain the placement, where it is safe to do so. While safety is always paramount, this is particularly important for Aboriginal or Torres Strait Islander infants, children and young people placed with family or kin and where other kinship placement options are not available.

For an overview of the process of undertaking a removal of a child or young person from their placement, refer to the [Remove the child or young person from a placement flowchart](#).

Consult on the decision to undertake an urgent removal

In circumstances where the removal of the child or young person from their foster, kinship or SCO placement is necessary to ensure their immediate safety, the DCP case worker must alert their supervisor immediately.

In cases where the child or young person is in a **temporary placement** pursuant to section 77 of the CYPs Act, it is strongly recommended that the DCP case worker and supervisor first consult with a practice leader. If the infant, child or young person is Aboriginal or Torres Strait Islander consultation should be undertaken with a Principal Aboriginal Consultant. If the child or young person is from a CALD background, the DCP case worker should consult with DCP Multicultural Services.

For all removals from placements with an approved carer, the supervisor and manager must consult with:

- a practice leader
- a Principal Aboriginal Consultant (PAC) if the infant, child or young person is Aboriginal or Torres Strait Islander
- DCP Multicultural Services if the child or young person is from a CALD background.

The only exception to this requirement is where the delay involved in consulting would prejudice the child or young person's safety. Details of all consultation undertaken should be recorded in C3MS using a Consult or Decision Record note with the 'Key Decision' box ticked. For further guidance, refer to the [Consult or Decision Record Procedure](#). See below for further guidance.

Consult and prepare for a planned removal

When there are serious concerns about the child or young person remaining in a family based placement in the longer-term or when a foster, kinship, SCO care or temporary placement is not meeting the child or young person's needs, it may be assessed that a planned removal from the placement may be required.

Consult about the decision

The decision to undertake a planned removal of the child or young person from the placement should consider the views of:

- the child or young person
- the carer
- the kinship care or placement support worker
- other care team members
- where relevant and appropriate, members of the child or young person's family and kinship networks
- for Aboriginal and Torres Strait Islander infants, children and young people, identified decision makers from within the child or young person's family and kinship networks (for further guidance about



supporting families' participation in decision making, refer to the [Family Led Decision Making for Aboriginal families framework](#))

- a practice leader, and, if appropriate, a PAC or representative from DCP Multicultural Services.

To make the decision to remove the child or young person from the placement, the DCP case worker should hold an internal case conference with the supervisor, a practice leader, PAC (if the infant, child or young person is Aboriginal or Torres Strait Islander), a staff member from DCP Multicultural Services (if the child or young person is from a CALD background) and a DCP psychologist, if required.

Plan the removal

If the decision is made to undertake the removal, a plan should be developed which includes consideration for:

- how the removal will be undertaken in a way that is the least traumatic and disruptive to the child or young person
- whether a planned placement transition can occur (refer to [Support the child or young person to transition between placements](#) in this chapter of the Manual of Practice for further guidance)
- how the child or young person will be prepared for the move from the placement, including how their belongings will be moved
- where and with whom the child or young person will be placed following the removal, and how their needs for safe, stable and nurturing care will be met in the long-term
- in circumstances where the child or young person is transitioning to a residential care placement, whether a referral has been made to [Finding Families](#) to support further scoping for family based placements (for guidance about referral criteria, refer to the [Finding Families Procedure](#))
- for Aboriginal and Torres Strait Islander infants, children and young people:
 - family mapping that has been undertaken to identify potential placements with Aboriginal and Torres Strait Islander family and kin, in partnership with decision makers from within the infant, child or young person's family and kinship networks
 - where appropriate, whether a referral has been made to Taikurtirna Warri-apinthe to support family finding and mapping (for guidance about referral criteria, refer to the [Taikurtirna Warri-apinthe Procedure](#))
 - the impact of the proposed placement option on the child or young person's relationships with their Aboriginal or Torres Strait Islander family, kinship and community networks and on their connection to Country (particularly if the proposed placement is with a non-Aboriginal carer or outside of their community of origin)
 - the outcomes of consultation with a recognised organisation on proposed placement options
- whether contact arrangements will be made between the child or young person and their carer following the removal.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle Active Effort Prompt

Removal from a placement is a significant decision. Ensure that Aboriginal and Torres Strait Islander family and kin are provided with opportunities to participate in planning for removal and transition to the infant, child or young person's new placement. Identify decision makers within the infant, child or young person's family, and consider options for supporting their participation, including (but not limited to) choosing culturally safe venues nominated by the family when meeting, enabling cultural support persons to attend, and providing flexibility for family members who cannot attend in person. Refer to the [Family Led Decision Making for Aboriginal families Framework](#).

For further guidance about making care arrangements for the child or young person, refer to [Place a child or young person in care chapter](#) of the Manual of Practice.

Details of all consultation undertaken and case conferences should be recorded in C3MS using a Consult or Decision Record note with the 'Key Decision' box ticked. For further guidance, refer to the [Consult or Decision Record Procedure](#).

Seek approval and record the decision

Seek approval to undertake an urgent removal

Where practicable, the supervisor and manager should seek the regional director's approval to remove the child or young person by submitting an internal memorandum, including the details of the case direction and the rationale for removing the child or young person from the placement.

In circumstances where the child or young person is in a situation of immediate danger that precludes the possibility of seeking the regional director's approval prior to removal, the supervisor may make the decision to urgently remove the child or young person. If consensus cannot be reached amongst those consulted, the decision about removal from the placement will be made by the regional director.

The decision and rationale for the removal should be recorded in C3MS using a Consult or Decision Record note with the 'Key Decision' box ticked. For further guidance, refer to the [Consult or Decision Record Procedure](#).

The regional director must be informed as soon as practicable after the removal.

Seek approval to undertake a planned removal

For all non-urgent removals, the regional director is responsible for making the decision to remove the child or young person from the placement.

The regional director's decision should be sought by submitting an internal memorandum, including details of the case direction, the rationale for removing the child or young person from the placement, and where the child or young person will be placed. The regional director will review all of the available information and make the decision in a timely manner.

For further guidance about the delegation of powers to remove a child or young person from a placement with an approved carer, refer to the [Guide to authorisations and delegation of powers and functions – by legislative provision](#).

The regional director's decision should be recorded in C3MS by attaching the regional director's written approval to a [Consult or Decision Record](#) note in C3MS, with the 'Key Decision' box ticked. The removal



should also be recorded by CARU on the Carer Approval page, and by the kinship care worker in the Kinship Care case in C3MS.

Inform the child or young person, carer and relevant parties of the decision

The DCP case worker should engage the child or young person and the carer to:

- advise them of the decision
- explain the rationale for the decision
- explain to the child or young person where they are going and what steps will be taken next
- identify the child or young person's immediate needs
- consider future contact arrangements between the child or young person and the carer.

The child or young person (where developmentally appropriate) and the carer must be provided with information about their right to seek an [Internal Review](#) of the decision.

This discussion should, where safe and appropriate, occur prior to the removal of the child or young person from the placement.

Other relevant parties such as the kinship care worker or placement support worker and other care team members should be advised of the decision to remove the child or young person.

Undertake the removal

The DCP case worker should arrange for the child or young person's personal belongings to be transported to their next placement. They should also liaise with the carer to obtain the child or young person's:

- Medicare and Health Care Card
- health records, including their Child Health and Development Record ('Blue Book')
- school reports
- life story books and other items of personal significance
- bank account details (if relevant).

The DCP case worker should also retrieve the Verification of Child in Care card from the carer. As the Verification of Child in Care card is issued in relation to the placement of the child or young person with that particular carer, the card can no longer be used if the child is removed from the placement.

The DCP case worker should ensure the card is placed in the child or young person's hardcopy file.

For further guidance, refer to [Support the move to the placement](#) in the [Place a child or young person in care](#) chapter of the Manual of Practice.

DCP staff who are required to coordinate or provide transportation for children and young people following removal from their placement should refer to [Transporting children and young people](#) in this chapter of the Manual of Practice.

Where the child or young person has been subject to an urgent removal and the view of the DCP case worker or supervisor is that the removal should be permanent:

- the regional director must be advised as soon as possible (if their approval could not be sought prior to the removal)
- a case conference must be held as soon as possible after the removal to consider the child or young person's long-term placement options and make a decision.



Manage contact between children and young people and their carers after removal

Where the child or young person has been the subject of an emergency removal from a long-term placement or a placement where they have a connection or attachment to the carer, DCP will be responsible for determining what, if any, contact the child or young person will have with their carer.

An assessment must be undertaken that considers the:

- safety and best interests of the child or young person
- child or young person's relationships with the carer and other family members from the placement
- child or young person's views about contact
- the carer's views about contact
- the carer's capacity to manage the contact in a way that supports the wellbeing of the child or young person
- the impact of contact on any SAPOL or serious care concern investigations that may be underway.

An ongoing SAPOL and/or serious care concern investigation does not, on its own, prevent the child or young person from having contact or communication with their former carer. The DCP case worker must consult with SAPOL or Care Concern Management Unit (CCMU) prior to arranging any contact to ensure that the investigation will not be compromised by contact. To request information from SAPOL, the DCP case worker should use the [Section 152 information request – SAPOL](#) form and submit it via email to the [Information Services Branch \(ISB\)](#). For further guidance about requesting information from other agencies under section 152 of the CYPS Act, refer to [Gather information to assess and manage risk](#) in the Information gathering and sharing chapter of the Manual of Practice. For information regarding fees associated with these requests, refer to the [SAPOL website](#). Decisions regarding contact and communication should be regularly reviewed as the SAPOL and/or serious care concern investigation proceeds.

All decisions regarding contact must be clearly communicated to the carer(s) by the DCP case worker in writing.

23. Support the child or young person to transition between placements

Safety and stability supports children and young people's healthy development and healing from trauma. Wherever possible, efforts should be taken to avoid frequent placement changes. For further guidance, refer to the [Permanency Planning Practice Paper](#).

Opportunities to develop a lifelong sense of belonging and connectedness are especially important for children and young people who have experienced a disrupted care history.

In some circumstances, it may be necessary for the child or young person to change placements. As far as practicable, a placement change should:

- be a planned event
- occur in a way that maximises support for the child or young person during their transition to a new placement
- be undertaken in a way that sets the placement up for success, including establishing appropriate carer supports
- support the broader goals of the child or young person's case plan.

Where a transition between placements is planned for an Aboriginal or Torres Strait Islander infant, child or young person, planning must include active efforts to honour the precursor and the five elements of the [Aboriginal and Torres Strait Islander Child Placement Principle](#). All significant decisions made during the case



planning and review cycle must be made in partnership and with the participation of the child or young person and their Aboriginal family.



Partnership

Aboriginal Child Placement Principle active effort prompt

To meet legislative requirements and to maintain a partnership approach with Aboriginal Community Controlled Organisations (ACCOs), consultation with a recognised Aboriginal organisation must occur for any placement changes for Aboriginal and Torres Strait Islander infants, children or young people. Wherever possible, this consultation should occur before the placement change occurs.

Transition plans should be tailored to meet the unique needs of the child or young person from a CALD background to support a successful transition between placements. Refer to the [Culturally and linguistically diverse child placement Policy](#) for further guidance.

The DCP case worker must ensure that key information about placement decision making is recorded in C3MS. This includes but is not limited to:

- any actions that have been taken to attempt to maintain the current placement (if considered to be in the child or young person's best interests)
- details of all consultations undertaken to inform the decision including who was consulted and what their views were
- details of communication with the child and young person, their new and current carers, relevant family members and other professionals relating to the decision
- a clear rationale as to why the decision to change a placement or remove a child from the placement has been made (including a summary of the information upon which the decision was based, how the relevant policies and legislative requirements were applied and a clear, meaningful and logical explanation of the reasons for the decision).

All placement decisions should be recorded in accordance with [Record the placement decision](#) in the [Place a child or young person in care](#) chapter of the Manual of Practice.

Decisions to [place children and young people](#) in particular placements and decisions to [remove children and young people from placements](#) are subject to the right to Internal Review and applications to SACAT. All relevant C3MS records are required to be provided during these review processes.

If the DCP case worker is seeking to place a child or young person in a placement located interstate, approval must be obtained from the Deputy Chief Executive prior to the child or young person relocating interstate by submitting an internal memorandum (endorsed by the office manager and relevant regional director) by [email](#). The memorandum should outline the child or young person's circumstances and reasons for the proposed interstate relocation.

Engage the child or young person, their carers and other parties



Planning to support the child or young person to transition between placements should be undertaken in a collaborative manner. The DCP case worker must ensure that transition planning and implementation includes the:

- child or young person
- current carer
- new carer
- child or young person's family (where appropriate)
- other parties involved in the child or young person's care.

Effective communication can help to minimise uncertainty and anxiety for everyone involved in the plan. The DCP case worker should ensure that:

- transition planning includes honest and open discussion with all parties about the challenges associated with transitions
- a strategy for managing communication during the transition is established with all parties, with options including:
 - regular face to face meetings
 - telephone or video calls
 - email exchanges
- the transition plan includes specific considerations for how differences of opinion or conflict will be managed during the transition process
- the child or young person and their carer are advised of their right to an Internal Review of a decision to undertake a planned removal from a placement (for further guidance, refer to the [Internal Review Procedure](#)).

Partner with the child or young person

When discussing the transition with the child or young person, the DCP case worker should ensure that they provide the child or young person with information that is appropriate to their developmental and emotional functioning.

The DCP case worker should provide the child or young person with:

- a clear developmentally appropriate explanation of what is happening
- an explanation of why the placement change is needed, in a way that does not attribute blame to the child or young person
- an opportunity to share their views about how the transition should occur
- acceptance and validation of their emotional response
- information about the length of their next placement if it is not anticipated that it will be a long-term option.

For guidance about seeking the child or young person's views about placement options, refer to [Gather and assess information to identify placement pathways](#).

When discussing the child or young person's views about how the transition will take place, the DCP case worker should:



- provide the child or young person with options for the location and timing of meetings or visits (wherever possible)
- use a range of methods for engaging the child or young person and discussing their views with them
- if the child or young person is experiencing anxiety relating to an impending placement move, consider strategies to support and reassure them about the transition and to engage them positively in the planning process
- follow up with the child or young person about how their views were taken into account in the transition plan.

For further guidance, refer to [Seek the views of the child or young person](#) in this chapter of the Manual of Practice, the [Supporting the participation of children and young people in decision making Practice Paper](#) and the [Relationship based practice Practice Paper](#).

Partner with the child or young person's current and new carers

Effective transition planning requires collaboration with both the child or young person's current and new carers. The child or young person's current carers (including residential care staff) hold important in-depth knowledge about the child or young person's care needs.

It is important to acknowledge and respond to the range of emotional experiences that current and new carers may have throughout the process. Current carers may experience feelings of grief and loss. New carers may also experience challenges, including uncertainty and feeling conscious that their relationship with the child or young person is not as well-established by comparison with the current carers. The DCP case worker and supervisor should work closely with the current and new carers to identify supports required to ensure their positive engagement in the transition process.

It is beneficial to actively support the current and new carers to develop a positive working relationship that is focused on the child or young person's needs prior to the transition period starting. This can include:

- an initial meeting between the current and new carers, supported by the DCP case worker, to ensure both parties understand their role in supporting the transition
- ensuring that the child or young person is aware that the current and new carers are supportive of the transition and are focused on supporting the child or young person
- ensuring that all parties understand that even the highest quality transition plans often require multiple adjustments.

Partner with other parties

The child or young person's family

The child or young person's family should be participants in the planning process. Where this is not possible or appropriate (for example, in situations where a placement change is urgent; or there are concerns about the safety of the child or young person), family members must at least be advised that the child or young person has moved.

For Aboriginal and Torres Strait Islander children and young people, members of the child or young person's kinship and community networks, including Elders, mentors and other significant people in their life should also be included in transition planning. Their involvement helps to ensure that the child or young person is supported to maintain cultural and community connections. It also supports Aboriginal and Torres Strait Islander families and communities to actively participate in decision making.

For children and young people from CALD backgrounds, the child or young person's family and community networks, including community leaders, should also be included in transition planning.



Professionals working with the child or young person

A range of DCP consultants and other professionals working with the child or young person can make important contributions to transition planning. The DCP case worker must consult with a practice leader and, for Aboriginal and Torres Strait Islander infants, children and young people, a Principal Aboriginal Consultant (PAC). It is also recommended that the DCP case worker consult with:

- the child or young person's therapist
- the child or young person's teacher/s
- DCP Multicultural Services for children and young people from CALD backgrounds.

For transitions involving children and young people with disabilities the new carers may require additional support or are required to undergo specific training to be able to provide care in accordance with the child or young person's care plan/s or NDIS plan. It is recommended that the DCP case worker consult with the DCP disability consultant or disability and health professionals working with the child or young person.

Where a transition involves external service providers (such as the carer support agency or ACCO), it is recommended that they be consulted as part of transition planning to ensure that the requirements are in line with contracted service requirements.

Kinship care and placement support workers

Kinship care workers and placement support workers play a significant role in supporting carers. When planning placement transitions, the DCP case worker should discuss the carers' support needs and include any required actions in the transition plan.

DCP Psychological Services

For children and young people with complex needs, it is recommended that a DCP psychologist be consulted and involved in the transition process. It is also recommended that a DCP psychologist be consulted where the:

- infant or young child has entered the active phase of their attachment development
- child or young person has been assessed as having a healthy attachment relationship with their current carers
- child or young person is moving from a residential care setting to a family-based placement, particularly if the placement in the current setting has been lengthy
- child or young person has experienced significant challenges adjusting to changes in their care arrangements in the past
- the child or young person or carer is unwilling or unable to engage in the transition process, or there are limitations or constraints related to the timeframes or locations of current and future placements.

Consult with a Recognised Organisation (for Aboriginal and Torres Strait Islander children and young people)

The DCP case worker must, where reasonably practicable, consult with a Recognised Organisation prior to the transition taking place. For further guidance, refer to [Consult with a recognised organisation \(for Aboriginal children and young people\)](#) in the Place a child or young person in care chapter of the Manual of Practice.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

To meet legislative requirements and to maintain a partnership approach with Aboriginal Community Controlled Organisations (ACCOs), consultation with a recognised Aboriginal or Torres Strait Islander organisation must occur for any placement changes for Aboriginal and Torres Strait Islander infants, children or young people, wherever reasonably practicable.

Develop the transition plan

The DCP case worker should record the transition plan using the [Placement transition plan template](#).

Consider and plan to meet the specific needs of the child or young person

Transition planning must take into account the specific needs and circumstances of the child or young person. Children and young people who have experienced developmental trauma often have significant emotional and relational insecurity and can become dysregulated easily. Children and young people who have experienced trauma often need time to develop familiarity and build trust in new relationships, and can be overwhelmed by displays of affection early in the transition process. To support the child or young person the DCP case worker should:

- use their assessment of the child or young person's needs to inform aspects of the transition plan including timeframes, the frequency and duration of transition visits, and other supports the child or young person and their current and new carers may need during the transition process
- take steps to ensure the least possible disruption (for example, enabling the child or young person to continue to attend the same child care centre or school, where possible, or continuing contact arrangements and other activities as usual)
- avoid novel, overly exciting or unfamiliar activities (such as parties, large gatherings, holidays or trips away, busy crowded places and unexpected gifts or surprises)
- maintain consistent and regular routines as much as possible.

Both the child or young person and the new carers benefit greatly from significant information exchange about each other. This is also a requirement under sections 79 and 80 of the CYPS Act. For further guidance about information that must be provided to the carer and the child or young person prior to placement, refer to [Prepare for the placement](#) in the Place a child or young person in care chapter of the Manual of Practice.

The DCP case worker should work with the child or young person to consider what they want to share about themselves with the new carers, and how they would like to share that information. Children and young people with a developmental delay or disability must be provided with developmentally appropriate information to support their understanding of the transition.

For guidance about information which should be provided to carers, refer to the [Information checklist for family based carers](#).

Key considerations for planning transitions for children and young people include:

- considering who is the most appropriate person to inform the child or young person of the impending move (usually, the person with the strongest relationship with the child or young person should be tasked with discussing the move with them)



- discussing the child or young person's additional emotional support needs during times of change with the current and future carers
- maintaining consistency such as continuing with familiar activities, therapeutic supports and where possible school
- reducing activities that could add to the child or young person's dysregulation until they have had the opportunity to settle in to a new environment and develop some security with new relationships
- gathering as much information as possible about the new carers to share with the child or young person and engaging current carers to provide as much information about the child or young person as possible by emphasising the positive impact this action will have on the child or young person
- giving the child or young person an opportunity to reflect on the placement move and discuss their thoughts and feelings with their current carers should they wish to do so.

Consideration should be given for particular groups of children and young people, including:

<p>Younger children (infants and pre-schoolers)</p>	<ul style="list-style-type: none"> • gathering as much information about an infant's care routine as possible from the current carers (such as keeping a routine diary or using the same foods, bedding, toys or singing the same songs) • replicating current care routines as much as possible and introducing any changes to routines slowly • using a specific toy or toys during transition visits to build a relationship with the child and using it as a transitional object • for very young children, avoiding overnight visits during the transition process as the repeated disruptions and separations from attachment figures may be confusing and distressing • for pre-schoolers, considering the introduction of overnight and weekend visits during latter stages of the transition when a relationship has been established with the new carers.
<p>Older children (school age and adolescents)</p>	<ul style="list-style-type: none"> • factoring in the amount of time an older child or young person may need to adjust to the idea of moving into the timeframes for transition • providing older children and young people with as much information as possible about both the transition plan and their new carers • arranging initial visits with new carers with the support of the current carers (where possible) • considering using a community setting with both the current carers (or at least a familiar adult) and the new carers present for the initial visit • for school-aged children, considering whether they would benefit from the current carers being involved in at least the initial few visits • increasing the frequency and duration of visits over a few weeks to include stays of several days as the relationship with the new carer grows • if the child or young person is adjusting well, arranging visits over a weekend towards the end of a transition process



	<ul style="list-style-type: none"> where possible, timing transitions so that they conclude during school holidays to enable the child or young person to have time to settle into their new home before school recommences.
Children and young people with a disability	<ul style="list-style-type: none"> repeating information to support understanding of new information using social stories with photos of the new environment, routines and relationships to help make sense of these changes and reduce anxiety if the child or young person has NDIS funding, considering any changes in the child or young person's funding and support needs and whether a review of their NDIS plan is required (for further guidance, refer to Identify and respond to the child or young person's developmental and disability needs in this chapter of the Manual of Practice).
Children or young people transitioning from residential care to family based care	<ul style="list-style-type: none"> considering additional supports required by both the child or young person and the new carers to support the child or young person's adjustment to a family based care environment working in partnership with residential care staff to support the development of the child and young person's relationship with their new carers and supporting the child or young person to adapt to living in a family environment.
Children or young people moving between residential care placements	<ul style="list-style-type: none"> when children or young people have to move between residential care placements over a limited timeframe, giving them an opportunity to reflect on the placement move and discuss their thoughts and feelings with their current carers should they wish to do so if possible, providing the child or young person an opportunity to meet their new carers or to visit their new placement before it begins.
Aboriginal and Torres Strait Islander infants, children and young people	<ul style="list-style-type: none"> enabling Aboriginal family led decision making by including and giving voice to the infant, child or young person and their Aboriginal or Torres Strait Islander family and kin in the development of the transition plan and in the review of the case plan considering what supports may be required to address the infant, child or young person's experiences of grief or loss following separation from their family or kin (if they are transitioning from a kinship placement), their community or Country ensuring that the ACIST is reviewed and implemented (as part of the case plan) so that it reflects how the child or young person's ongoing connections to family, kin, community, culture, and Country will be maintained in their new placement providing non-Aboriginal carers of Aboriginal and Torres Strait Islander infants, children and young people specific and ongoing education and support to learn about Aboriginal and Torres Strait Islander culture and how they can best support the cultural needs of the infant, child or young person



	<ul style="list-style-type: none"> ensuring the case plan clearly articulates plans for return to Country if they are leaving their community of origin.
Children and young people from culturally and linguistically diverse backgrounds	<ul style="list-style-type: none"> ensuring that the CALD Identity Support Tool is reviewed (as part of the case plan), so that it reflects how the child or young person's connections to family, kinship, community, religion (if applicable), language and culture will be developed and maintained in their new placement, inclusive of how cultural and religious requirements for dress, diet and prayer will be met in the new placement if the new carer is not from the same cultural community as the child or young person, providing them with specific education and support to learn about the child or young person's cultural background and support their cultural needs.
Children and young people moving from rural or remote communities	<ul style="list-style-type: none"> considering supports that may be needed for children and young people moving from rural or remote communities to unfamiliar surroundings where they will experience significant changes (including change to their routines, education, social and recreational activities and contact arrangements) For Aboriginal and Torres Strait Islander infants, children and young people ensuring case planning clearly articulates plans for return to Country if they are leaving their community of origin.
Urgent placement changes	<ul style="list-style-type: none"> engaging current and future carers in a compressed transition plan that provides an opportunity for the child or young person to at least become familiar with their new carers before the placement commences on a full-time basis in situations where an urgent placement change must occur, carefully considering what actions can be taken in the circumstances to minimise the impact of an abrupt placement change on the child or young person and to prepare the new placement as well as possible considering who is the most appropriate person to inform the child or young person of the impending move (usually, the person with the strongest relationship with the child or young person should be tasked with discussing the move with them) gathering as much information as possible about the new carers to share with the child or young person and engaging current carers to provide as much information about the child or young person as possible by emphasising the positive impact this action will have on the child or young person providing any information gathered from the current carers to the new carers.

Determine the timeframes for the transition

Wherever possible, timeframes for the transition should be decided with consideration for the child or young person's developmental needs, including their attachment relationships with their current carers.



For planned moves between family-based placements, it is recommended that placement transitions occur over four to six weeks. This allows time for the child or young person to establish a relationship with their new carers before the placement begins. It is recommended that the DCP case worker consult with a DCP psychologist as required. For further information about attachment, refer to the [Attachment Practice Paper](#).

There may be circumstances where the timeframes for the transition may be limited. In these instances, the DCP case worker must ensure:

- the child or young person has an opportunity to talk about the placement move and discuss their thoughts and feelings with the DCP case worker and their current carers, should they wish to do so
- where possible, the child or young person is given an opportunity to meet their new carers or to visit their new placement before their placement begins
- other strategies are employed to support an urgent placement change, such as encouraging the current carer to have intense involvement with the child or young person immediately after the placement change, and then gradually reducing their contact with the child or young person to a more sustainable long-term arrangement.

Placement moves that occur without any planning or transition process can cause significant distress to children and young people. When an urgent placement change is needed to support the child or young person's safety or wellbeing, the DCP case worker must still make active efforts to engage current and future carers.

Determine the frequency and duration of transition visits

When planning the frequency and duration of transition visits, the DCP case worker should consider the following:

- visits with the new carer/s three times per week initially
- commencing with visits in an environment that is most familiar and comfortable for the child or young person (before they occur in the new carer's home environment)
- longer visits at the current placement to give the new carers a chance to observe the child or young person in their usual environment
- progressing to short, predictable visits at the new placement where the child or young person is accompanied by the current carer (or another familiar adult) before moving to short, predictable contact with the new carers only
- full day visits commencing as soon as the child or young person demonstrates that they are able to manage substantial time away from their current carers
- ensuring the child or young person has clear and developmentally appropriate information about the duration of visits to minimise anxiety.

Plan transition visit activities

The child or young person should be supported to participate in planning visits and outings with the new carers. Consideration should be given to:

- for younger children, choosing a transitional object such as a favourite toy or blanket to take to visits (for Aboriginal and Torres Strait Islander infants, children or young people this could be a significant object that symbolises their connection to their family, culture or community)
- asking the child or young person what activities they would like to do with their new carers, or suggesting activities the child or young person enjoys (including cultural activities)



- giving the child or young person a choice of which of their belongings they will leave at the new carer's house as the transition progresses
- involving familiar workers who have a close relationship with the child or young person.

When planning transition visits, the DCP case worker should consider:

- arranging the first visit with the new carer at the child or young person's current placement as this may lessen their anxiety, or choosing a familiar public place (such as a park) where the child or young person feels comfortable
- moving visits to occur at the new placement when the child or young person appears more comfortable
- encouraging the child or young person and new carer to engage in activities, such as playing with familiar toys, or exploring the house and garden together
- if appropriate to the child or young person's circumstances, facilitating the relationship between the child or young person and the new carers by giving them the opportunity to engage in 'special' outings together during some visits.

Transition planning should include considerations for how the child or young person will be supported to maintain links with their former carers and develop a sense of a belonging in their new placement. This may include (but is not limited to):

- encouraging the child or young person to bring photos of their previous carers with them to their new placement
- giving the child or young person a card or gift from the previous carers
- taking and displaying a photograph of the new carers and child or young person in the new placement
- encouraging the child or young person to contribute to the organisation of their new room (such as buying furniture or linen, choosing paint colours, choosing and putting up artwork or posters, placing their name on the door of their room)
- if appropriate to the child or young person's circumstances, facilitating the relationship between the child or young person and the new carers by giving them the opportunity to engage in outings together during some visits
- passing on the child or young person's Life Story Book, memory box, scrap books or other significant items to the new carers.

Identify additional resources and supports that may be required

Transition planning should emphasise and support continuity for the child or young person and minimise change. Consideration should be given to the supports needed to ensure the child or young person's continued connection to family and kinship networks, community, and Country. Supports may also be required to maintain continuity of relationships with relevant service providers, including (but not limited to):

- child care, school, or other training or employment
- health services, including dental services
- therapeutic service providers
- mentors.



Therapeutic supports

The child or young person's therapist should be consulted about the transition plan and should be actively involved in the process as required. If the child or young person does not have a therapist, consideration must be given to whether therapeutic support would assist the child or young person during the transition.

Educational supports

When informing the child or young person's child care centre or school of the transition plan, the DCP case worker should:

- flag any potential impact of the change on the child or young person's behaviours as a result of feelings of uncertainty, loss, confusion, or distress
- consider any additional support the child or young person may need at school as they adapt to their new placement.

Supports for current and new carers

The DCP case worker, in partnership with kinship care workers or placement support staff, is responsible for identifying supports required by the current and new carers. Transition planning should consider:

- carers may require support both before and during the transition process as well as once the placement has commenced
- for residential care staff, carers should be referred to their supervisor or agency for support as appropriate
- new carers may benefit from access to advice and debriefing from the DCP case worker, kinship care worker or placement support worker, therapist, PAC or a DCP psychologist in addition to accessing child care or respite care if necessary.

For further information about supports that new carers may require, refer to [Prepare for the placement](#) in the [Place a child or young person in care](#) chapter of the Manual of Practice.

New placements often appear to be going well initially but it is common for difficulties to emerge later. The DCP case worker, in partnership with the kinship care worker or placement support worker should ensure that the new carer is made aware of this and provided with the necessary support to stabilise and optimise the placement

Record and share the transition plan

Copies of the [Placement transition plan](#) should be shared with the child or young person and all other parties involved in the implementation or monitoring of the plan (including the current and new carers and kinship care or placement support workers). For an example of a completed Placement transition plan, refer to the [Example placement transition plan](#).

Implement and monitor the transition plan

There may be circumstances where the timeframes for a transition plan need to be reviewed and re-considered. The progress and pace of a transition should be guided by the child or young person's needs and responses and the plan should be adjusted accordingly.

How the child or young person is managing must be regularly reviewed with consideration given to:

- whether the child or young person is 'present' in the new placement (for example, do they isolate themselves or engage with others in the placement to the best of their ability?)



- the child or young person's ability to express their views and feelings, and to allow adults to help them (for example, can the child or young person share how they are feeling? Does the child or young person feel comfortable to ask questions, make use of the supports offered to them and to challenge aspects of the placement that they do not feel comfortable about?)
- the child or young person's ability to reflect on the positive and challenging aspects of the previous placement, either verbally or through play
- the extent to which the child or young person can exhibit or report feelings of belonging
- the extent to which Aboriginal and Torres Strait Islander infant, children and young people's cultural needs are being met
- the extent to which the cultural needs of children and young people from a CALD background are being met
- the emergence or re-emergence of behaviours such as the child or young person becoming distressed more frequently than was previously the case, or new behavioural difficulties or loss of previously acquired skills (such as disrupted sleep, or difficulties with toileting or meals).

Although it is common for the child or young person's behaviour to regress during a transition, the pace of the transition should be reconsidered while discussions with all parties take place if the child or young person begins to experience:

- extreme distress or anxiety (such as strongly protesting separation from their current carers)
- frequent and unusual toileting accidents
- prolonged issues with sleeping or nightmares
- significant and unusual dysregulation.

In these circumstances, consideration needs to occur regarding what further supports or strategies could be used to support the transition and to assist the child or young person to build a relationship with their new carers.

Provided their current care environment is safe, the child or young person should never be forced from a secure psychological arrangement before another is well established. Continued contact with their previous carer and other key relationships ensures that positive connections are maintained. Consultation with a DCP psychologist, practice leader or PAC or DCP Multicultural Services may support decision making about contact for children or young people and their previous carers.

If the child or young person becomes very eager to visit their new carers and reluctant to return to their current placement after visits or it is assessed that the transition process is exacerbating the child or young person's sense of uncertainty or anxiety, consideration should be given to progressing the transition more quickly.

To monitor, review and update the plan, the DCP case worker should hold regular [care team meetings](#) and ensure that all parties involved in the plan (including the child or young person) have an opportunity to share their views about the progress of the transition and have these considered as part of the review of the transition plan. Refer to 'Work in partnership with the child or young person's care team' in the [Support the placement](#) key step of the Supporting children and young people in care chapter of the Manual of Practice for further guidance about care team meetings.

Children and young people who experience a sudden placement change, removal from a placement or a placement transition within a compressed timeframe may experience a range of emotions, including (but not limited to):



- grief and loss related to the connections they have with the carer, other household members, other children in the placement (including siblings, if relevant) and members of the carers' extended family
- grief and loss related to the need to change schools and losing their friendship group
- grief and loss related to the inability to continue to engage in their extracurricular activities
- feelings of guilt or self-blame for the placement end
- anxiety or uncertainty about their future.

The child or young person may experience additional challenges settling into their next placement or display [complex behaviours](#). It is important to consider strategies to support the child or young person to process their experiences of placement breakdown and to support their transition into their new placement.

In addition to considerations for ensuring continuity and consistency for the child or young person (refer to 'Develop the transition plan' in this key step) strategies to support the child or young person may include (but are not limited to):

- seeking therapeutic support for the child or young person or consulting with their current therapist
- undertaking life story work with the child or young person to help them to develop a coherent and realistic understanding of why the placement ended
- where appropriate, considering how the child or young person could be supported to maintain connection with their former carer, household members or other children in the placement (including issuing formal contact determinations).

Support the child or young person following a placement breakdown

Children and young people who experience a sudden placement change or placement breakdown may experience a range of emotions, including (but not limited to):

- grief and loss related to the connections they have with the carer, other household members, and other children in the placement (including siblings, if relevant) and members of the carer's extended family
- grief and loss related to change of schools and loss of friendship groups
- grief and loss related to the inability to continue to engage in extracurricular activities
- feelings of guilt or self-blame for the placement end
- anxiety or uncertainty about their future.

The child or young person may experience additional challenges settling into their next placement or display complex behaviours. In addition to general considerations for supporting children and young people to transition between placements, it is important to consider strategies to support the child or young person to process their experiences of placement change and to support their transition into their new placement.

Strategies may include (but are not limited to):

- seeking therapeutic support for the child or young person or consulting with their current therapist
- undertaking [life story work](#) with the child or young person to help them to develop a coherent and realistic understanding of why the placement ended
- where appropriate, considering how the child or young person could be supported to maintain connection with their former carer, household members or other children in the placement (including issuing formal [contact determinations](#)).



Any referrals for therapy should be recorded in the Referrals tab in C3MS. For further guidance, refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#).

24. Support the safety of the child or young person by issuing a written direction

A written direction is a regulatory notice that can be issued by the Chief Executive (or delegate) under sections 86(1) and/or (1a) and/or (2) of the CYPs Act. It can direct a specified person **not** to:

- communicate, or attempt to communicate with a specified child or young person who is in the custody or under the guardianship of the Chief Executive
- be in the company of, or otherwise associate with, a specified child or young person who is in the custody or under the guardianship of the Chief Executive
- harbour or conceal, or assist another person to harbour or conceal, a specified child or young person who is in the custody of or under the guardianship of the Chief Executive.

The maximum penalty for breaching a written direction for a first offence is imprisonment for three years. The maximum penalty for a second or subsequent offence is imprisonment for four years.

It should be noted that if a person is arrested for a breach of written direction, they will not be granted bail unless there are special circumstances justifying their release on bail.

For an overview of the process of issuing a written direction, refer to the [Support the safety of the child or young person by issuing a written direction flowchart](#).

Issue a written direction

The DCP case worker should consider whether a written direction is required, based on the legislative provisions under section 86(1) and/or (1a) and/or (2) of the CYPs Act.

What is communicating?

“Communicate” includes the imparting or interchange of thoughts, opinions, or information by speech, writing or signs.

“To communicate” also includes non-proximate forms of contact such as telephone conversations, text messages and social media.

What is being in the company of or associating with?

To be “in the company of” or “associate with” means two or more people being observed together or around each other.

What is harbouring or concealing?

“Harbour” means to provide shelter or refuge.

“Conceal” means to prevent something from being seen or known about – to hide something.

The Chief Executive has delegated the power to issue a written direction to a number of senior positions in DCP. This includes supervisors and managers in DCP offices. The DCP case worker must consult and seek approval from the supervisor prior to issuing a written direction and record the decision using a [Consult or Decision Record](#) note in C3MS. All staff must be aware of current delegations and conditions



before issuing a written direction. Refer to [Guide to authorisations and delegation of powers and functions - by legislative provision](#).

The Chief Executive (or delegate) can only issue a direction, if the Chief Executive (or Chief Executive's delegate) believes it is reasonably necessary to:

- prevent harm to the child or young person (section 86(3)(a)); or
- prevent the child or young person from engaging in, or being exposed to, conduct of a criminal nature (section 86(3)(b)).

What is harm?

"Harm" is defined in section 17 of the CYPs Act. This states that for the purposes of the CYPs Act, a reference to harm will be taken to be a reference to physical harm or psychological harm (whether caused by an act or omission) and, without limiting the generality of this subsection, includes such harm caused by sexual, physical, mental or emotional abuse or neglect. In this section—**psychological harm** does not include emotional reactions such as distress, grief, fear or anger that are a response to the ordinary vicissitudes of life.

The Chief Executive can direct a person not to communicate and/or harbour or conceal or be in the company of, or associate with, a specified child or young person "during the period specified in the notice."

The specified period can be any length of time, as long as it does not extend beyond the child or young person turning 18 years of age, or the length of the custody or guardianship order. Beyond these dates, the written direction may be considered invalid.

Consideration should be given to the appropriate length of time the written direction should be in place. In some circumstances, a shorter-term (for example, one year) written direction may be considered more appropriate than a written direction that is in force until the expiry of the child or young person's guardianship order. For example, this may be the case if the defendant is a family member. Written directions can be reviewed near the time of expiry, and reissued if still required.

It is important to note that if a person is arrested for a breach of written direction, they will not be granted bail unless there are special circumstances justifying their release on bail. It is therefore important to regularly review written directions to ensure they are still reasonably necessary to prevent harm.

When the child or young person is under the guardianship of the Chief Executive until 18 years

If the written direction is to remain in place until the young person turns 18 years of age, the expiry date of the order must be the day before their 18th birthday.

When the child or young person is under the custody or guardianship of the Chief Executive for 12 months (or less)

If the written direction is to remain in place until the end of the order, the expiry date is the day the relevant order expires (at midnight).

In making a determination to issue a written direction, the delegate must consult with:

- a practice leader; and
- Principal Aboriginal Consultant (PAC) if the infant, child or young person is Aboriginal or Torres Strait Islander



- DCP Multicultural Services if the child or young person is from a CALD background; and
- the relevant residential care house (if the child or young person is placed in residential care).



Participation

Aboriginal and Torres Strait Islander Child Placement Principle Active Effort Prompt

When determining whether to issue a written direction, seek the views of decision makers from within the child or young person's family and kinship networks, PACs and other Aboriginal practitioners, Elders and other people with cultural authority for the child or young person.

Seek advice on the potential impact that a written direction may have on the individual for whom the written direction is being considered and child or young person's ability to maintain their cultural obligations and relationships (for example, attendance at community events, participation in Ceremony, or attendance at Sorry Business). Consider how these impacts will be managed whilst ensuring the child or young person's safety.

The consultation should consider:

- whether a written direction should be issued to direct the specified person not to:
 - communicate, and/or
 - be in the company of, or otherwise associate with, and/or
 - harbour or conceal, or
 - all of the above
- if the written direction is to be issued against a family member or other person with current contact arrangements in place (for example through a contact determination), a specific clause allowing contact
- the timeframe of the written direction.

The person that carries out the consultation **must** be the delegated authority who will be issuing the written direction. Other members of the care team can be present at the consultation but the delegate must be present at all required consults.

While the consultation assists in determining the merits of issuing a written direction, it is the delegate that must believe it is reasonably necessary to issue the written direction as required by section 86(3). If a decision is made to issue a written direction, the delegate must complete the [Written direction rationale template](#). If there is more than one child or young person, a rationale must be provided for each child or young person. If a written direction is to be issued against more than one adult, a rationale is required for each adult.

The rationale document (or information contained in the document) may be provided to SAPOL to assist any breach of written direction prosecutions. The document may also be filed in SACAT and served on other parties if a review of the decision to issue the written direction is sought.

Request assistance from DCP Legal

Once the [Written direction rationale template](#) has been completed, the DCP case worker must send it to DCP Legal at dcp.legal@sa.gov.au with the subject heading: "Issuing a written direction – legal assistance required" or similar. The DCP Legal inbox is monitored during business hours and a solicitor will respond shortly after receiving a request.

If the DCP Legal solicitor considers that the rationale is:



- sufficient - they will request that the [Written direction notice template](#) be completed and returned for review, and offer a telephone consult to discuss any issues in further detail
- insufficient - they will contact the delegate and discuss.

The delegate is responsible for considering any legal advice provided by DCP Legal when making the decision about whether to issue a written direction.

Once the written direction has been drafted, the following documents must be provided to DCP Legal:

- draft covering letter to the defendant
- draft [Written direction notice](#)
- Youth Court order
- child or young person's birth certificate.

When preparing the covering letter, include all aliases of the child or young person, including their middle names. The issuing delegate must ensure that all aliases are included and correct. Incorrect names or dates of birth can invalidate the written direction and result in the inability to prosecute breaches in the future.

DCP Legal is responsible for reviewing the documents to ensure references to legislation and the expiry date are correct. DCP Legal should send the reviewed documents back to the DCP case worker and advise that the DCP case worker can proceed with issuing and serving the written direction.

Serve the written direction

A written direction must be served personally on the person against whom the notice is issued. This can be completed by a DCP employee if deemed appropriate and safe to do so, or a process server can be used.

If it is not reasonably practicable to serve a written direction upon a person or the whereabouts of the person cannot be ascertained (after reasonable enquiries), the notice may be served on that person in accordance with section 168 of the CYPS Act.

Section 168(b) to (d) of the CYPS Act states that service of a notice can be effected if it is:

- left for the person at the person's place of residence or business with someone apparently over the age of 16 years; or
- posted to the person at the person's last known address place of residence or business; or
- transmitted by fax or email to a fax number or email address provided by the person (in which case the notice or other document will have been given or served at the time of transmission).

If service in one of the above ways is being considered, DCP Legal must be contacted to discuss the most appropriate options available under section 168.

Once the written directions have been served, the person who served the documents must complete an [Affidavit of Service](#) as soon as possible. Process Servers may use their own Affidavit of Service template.

If the person who served the written direction is a DCP employee, DCP Legal must be contacted to discuss the completion of the Affidavit of Service.

The DCP case worker must complete the [Internal Record of Written Direction Issued](#).

Forward documents to SAPOL

Once the documents have been served, the DCP case worker must send the:

- signed [Written direction notice](#) and covering letter



- signed [Affidavit of Service](#) (SAPOL are unable to upload the written direction onto the SAPOL system until the Affidavit of Service has been received)
- [Record of Written Direction Issued](#)

to the following email addresses:

- SAPOL.CAAIOrderMailman@police.sa.gov.au; and
- SAPOL.FamilyDomesticViolenceSection@police.sa.gov.au; and
- the DCP Legal solicitor that assisted with the written direction.

Where multiple written directions are issued at the same time (relating to one child or young person and multiple defendants or multiple children or young people and one defendant), SAPOL requires the documents listed above to be sent as individual PDFs (a separate pdf for each child or young person and defendant against whom the written direction is issued).

It should be noted that written directions and associated documents must not be sent to individual SAPOL officers.

Documents must be sent to SAPOL to ensure that they are recorded on SAPOL's system.

Record details of the written direction in C3MS

The DCP case worker must upload the signed [Written direction notice](#), [Affidavit of Service](#) and the internal [Record of Written Direction Issued](#) and a copy of the email to SAPOL to C3MS.

The following details must be recorded in the case note:

- **Title:** Written Direction sent to SAPOL
- **Mode:** Email
- **Time & date:** today (when the email forwarded)
- **Details:** See attached
- **Note categories:** Statutes amendment- Written Direction and Authorities/Orders
- **Attachment:** email (the one forwarded to SAPOL) (attach file)
- Add alert in C3MS for defendant and child or young person
- Create relationships.

Respond to a request for an Internal Review of a written direction

The issuing of a written direction is a reviewable decision under section 157 of the CYPs Act. A person aggrieved by the decision to issue a written direction, which can include the child or young person, can request an Internal Review of the decision to issue a written direction. The right to lodge an application for an internal review or SACAT review is outlined on the written direction. For further guidance about Internal Reviews and external reviews conducted by SACAT, refer to the [Internal Review Procedure](#).

Withdraw a written direction

If a written direction is no longer required, it can be withdrawn. The DCP case worker and supervisor should regularly review the written directions they have in place to ensure they are still appropriate as part of regular [case planning and review](#).



Consultation must occur with the practice leader and PAC (and, where relevant, staff from the residential care house) to ensure that the risks originally present when issuing the written direction are no longer present, or can be sufficiently managed in another way.

Once the decision has been made, the DCP case worker must contact DCP Legal at dcp.legal@sa.gov.au to withdraw the written direction.

The DCP case worker must complete the [Internal record of Written Direction Withdrawn](#).

Forward withdrawal of written direction documents to SAPOL

The letter, the relevant written direction and the Internal record of Written Direction Withdrawn must be forwarded to SAPOL so that it can be removed from the system. The DCP case worker should cc the DCP Legal Solicitor that assisted them and email the following addresses:

- SAPOL.CAAIOrderMailman@police.sa.gov.au
- SAPOL.FamilyDomesticViolenceSection@police.sa.gov.au.

Record details of the withdrawal of the written direction in C3MS

The DCP case worker must upload the letter advising of the withdrawal of the written direction and the Internal Record of Written Direction Withdrawn and a copy of the email to SAPOL to C3MS.

The following details must be recorded in the case note:

- **Title:** Withdrawal of Written Direction sent to SAPOL
- **Mode:** Email
- **Time & date:** today (when the email forwarded)
- **Details:** See attached
- **Note categories:** Statutes amendment - Written Direction and Authorities/Orders
- **Attachment:** email (the one forwarded to SAPOL) (attach file)
- Add alert in C3MS for defendant and child or young person
- Create relationships.

Respond to a breach of a written direction

If a DCP employee observes an interaction between the child or young person and a person against whom the written direction is issued against it is important to take detailed notes about the interaction. DCP employees must report any suspected breach of a written direction to SAPOL.

In order to prove a breach of a written direction, the evidence must prove the offence beyond reasonable doubt.

To prove a breach of a written direction not to communicate, in most cases there will need to be observations of the child or young person and the other person, talking or signalling, or evidence of electronic communication such as text messages or emails.

The offence of harbouring and concealing will require evidence of the child or young person being inside a premises or other location. It will also require knowledge on behalf of the defendant that the child or young person is inside the premises, and proof that the defendant intended to harbour or conceal them.

When a person breaches a written direction, SAPOL will either arrest that person, or report the alleged breach. The DCP case worker and supervisor should contact DCP Legal to advise of the breach.



If a person is arrested, there is a presumption against bail. That means that the person will not be granted bail unless they establish the existence of special circumstances to justify release on bail. The matter will be listed for a bail hearing very shortly after arrest and DCP will provide information to SAPOL relating to the risks to the child or young person and a position on whether or not bail is opposed. The decision about whether bail is opposed by DCP will be made by the Deputy Chief Executive or the Executive Director, Service Delivery and Practice. DCP Legal will also obtain information from the relevant DCP office about the child or young person and any information known about the defendant. The outcome of the bail hearing will be communicated to the office.

Following the bail hearing, SAPOL will forward the evidence relating to the breach to DCP Legal. Where it is considered appropriate to do so, DCP Legal will recommend to the Deputy Chief Executive or Executive Director, Service Delivery and Practice that the matter be referred to the Prosecution Section of the CSO for legal advice on whether to pursue prosecution of the alleged breach. DCP Legal will contact the DCP office to obtain any additional relevant documents to provide to the CSO. SAPOL will also forward the prosecution brief to DCP Legal where a breach of written direction has been reported, but no arrest has been made, and the above steps will also be undertaken by DCP Legal.

The CSO will provide advice to DCP Legal regarding whether there is:

- sufficient evidence to pursue prosecution; or
- insufficient evidence to pursue prosecution and that no further investigation can remedy this; or
- insufficient evidence, however if further investigations were undertaken and evidence gathered, it may be possible to pursue a prosecution.

If further investigations are required, DCP Legal will request SAPOL undertake further investigations, or solicitors from DCP Legal may obtain statements from DCP employees.

Once the CSO advice has been provided, DCP Legal will inform the Deputy Chief Executive or Executive Director, Service Delivery and Practice, who are responsible for making the decision about whether to pursue a prosecution for a breach of written direction. DCP Legal will also inform with the relevant DCP office and liaise with them about any next steps.

In circumstances where a breach of a written direction results in criminal charges, the DCP case worker must report the matter in accordance with the [Significant incident reporting Procedure](#).

25. Respond when a child or young person is missing or absent

The DCP response to children and young people who are missing or absent from placement is underpinned by the [Memorandum of Administrative Arrangement between DCP and SAPOL](#).

This guidance relates to children and young people who are under the guardianship or custody of the Chief Executive. Refer to 'Respond when a child or young person not in care becomes missing' below for guidance in relation to children and young people who are not in care.

In this guidance, the term 'carer' includes DCP residential care staff. For specific guidance regarding the roles and responsibilities of carers, refer to:

Guidance	Care type
Residential Care: Missing or absent from placement Procedure	DCP residential care staff and agency staff working in DCP residential care sites
Family based carers: Missing or absent from placement fact sheet	Kinship, SCO and foster carers



Service Provider Requirements: Missing or absent from placement	Carers in NGO non-family based placements

The term 'DCP staff' refers to the following roles:

- **During business hours:** DCP case worker or other DCP office staff (for example, supervisor/senior practitioner)
- **After hours:** DCP After Hours Call Centre staff.

If it is an emergency situation (for example, the child or young person has been abducted, is suicidal or is in immediate or life threatening danger), call South Australian Police (SAPOL) immediately on 000. It is important to record the report number provided by SAPOL so that this can be used in future communication. In the event of an emergency, the below process should be followed after the call to SAPOL has occurred. When DCP staff become aware that the situation is an emergency, they should manage the situation in accordance with the [Significant incident reporting Procedure](#).

Determine if a child or young person is missing or absent

If a child or young person is not where they are expected or required to be **and** there are concerns for their safety or wellbeing:

- they are **missing** if their location is not known
- they are **absent** if their location is known.

A child or young person is not considered to be missing or absent if they are late returning to their placement or absent for short periods and there are no concerns for their safety or wellbeing.

When deciding whether a child or young person is absent, DCP staff should consider the reliability of the source of the information and whether this is a confirmed location or a suspicion. A reliable source may include:

- DCP staff
- SAPOL
- service provider personnel
- the child or young person's carer
- another professional (such as the child or young person's teacher) or
- any other person that DCP staff consider a reliable source.

If the information is not reliable and cannot be confirmed by a reliable source or the location is only suspected, the child or young person should be considered missing.

If the child or young person is sighted briefly at a location but they do not remain there, they should also be considered as missing.

It is noted that SAPOL use the terms 'missing' and 'absent' differently from DCP. SAPOL use the term 'absent' to refer to reports raised by them which do not receive an active response and 'missing' to refer to reports that do receive an active response. The SAPOL use of these terms does not relate to whether the location of the child or young person is known.

Maintain records of actions taken



All DCP staff and carers should maintain a record of actions taken from when they become aware of the child or young person going missing or becoming absent until they are returned to placement. This includes keeping records of any assessments completed, contacts with SAPOL and attempts to contact or locate the child or young person.

A C3MS Missing/Absent Person Report (C3MS MAPR) must be used to record all information when the child or young person is missing or absent even if there are only minimal concerns for the safety or wellbeing of the child or young person. NGO carers who do not have access to C3MS must use the [Missing/Absent Person Report form](#). A new C3MS MAPR must be created when the child or young person initially goes missing or becomes absent and must stay open until they return to placement (this can include returning to placement briefly for a meal or to collect belongings). The child or young person may spend periods of time as both missing or absent whilst they are away from placement. Only one C3MS MAPR should be used to cover the whole period that they are away from placement. Refer to the [C3MS Guide: Missing/Absent Person Report \(MAPR\) – Recording in C3MS](#) when completing the report.

Respond when a child or young person goes missing whilst in the care of DCP staff or volunteers

The below initial response must be undertaken even if the child or young person was absent prior to going missing.

If the child or young person goes missing whilst in the care of DCP staff or volunteers (for example, during contact or transport), DCP staff are responsible for providing the initial response as outlined below.

If the child or young person has gone missing from the care of a volunteer, the DCP case worker (or another member of DCP staff in the DCP office) should provide the initial response during office hours. The DCP After Hours team should respond after hours. For further guidance about referring urgent after hours matters to the DCP After Hours team, refer to 'Respond to referrals from DCP offices' under [DCP after hours](#) in the DCP Call Centre chapter of the Manual of Practice.

In all other circumstances, it is the carer's responsibility to undertake a modified version of the initial response as outlined in the appropriate guidance for carers.

1. Attempt to locate the child or young person

As soon as it is known that the child or young person is missing, immediate reasonable efforts must be undertaken to locate and return them to placement. Immediate action may include:

- searching the immediate area where the child or young person was last seen and nearby locations where the child or young person regularly goes (if safe to do so)
- calling and/or messaging the child or young person if they have a mobile telephone
- calling and/or messaging their friends or known associates (where appropriate)
- calling and/or messaging their family (where appropriate).

These efforts should be a quick initial search for the child or young person and further search activity can be undertaken once urgency has been assessed and SAPOL have been contacted, if appropriate.

Contact should be made with the carers to advise them that the child or young person is missing and confirm whether they have had any contact with the child or young person.

2. Assess urgency

If efforts to locate and return the child or young person are not successful, the C3MS MAPR must be created or updated. Refer to the [C3MS Guide: Missing/Absent Person Report \(MAPR\) – Recording in C3MS](#) when completing the report. Refer to the 'Consider the specific needs of the child or young person' section below



if the infant, child or young person is Aboriginal or Torres Strait Islander, from a culturally or linguistically diverse background or has a disability and/or developmental delay to ensure additional considerations are incorporated into the urgency assessment.

If the person providing the initial response is away from their usual place of work and cannot easily access C3MS or the required documents, they should contact another member of staff for assistance and not delay this process. In the event that there is no assistance available (for example, after hours), the person providing the initial response should contact SAPOL on 131 444 and report the child or young person as missing and then complete the C3MS report or forms as soon as possible afterwards.

DCP staff that do not have case management responsibility should complete the urgency assessment in collaboration with the DCP case worker if they require assistance.

3. Contact SAPOL to report the child or young person missing (if required)

If the urgency assessment indicates that contacting SAPOL is required (for example, if the urgency assessment rating is medium, high or extreme), contact should be made to SAPOL on 131 444. SAPOL must be provided with the information from the C3MS MAPR. Unless the urgency assessment has indicated an extreme response, as much information as possible should be gathered prior to contacting SAPOL. The urgency assessment responses should be used to explain the rationale for why the current level of concern for the child or young person's safety or wellbeing has been assessed. A PDF version of the C3MS report can be generated which can be shared with SAPOL via email. If the information is being emailed to SAPOL, follow up telephone contact should also be made to confirm that it has been received.

SAPOL must be advised if it is suspected that the child or young person may be planning to leave or has left South Australia.

If SAPOL have already been contacted due to an emergency, there is no need to re-contact them unless there is new information to add to the initial report.

SAPOL will then make their own assessment and determine whether to record either a Missing Person Report (MPR) (Missing) or MPR (Absent). SAPOL determine which of these reports to raise based on the level of concerns and not on whether the location of the child or young person is known. A MPR (Missing) will result in an active SAPOL response, which involves SAPOL resources being deployed to attempt to locate the child or young person. In the case of a MPR (Absent), SAPOL patrol supervisors will be notified but resources may not be deployed to locate the child or young person. SAPOL will keep a MPR (Absent) under review and escalate to provide an active response after 48 hours if the child or young person has not been located. A MPR (Absent) can also be reassessed to a MPR (Missing) earlier if SAPOL receive information that changes the level of concern.

The person providing the initial response should always check with SAPOL whether a MPR (Missing) or MPR (Absent) has been raised. If SAPOL record either report for the child or young person, they will provide a MPR report number which begins with the letters 'SAP'. When contact is initially made with SAPOL, they may also provide a job number. It is essential to record the SAPOL MPR report number in the C3MS MAPR as this will be needed for all future communication with SAPOL.

If a C3MS MAPR has been created, the DCP case worker will be notified via the C3MS worklist. However, consideration must also be given to whether direct contact with the DCP case worker (and/or care team) is required if the situation is of particular concern and the DCP case worker has not been involved in the initial response.

If the urgency assessment rating is extreme or high, the DCP case worker should consider consulting with the relevant practice leader or PAC when appropriate. DCP staff must consider whether the situation needs to be managed in accordance with the [Significant incident reporting Procedure](#).



Depending on the child or young person's situation, it may be appropriate to inform their birth family that they are missing. This decision should be made in consultation with a supervisor. Consideration should be given to who is the most appropriate person to advise the family.

Respond when a carer advises DCP that a child or young person is missing

NGO and family based carers may contact DCP for assistance with their responsibilities as outlined in [Family based carers: Missing or absent from placement fact sheet](#) and [Service Provider Requirements: Missing or absent from placement](#).

NGO and family based carers must contact DCP staff directly to advise that the child or young person is missing and what action has been taken. Family based carers may contact their NGO support service for assistance with this process and the NGO support service may make contact with DCP on their behalf. Before making contact with DCP, carers should have conducted an initial search for the child or young person, assessed urgency (unless the child or young person is in a family based placement) and contacted with SAPOL (if this is required).

NGO carers will make contact with SAPOL to report the child or young person as missing if the urgency rating is medium, high or extreme. Family based carers make contact with SAPOL to report the child or young person as missing every time without completing an urgency assessment. If a family based carer does not have sufficient information for SAPOL to be able to complete the Missing Person Report (MPR), they will contact DCP to request assistance. DCP staff must then contact SAPOL and provide all required information to complete the MPR.

DCP staff are responsible for creating the C3MS MAPR and recording the information provided by NGO and family based carers. Refer to the [C3MS Guide: Missing/Absent Person Report \(MAPR\) – Recording in C3MS](#) when completing the report. DCP residential care staff are responsible for creating and updating the C3MS MAPR for children and young people in DCP residential care.

NGO carers will provide DCP with the information in the [Missing/Absent Person Report](#) or [Urgency Assessment form](#) when they make contact so that it can be recorded in C3MS. If NGO carers do not have the required information to be able to complete the Missing/Absent Person Report, DCP staff should provide this information to them.

If the urgency assessment rating is extreme or high, consideration should be given to consulting with the relevant practice leader or Principal Aboriginal Consultant (PAC) when relevant. DCP staff must consider whether the situation needs to be managed in accordance with the [Significant incident reporting Procedure](#).

Depending on the child or young person's situation, it may be appropriate to inform their birth family that they are missing. This decision should be made in consultation with a supervisor. Consideration should be given to who is the most appropriate person to advise the family.

Take appropriate action while the child or young person remains missing

While the child or young person remains missing, the carer must:

- continue to actively follow up the child or young person's whereabouts by regularly checking locations the child or young person is known to frequent (such as shopping centres, parks, or skate parks) if safe to do so. Consideration should be given to attending with SAPOL if required
- attempt to contact the child or young person and encourage them to return to their placement
- update DCP and SAPOL (131 444) (where appropriate) with any new information
- notify relevant people (where appropriate) such as the child or young person's school or therapist.

The DCP case worker must:



- attempt to contact the child or young person and encourage them to return to their placement
- participate and/or provide guidance about the search activity that is required when attempting to locate the child or young person based on their professional judgement and the urgency assessment rating, if this is requested by the carer
- assist the carer with their responsibilities if they are unable or unavailable to do this. The NGO support service may also be able to assist with this
- upload any documents provided to them by the carers to the C3MS MAPR
- refer to the [Significant incident reporting Procedure](#) for further actions required if the urgency assessment is extreme or high.

Update the urgency assessment as required

An updated urgency assessment should be completed whenever there is any new information relating to the child or young person's safety or wellbeing that could change the level of response. The DCP case worker or DCP After Hours Call Centre are responsible for completing this for family based carers. The DCP case worker or DCP After Hours Call Centre should complete the urgency assessment in collaboration with the carer and/or their NGO support service, if appropriate. If DCP After Hours Call Centre staff are unable to complete the urgency assessment, they should ensure that all new information has been communicated to SAPOL and email the DCP case worker to advise them that this requires completion.

The DCP case worker should share the urgency assessment information with the NGO support service once time critical tasks have been completed. This may include sharing a copy of the PDF version of the C3MS report.

For children and young people who are not in family based placements, the child or young person's carers are responsible for completing an updated urgency assessment, unless they are unable or unavailable.

If it is known that the child or young person is with another individual, DCP staff should consider completing C3MS checks on the individual if they are not known to the carer or DCP. The results of all C3MS checks should be clearly recorded in a case note attached to the C3MS MAPR. If the checks raise any concerns regarding the child or young person's safety or wellbeing in their current location, an updated urgency assessment should be completed by DCP staff in collaboration with the carer and/or NGO support service, as appropriate.

The C3MS MAPR must be updated with any new information. DCP residential care staff are responsible for updating this for children and young people in DCP residential care. For all other children and young people, the DCP case worker or DCP After Hours Call Centre are responsible for updating the C3MS MAPR.

Seek approval for a media campaign

SAPOL may recommend a media campaign to help locate the child or young person. DCP can also request that SAPOL arrange a media campaign. Requests from SAPOL for authorisation must be coordinated by the DCP case worker. Approval in writing is required to release information for a media campaign from either a regional director, Executive Director, Service Delivery and Practice or the Deputy Chief Executive.

The DCP case worker should seek approval from their manager prior to requesting authority for a media campaign and consider consultation with a practice leader as relevant. DCP staff may need to request an up-to-date photograph of the child or young person from family based carers. Only the Deputy Chief Executive or the Chief Executive may authorise media publications or broadcasts that identify the child or young person as being under guardianship or custody. Further information in relation to the publication of photos, images and information for children and young people in care can be found in [Manage the publication of photos, images and information for the child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice.



Take appropriate action when the missing child or young person is located

SAPOL must be advised that the child or young person has been located if a MPR has been raised. They will then close the report and no further assistance will be provided unless this is requested by DCP or the service provider if the child or young is in a NGO placement.

If the child or young person does not return to placement the guidance under 'Respond when a child or young person becomes absent whilst in the care of DCP staff or volunteers' should be followed.

The C3MS MAPR should be updated with this information but should not be closed unless the child or young person returns to placement.

Respond when a child or young person becomes absent whilst in the care of DCP staff or volunteers

The below initial response must be undertaken even if the child or young person was missing prior to being located.

If the child or young person becomes absent whilst in the care of DCP staff or volunteers (for example, during contact or transport), DCP staff are responsible for providing the initial response as outlined below.

If the child or young person has become absent from the care of a volunteer, the DCP case worker (or another member of DCP staff in the DCP office) should provide the initial response during office hours and the DCP After Hours Call Centre should respond after hours.

In all other circumstances, it is the carer's responsibility to provide the initial response.

1. Attempt to return the child or young person to placement

As soon as it is known that the child or young person is absent, immediate reasonable efforts must be undertaken to contact them and return them to placement, if it is safe to do so.

Contact should be made with the carers to advise them that the child or young person is absent and confirm whether they have had any contact with the child or young person.

2. Assess urgency

If efforts to return the child or young person are not successful, the C3MS MAPR must be created or updated. Refer to the [C3MS Guide: Missing/Absent Person Report \(MAPR\) – Recording in C3MS](#) when completing the report. An urgency assessment must be recorded within the C3MS MAPR to determine the response required. Refer to the 'Consider the specific needs of the child or young person' section below if the infant, child or young person is Aboriginal or Torres Strait Islander, from a culturally or linguistically diverse background or has a disability and/or developmental delay to ensure additional considerations are incorporated into the urgency assessment.

If the person providing the initial response is away from their usual place of work and cannot easily access C3MS or the required documents, they should contact another member of staff for assistance and not delay this process.

DCP staff that do not have case management responsibility should complete the urgency assessment in collaboration with the DCP case worker if they require assistance.

3. Determine approach in consultation with a supervisor

DCP staff should consult with their supervisor to determine an approach for trying to return the child or young person to placement and/or establish safety where they are. Consideration should be given to requesting SAPOL assistance as outlined in the 'Seek SAPOL assistance while the child or young person is



absent' section below. DCP staff must ensure that any relevant information is communicated to the carer and any other members of the child or young person's care team.

If a C3MS MAPR has been created, the DCP case worker will be notified via the C3MS worklist. However, consideration must also be given to whether direct contact with the DCP case worker (and/or care team) is required if the situation is of particular concern and the DCP case worker has not been involved in the initial response.

If the urgency assessment rating is extreme or high, consideration should also be given to consulting with the relevant practice leader or PAC. DCP staff must also consider whether the situation needs to be managed in accordance with the [Significant incident reporting Procedure](#). Depending on the child or young person's situation, it may be appropriate to inform their birth family that they are absent. This decision should be made in consultation with a supervisor. Consideration should be given to who is the most appropriate person to advise the family.

Respond when a carer advises DCP that a child or young person is absent

NGO and family based carers may contact DCP for assistance with their responsibilities as outlined in [Family based carers: Missing or absent from placement fact sheet](#) and [Service Provider Requirements: Missing or absent from placement](#). NGO and family based carers must contact DCP staff directly to advise that the child or young person is absent and what action has been taken. Before making contact with DCP, carers should have attempted to contact the child or young person, attempted to return them to placement (if safe to do so) and assessed urgency (unless the child or young person is in a family based placement).

DCP staff are responsible for creating the C3MS MAPR and recording the information provided by NGO and family based carers. Refer to the [C3MS Guide: Missing/Absent Person Report \(MAPR\) – Recording in C3MS](#) when completing the report. DCP residential care staff are responsible for creating and updating the C3MS MAPR.

NGO non-family based carers will provide DCP with the information in the [Missing/Absent Person Report](#) or [Urgency Assessment form](#) when they make contact so that it can be recorded in C3MS. If NGO carers do not have the required information to be able to complete the Missing/Absent Person Report, DCP staff should provide this information to them. DCP residential care staff are responsible for creating and updating the C3MS MAPR for children and young people in DCP residential care.

Family based carers will not have assessed urgency. The DCP case worker must complete an urgency assessment in C3MS for children and young people in family based placements in collaboration with the carer and/or their NGO support service, if appropriate.

DCP staff should then consult with a supervisor to determine an approach for trying to return the child or young person to their placement and/or establish safety where they are. Consideration should be given to requesting SAPOL assistance as outlined in the 'Seek SAPOL assistance while the child or young person is absent' section below. DCP staff must ensure that any relevant information is communicated to the carer and any other members of the child or young person's care team.

If the urgency assessment rating is extreme or high, consideration should also be given to consulting with the relevant practice leader or PAC when appropriate. DCP staff must consider whether the situation needs to be managed in accordance with the [Significant incident reporting Procedure](#).

Depending on the child or young person's situation, it may be appropriate to inform their birth family that they are absent. This decision should be made in consultation with a supervisor. Consideration should be given to who is the most appropriate person to advise the family.

Take appropriate action while the child or young person remains absent

While the child or young person remains absent from their placement, the carer must:



- attempt to remain in contact with the child or young person and monitor their wellbeing and safety, if it is safe to do so. Consideration should be given to attending with SAPOL if this is appropriate as outlined in the 'Seek SAPOL assistance while the child or young person is absent' section below
- update DCP with any new information
- notify relevant people (where appropriate) such as the child or young person's school or therapist.

The DCP case worker must:

- attempt to contact the child or young person and encourage them to return to placement
- provide guidance to the carer on the approach for trying to return the child or young person to placement based on consultation with a supervisor
- assist the carer with their responsibilities if they are unable or unavailable to do this. The NGO support service may also be able to assist with this
- upload any documents provided to them by the carers to the C3MS MAPR
- consult with a supervisor as required if the situation changes.

DCP staff should consider completing C3MS checks on any individual that the child or young person is known to be with if that individual is not known to the carer/DCP. The results of all C3MS and checks should be clearly recorded in a case note attached to the C3MS MAPR. If the checks raise any concerns regarding the child or young person's safety or wellbeing in their current location, an updated urgency assessment should be completed by DCP staff in collaboration with the carer and/or their NGO support service, if appropriate.

DCP staff must consider whether the situation needs to be managed in accordance with the [Significant Incident reporting Procedure](#).

Update the urgency assessment as required

An updated urgency assessment should be completed whenever there is any new information relating to the child or young person's safety or wellbeing that could change the level of response. The DCP case worker or DCP After Hours Call Centre are responsible for completing this for family based carers. The DCP case worker or DCP After Hours Call Centre should complete the urgency assessment in collaboration with the carer and/or their NGO support service, if appropriate. If DCP After Hours Call Centre staff are unable to complete the urgency assessment, they should ensure that all new information has been communicated to SAPOL and email the DCP case worker to advise them that this still needs completing. The C3MS MAPR must also be updated with any new information.

The DCP case worker should share the urgency assessment information with the NGO support service once time critical tasks have been completed. This may include sharing a copy of the PDF version of the C3MS report.

For children and young people who are not in family based placements (for example, residential care), the child or young person's carers are responsible for completing an updated urgency assessment, unless they are unable or unavailable.

The DCP case worker should consult with a supervisor in relation to the updated urgency assessment and whether any changes to the approach are required.

If the child or young person leaves this location and becomes missing, the guidance above relating to 'Respond when a child or young person goes missing whilst in the care of DCP staff or volunteers' should be followed.

Seek SAPOL assistance while the child or young person is absent



Contact should be made with SAPOL on 131 444 to request assistance in the following circumstances:

- if there are safety concerns for DCP staff/carers in attending the location or the child or young person is considered at risk of harm
- if the child or young person is at a location where there is suspected criminal activity
- if there are delays in being able to collect the child or young person from their location and there are safety concerns for the child or young person, DCP staff should request that SAPOL undertake a welfare check in the interim.

DCP staff should support family based carers in requesting assistance from SAPOL if needed. DCP residential care staff and NGO carers can also contact SAPOL to request assistance in the circumstances listed above. DCP staff should discuss any requests for assistance with the carers prior to making contact with SAPOL to avoid duplication.

Aboriginal and Torres Strait Islander children and young people may require additional support when interacting with SAPOL (for example if they are to be transported by SAPOL or held at a SAPOL office) due to potential fear or previous trauma. The use of a support person should be strongly considered, whenever possible.

Children and young people who are suspected of being harboured or concealed

If there is a reasonable suspicion that the child or young person is being harboured and/or concealed, DCP staff and carers should make every effort to attempt to return them to placement, including considering issuing written directions. If DCP staff/carers have exhausted all options and want to request SAPOL assistance in retrieving the child or young person, they should refer to the [Protocol](#) between DCP and SAPOL for the safe retrieval of children and young people in care who are being harboured and/or concealed. Further information in relation to responding to breaches of written directions can also be found in [Support the safety of the child or young person in care by issuing a written direction](#) in the Supporting children and young people in care chapter of the Manual of Practice.

Consider the specific needs of the child or young person

Aboriginal and Torres Strait Islander children and young people

Aboriginal and Torres Strait Islander people are likely to encounter significant episodes of culture shock when experiencing values, beliefs, customs and behaviours that are different from their own. These differences can make an Aboriginal or Torres Strait Islander child or young person feel like they do not belong and create cultural stress as they no longer know how to act or where they fit in. This can manifest in an Aboriginal or Torres Strait Islander child or young person becoming detached, depressed, engaging in negative behaviours, extreme emotional outbursts and in some cases suicidal ideation and self-harm. It is important to understand that culture shock can suppress the desire for positive action and engagement with the new culture/family and can lead to a powerful desire to leave. This may account for why Aboriginal and Torres Strait Islander children and young people go missing or are absent when they are placed in an unfamiliar environment or with an unfamiliar carer.

For children and young people from remote Aboriginal or Torres Strait Islander communities, the additional safety concern associated with their potentially limited social understanding in an unfamiliar environment should be considered if they are missing or absent in a metropolitan environment. Consideration should also be given to the additional safety concern associated if the child or young person does not have English as a first language.

It is recommended that DCP staff consult with a PAC when there are relevant cultural concerns for an Aboriginal or Torres Strait Islander child or young person who is missing or absent from placement. Consideration should be given to whether the reason for going missing or becoming absent is culturally



related such as wanting to see people who are culturally important to them, feeling a lack of cultural connection, concerns regarding cultural safety in the placement or related to a cultural obligation (such as attending Sorry Business).

If the child or young person is missing and the urgency assessment rating is extreme, high or medium, contact with SAPOL should not be delayed by the consultation process. In this case, consultation should take place as soon as possible after contacting SAPOL and a revised urgency assessment completed if additional factors have been identified.

The [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#) should be used to guide DCP staff when considering cultural safety of children and young people who are missing or absent.

Children and young people from culturally and linguistically diverse backgrounds

Children and young people from culturally and linguistically diverse (CALD) backgrounds may be more vulnerable when missing or absent from placement. They may be subject to additional safety concerns due to having limited English language and/or a limited capacity to navigate systems and differing help seeking behaviours.

Consideration should be given to whether the child or young person has left the placement due to a lack of cultural safety or a desire for cultural connection. If the child or young person has recently arrived in Australia, consideration should be given to potential trauma experienced in travelling to Australia and their perception of safety in their current arrangements and whether this has contributed to them going missing or becoming absent. Refer to the [Working with cultural diversity Practice Paper](#) for practice considerations regarding the needs of children and young people from culturally and linguistically diverse backgrounds who are missing or absent. [DCP Multicultural Services](#) should be consulted whenever there are relevant concerns.

Children and young people with a disability and/or developmental delay

Children and young people with a disability and/or developmental delay may be more vulnerable when missing or absent from placement. They may be subject to additional safety concerns due to:

- cognitive and communication difficulties
- a lack of understanding regarding appropriate boundaries and safety
- potential for physical injury or illness if they do not receive appropriate physical or medical support.

Refer to the [Working with children and young people with disability Practice Paper](#) and [Working with caregivers with disability Practice Paper](#) for guidance about considering the needs of children and young people who are missing or absent with a disability and/or developmental delay (or their carers).

Make appropriate transport arrangements

If SAPOL locate the child or young person, they will make contact with the DCP case worker or carer to advise that they have been located and require transport. The child or young person's carers have primary responsibility for transporting the child or young person back to placement. When there is a delay in transporting the child or young person, SAPOL should be informed of this as soon as possible. Transport should take place in accordance with the [Transporting children and young people](#) key step of the Supporting children and young people in care chapter.

The DCP supervisor should contact the SAPOL shift manager to seek assistance if transport arrangements cannot be confirmed between SAPOL and DCP/carers. Further information in relation to the role of SAPOL in supporting transport of children and young people can be found in the [Memorandum of Administrative Arrangement between SAPOL and DCP](#). Aboriginal and Torres Strait Islander children and young people may require additional support when interacting with SAPOL (for example, if they are to be transported by SAPOL



or held at a SAPOL office) due to potential fear or previous trauma and the use of a support person should be strongly considered whenever possible. Aboriginal and Torres Strait Islander carers should also be provided with appropriate levels of support to assist them with interacting with SAPOL.

Refer a matter to a Local Liaison Group

Local Liaison Groups (LLGs) are a forum where SAPOL and DCP are able to discuss and resolve issues regarding children and young people in care who are missing or absent. For children and young people placed in residential care or supported independent living who have significant ongoing concerns (for example, missing or absent for an extended period or frequently going missing or becoming absent), consideration should be given to referring their case to a LLG for discussion and planning. Further information can be found on the [Missing or absent children or young people](#) intranet page.

Resolve disputes with SAPOL

SAPOL and DCP may disagree on the required level of response. This can include the following situations:

- SAPOL decline to raise a MPR despite this being requested
- SAPOL raise a MPR (Absent) when the urgency assessment rating indicates that an active response is required
- SAPOL close a MPR when the urgency assessment rating indicates that it should remain open.

This information must be recorded in the C3MS MAPR and the DCP case worker should advise the relevant Local Liaison Group coordinator. DCP staff should also consider informing their supervisor if they believe that the child or young person could be at risk without the required SAPOL intervention.

Request an interstate alert

If it is suspected that the child or young person has left South Australia, DCP staff should contact the [DCP Interstate Liaison Unit \(ILU\)](#) and request that an interstate alert or notification is raised. DCP staff should consider consultation with a practice leader to discuss whether an interstate alert is appropriate.

Support the child or young person when they return to their placement

The DCP case worker/DCP After Hours Call Centre are responsible for updating the C3MS MAPR to indicate that the child or young person has returned to placement. DCP After Hours Call Centre staff should not close the C3MS MAPR. The DCP case worker is responsible for closing the C3MS MAPR as soon as possible, once all relevant notes and documents have been saved to C3MS MAPR.

DCP staff should refer to [Support and respond to children and young people who go missing or are absent](#) in the Residential Care chapter of the Manual of Practice for guidance relating to supporting children and young people who go missing or are absent and understanding the reasons for this behaviour.

Engage the child or young person

In the event that the child or young person refuses to speak with the carer/DCP staff providing the response, the DCP case worker should attempt to speak with the child or young person as soon as possible. The DCP case worker should show sensitivity, as a negative experience upon return may cause emotional stress or make the child or young person want to leave again, placing them at risk. This could include spending time with the child or young person and waiting until they are calm and settled before trying to talk to them about how they are feeling and what has happened. The DCP case worker should:



- attend to the child or young person's immediate physical and emotional needs (including positively acknowledging the child or young person for returning to their placement and expressing relief regarding their safety/wellbeing)
- engage the child or young person in a discussion about their experience once they are calm and settled. It is important to not put pressure on the child or young person and ensure they are comfortable with the pace of the conversation. The DCP case worker should be interested and concerned about the child or young person's story, without assuming knowledge. Gather information about where and with whom the child or young person has been whilst being mindful of the possible reasons why the child or young person left the placement (including cultural considerations, crisis, trauma related behaviours, problems at the placement or behaviours related to disability such as autism) (please note that it is unlikely that a child or young person will successfully engage in this conversation soon after they return to placement)
- attempt to understand why the child or young person went missing or became absent and what had led up to the event
- maintain a record of all information in C3MS.

Notify relevant parties of the child or young person's return

The DCP case worker/DCP After Hours Call Centre is responsible for ensuring that family members who were advised that the child or young person was missing or absent are notified that they have now returned. Whenever possible consideration should be given to who is the most appropriate person to advise the family. If DCP After Hours Call Centre staff are unable to make contact with the family, they should ensure that the DCP case worker is advised that this is still required.

Report suspicion of harm or risk of harm

If the child or young person discloses information indicating they were at risk whilst missing or absent, DCP staff should ensure that they meet any requirement for this to be reported in line with the [Reporting a suspicion a child or young person is at risk procedure](#). There are additional requirements for DCP staff if a current or former DCP employee (including students, volunteers or agency carers) is the alleged perpetrator of sexual harm toward a child or young person. In alignment with section 64A of the *Criminal Law Consolidation Act 1935*, it is an offence for a DCP employee not to report to SAPOL if they know, suspect, or should suspect sexual harm of a child or young person under the age of 18 years perpetrated by another DCP employee (maximum penalty imprisonment for three years). In alignment with section 65 of the *Criminal Law Consolidation Act 1935*, it is also an offence for a DCP employee to negligently fail to reduce or remove a substantial risk of sexual harm of the child or young person allegedly perpetrated by a current DCP employee (maximum penalty imprisonment for 15 years).

If the child or young person is suspected to have breached bail conditions by leaving the placement, the DCP case worker should advise Youth Justice, either by contacting the allocated Youth Justice worker directly or by calling 1300 021 829.

Consider the child or young person's cultural safety needs

Support for the child or young person following their return to placement should be mindful of cultural safety. Consideration should be given to the gender and cultural background of the person who talks to the child or young person about their experience. If requested by the child or young person, a support person of their choice should be used to follow up with them after they return to placement rather than their carer/DCP case worker. If the child or young person is going missing or is absent frequently, the same person should be responsible for follow up whenever possible to allow the child or young person to build trust and confidence.

If requested by an Aboriginal or Torres Strait Islander child or young person or their family, assistance should be sought from an Aboriginal traditional healer (Ngangkari) for cultural and spiritual support. Further



information regarding Aboriginal health services can be found on the [SA Health Aboriginal health services](#) webpage. Consideration should be given to consulting with a PAC for advice on arranging this.

Respond to children and young people who are frequently missing or absent

For children or young people who are frequently missing or absent from DCP residential care, the child or young person's [wellbeing plan](#) should be used to outline ways to keep the child or young person safe while they are missing or absent. The DCP case worker should also link this plan into any Power to Kids safety plans that have been developed for the child or young person. For all other children and young people, a [safety plan](#) should be developed in consultation with the care team to outline ways to keep the child or young person safe while they are missing or absent. For children and young people in foster or kinship care, their NGO support service should be included in these discussions.

For children and young people in NGO placements, the [Missing/Absent Person Report](#) should be pre-populated with relevant information by the DCP case worker and copies provided to the carers.

For Aboriginal and Torres Strait Islander children and young people who are frequently missing or absent from placement, discussions with family/kinship members in addition to the care team and a PAC should be considered.

If the child or young person is frequently in the company of people who are considered to pose a concern to their safety or wellbeing whilst missing or absent from placement, attempts should be made to engage these individuals to develop a plan to keep the child or young person safe. Consideration should also be given to issuing written directions (as outlined in [Support the safety of the child or young person in care by issuing a written direction](#) in the Supporting children and young people in care chapter of the Manual of Practice) if this is necessary to prevent harm to the child or young person or prevent them from engaging in/being exposed to criminal behaviour.

Refer to [Support and respond to children and young people who go missing or are absent](#) in the Residential Care chapter of the Manual of Practice and the [Supporting children and young people in care with high risk and complex behaviours Practice Paper](#) for further information regarding working with children and young people in care who frequently go missing or become absent.

Respond when a child or young person not in care becomes missing

If DCP staff become aware that a child or young person that is placed in an informal care arrangement, who is not under the guardianship or custody of the Chief Executive is not where they are expected or required to be, DCP staff should undertake the following tasks:

- support the person in whose care the child or young person should be (parent/carer) to contact SAPOL and report the child or young person as missing if there are concerns for their safety or wellbeing. If the parent/carer is able to contact SAPOL and make the report, DCP staff should provide them with any additional information that they will need to make the report. DCP staff should consider contacting SAPOL and making the report if the parent/carer does not feel able to contact SAPOL directly or DCP staff are concerned that the parent/carer will not make the report
- for children and young people who are frequently missing, the DCP case worker should in collaboration with the parent/carer, determine a process for ensuring that the child or young person is reported as missing to SAPOL. This process should be mindful of ensuring that informal carers are adequately supported and can be documented in a safety plan
- record all information relating to the child or young person not being where they are expected or required to be in case notes with the category 'Missing Persons'. **A MAPR should not be created in C3MS. All relevant information must be recorded in C3MS**, including a clear record of when the child or young person is located and returned. An alert should be raised in C3MS to indicate that the child or young person is not where they are expected or required to be



- consider raising an interstate alert via the DCP ILU if the child or young person is believed to have left South Australia.

26. Victims of Crime compensation

Children and young people in care who are injured as a result of a violent or sexual crime may be entitled to claim compensation. For children and young people under guardianship orders compensation may be sought under the National Redress Scheme or pursuant to a civil liability claim. In other less common instances for children and young people, other sources of compensation may be available such as the Compulsory Third Party Insurance Fund for claims arising from a motor vehicle accident or WorkCover for work related injuries.

Under the *Victims of Crime Act 2001*, a child or young person may be eligible for compensation if they have experienced physical or psychological injury caused by a crime of a sexual or violent nature, such as assault, domestic and family violence, criminal neglect, sexual assault or the death of an immediate family member.

For an overview of the Victims of Crime compensation process, refer to the [Victims of Crime compensation process flowchart](#).

Conduct a preliminary assessment of eligibility

As part of the [annual review cycle](#), the DCP case worker must:

- conduct a preliminary assessment to consider whether the child or young person may be eligible for Victims of Crime (VOC) compensation and when it may be appropriate to commence a claim
- ensure that the decision about whether to commence a claim is recorded in C3MS using a Consult or Decision Record note, with the 'key decision' box ticked
- maintain clear records of the status of the VOC application in the Protection Order Phase in C3MS, under the Victims of Crime Compensation Details component, and ensuring that key decisions are recorded in accordance with the [Consult or Decision Record Procedure](#).

The status of the VOC application should be recorded as part of the [Annual review quality assurance checklist](#). For further guidance, refer to the [Case planning, review and annual review chapter](#) of the Manual of Practice.

Consider the child or young person's eligibility for compensation

To determine whether the child or young person may be eligible for VOC compensation, the DCP case worker must consider the following questions:

1. Did the child or young person suffer an identified physical or psychological injury?
2. Was the injury caused by an offence that:
 - involved either violence or a threat of violence to the child or young person or an immediate family member, or
 - created an imminent risk of harm to the child, young person or an immediate family member, or
 - was a sexual offence, or
 - resulted in death or physical injury to an immediate family member?
3. Was the offence reported to SAPOL and was a conviction recorded?

If the answer to all three of these questions is 'yes', it is likely that the child or young person will be eligible to make a claim for VOC compensation. The DCP case worker should consider the timing of the application then proceed to 'Consult and seek agreement for a legal assessment' below.



In some cases (which may often but not always relate to sexual offences), the child or young person may have experienced an injury but the offender might not be known, the offence may not have been reported to police, or a case might not have resulted in a conviction. The child or young person may still be eligible to seek compensation if there is a strong link between a crime and the child or young person's injury. This includes:

- where the offender has not been convicted of the crime but 'corroborative evidence' (which may include extensive DCP case notes) can establish that the child or young person suffered personal injury as a consequence of criminal conduct;
- in rare circumstances, if the offence has not been reported to police and there is a good reason why the report was not made AND extensive corroborative evidence exists that a criminal act occurred that caused the young person's injury;
- in rare circumstances, if the offender has not been identified or is unknown and extensive corroborative evidence exists that a criminal act occurred that caused the young person's injury.

In these cases, a claim for compensation may proceed in accordance with this guidance. In these circumstances, the DCP case worker should consult with DCP Legal about the child or young person's potential eligibility to make a claim before proceeding.

The DCP case worker is responsible for considering whether the child or young person may be eligible for compensation (in most cases this will simply be a documented injury caused by a criminal offence). The child or young person's eligibility is ultimately determined by an independent solicitor (see 'Seek an initial legal assessment' below).

Determine the timing of the application

Children and young people have until five years after their eighteenth birthday to make a VOC claim but a claim can also be lodged prior to adulthood. The decision about when to proceed to an initial legal assessment should be based on the child or young person's individual circumstances.

An initial legal assessment should be promptly arranged where the child or young person is under the long-term guardianship of the Chief Executive and the preliminary assessment indicates:

- the child or young person has experienced an injury as a result of an offence for which a conviction has been recorded, and
- the extent of the child or young person's injuries are readily apparent (such as a psychological injury or medical injury either diagnosed or likely to be diagnosed).

In all other cases, the DCP case worker should use their professional judgement to determine the appropriate timeline to pursue the child or young person's potential claim. For example, it may be appropriate to delay a claim where one or more of the following circumstances apply:

- criminal proceedings are underway (if the offender is being prosecuted then it is often best to wait for the matter to conclude in order for a VOC claim to succeed)
- the full extent of the child or young person's injuries are not yet known
- other compensation avenues are being pursued
- proceeding with a claim could be detrimental to the child or young person's best interests
- the child or young person is subject to a short-term order and proceeding with a claim may impact upon reunification and/or their relationship with their family.



Where there are good reasons to delay an application, the DCP case worker should undertake appropriate consultation (see 'Consult and seek agreement for initial legal assessment' below) and clearly document the decision and rationale in C3MS using a [Consult or Decision Record](#).

Where two or more siblings have been injured by the same offence, the DCP case worker should consider whether it is appropriate for VOC compensation to be pursued for the siblings at the same time.

Other considerations

The VOC scheme does not compensate for damage to property or property loss as the result of a crime, or in circumstances where compensation has been provided by another source (for example, via insurance).

One incident of injury only gives rise to one claim, even if there were several offenders involved or if several offences were committed on the same occasion or over time.

Each state and territory has a different compensation scheme with different guidelines, and where an offence has occurred interstate an application must be submitted to the relevant state authority. Support for this process should be sought from the relevant state victim support service.

In some cases, the child or young person may be better compensated through an alternative process, such as a civil claim or the National Redress Scheme (see 'Consider other options' below). These options should also be considered if the child or young person is deemed ineligible for a VOC claim.

Document the assessment outcome

The DCP case worker must clearly document the outcome of the preliminary assessment in C3MS. If the outcome is that the child or young person does not meet the eligibility criteria for a VOC claim, or their application should be delayed, the decision and rationale must be recorded in accordance with the [Consult or Decision Record Procedure](#). This decision should be documented as part of the [Annual review quality assurance checklist](#) in preparation for the child or young person's next [annual review](#).

Consult and seek agreement for initial legal assessment

Before a claim proceeds to the initial legal assessment, the child or young person must be given the opportunity to express their views and, where appropriate, provide their consent to the claim proceeding.

It is strongly recommended that the DCP case worker also consult with:

- the carer
- a practice leader (for cases that are complex, where competing views exist or in circumstances where a decision is made not to proceed with an eligible claim)
- DCP Legal.

If the child or young person is Aboriginal or Torres Strait Islander, it is strongly recommended that the DCP case worker seek advice about how best to ensure the cultural safety of the child or young person and their family by consulting with:

- decision makers in the child or young person's family and kinship networks
- other relevant individuals with cultural authority for the child or young person
- a Principal Aboriginal Consultant (PAC).

Where the outcome of the preliminary eligibility assessment and consultation is that the child or young person's claim should proceed to initial legal assessment, the DCP case worker must seek approval in writing from their manager to proceed.



Consultation outcomes must be clearly recorded in C3MS. Where a decision is made to delay or not proceed with a claim following consultation, the decision and rationale must be documented in accordance with the [Consult or Decision Record Procedure](#) with the 'key decision' box ticked. Where the decision is made to delay the claim, the matter should be followed up as part of the [Annual review quality assurance checklist](#) in preparation for the child or young person's [annual review](#).

Commence the initial legal assessment

Arrange an initial legal assessment

The purpose of an initial legal assessment is for an independent solicitor to assess the child or young person's eligibility for a VOC application. In most cases, the DCP case worker will support the child or young person throughout this process by fulfilling the role of the child or young person's 'next friend' (meaning an individual who acts on behalf of the child or young person, who does not have the legal capacity to act on their own behalf).

Once the office manager has provided written approval for the child or young person's claim to proceed to initial legal assessment, the DCP case worker should:

- obtain a list of solicitors who commonly deal with VOC applications across different regions of South Australia from the [Commissioner for Victims' Rights website](#)
- select a solicitor from the list provided and contact them via telephone to determine whether they can provide a free initial legal assessment
- confirm that the initial legal assessment will not incur a fee (or if they request upfront fees, select an alternate solicitor)
- seek confirmation from the solicitor about whether the assessment can proceed, and if required, attend a face to face meeting to assist with the assessment (refer to the [Victims of Crime letter to solicitor template](#)).

Aboriginal and Torres Strait Islander children and young people must be offered the option to seek Aboriginal legal representation (noting that the child or young person may choose non-Aboriginal legal representation).

The initial legal assessment cannot be conducted by DCP Legal or the CSO (who administer the VOC scheme) as this constitutes a conflict of interest. However, the DCP case worker may consult with DCP Legal for advice on whether there is sufficient information to progress to a legal assessment with an independent solicitor.

Gather supporting information

During initial telephone contact, the independent solicitor will advise the DCP case worker what information and documents may be required to support the child or young person's claim. In most cases, little information will be required at the initial interview, although a police report number is essential. Other information that may be required if the application proceeds includes:

- any relevant medical or psychological reports
- any other existing reports relating to the offence or injury that may be relevant.

The DCP case worker should identify what documents may support the VOC application (for example, any medical reports).

A referral to the Subpoena and Information Release Team (SIRT) for redaction of documents should only be made when the solicitor advises the documents are required. The DCP case worker should submit the [Discovery Requests for Victims of Crime Matters form](#) to SIRT. SIRT will redact the documents within a 90



day timeframe and will advise the DCP case worker via email once complete. The DCP case worker will forward the documents to the solicitor with a covering email or letter.

The DCP case worker may disclose information to a solicitor pursuant to section 164(1)(c) of the CYPs Act. Where possible the [Consent to share information form](#) should also be used to seek the child or young person's written consent to release their information to the solicitor assessing their claim, pursuant to section 164(1)(b) of the CYPs Act. For further information refer to [Share information](#) in the Information gathering and sharing chapter of the Manual of Practice.

Proceed to initial legal assessment

If the solicitor has agreed to conduct the assessment via a letter of referral, the DCP case worker must complete the [Victims of Crime letter to solicitor template](#) and forward it to the solicitor.

If a meeting has been arranged, the DCP case worker should:

- provide the child or young person with information about the purpose of the meeting and be given an opportunity to ask any questions they may have about the meeting
- ascertain whether the child or young person would like a support person (including, where relevant, a cultural support person) to attend the meeting with them and make appropriate arrangements
- if the child or young person consents to the claim proceeding but does not wish to attend the meeting, the provide them with an opportunity to share their views prior to the meeting
- for Aboriginal and Torres Strait Islander children and young people where a PAC has asked to attend the meeting (with the child or young person's agreement), advising the PAC of the date and time
- for children and young people from CALD backgrounds where DCP Multicultural Services have been invited to attend (with the child or young person's agreement), advising DCP Multicultural Services of the date and time.

If the solicitor considers the child or young person meets the eligibility criteria and the application is likely to succeed, they will advise the DCP case worker of the next steps and what further information will be required to support the application. This may include information about:

- the claimant (the child or young person)
- the victim (in circumstances where the offence resulted in death of an immediate family member) and
- details of the offence.

If the child or young person's parent has died as a result of the offence, their eligibility for a grief payment (as a component of the VOC claim, not exceeding \$20,000) should also be discussed at the meeting.

Compensation is often not awarded until a young person is approaching adulthood. While this should not prevent a claim from proceeding to initial legal assessment, in some cases the assessing solicitor may recommend putting the application on hold. Further information to support the application can be provided by DCP (following redaction by SIRT) as it becomes available. This process may occur over a period of several years. For example, a claim may be put on hold where additional time is required to assess the extent of the injuries caused by the offence, and the loss of opportunity that the injury has caused (loss of opportunity is often assessed by looking at school records before the injury and subsequent to the injury). In these cases, the DCP case worker should clearly document the solicitor's recommendation and rationale in C3MS in accordance with the [Consult or Decision Record Procedure](#) and ensure additional information is provided to the solicitor as it becomes available.

Proceed with the VOC application



If the solicitor advises a VOC application is likely to succeed, the child or young person can choose to proceed with the same solicitor who made the initial assessment or in certain circumstances they may wish to elect another solicitor. If the child or young person is unable to provide their consent to proceed (due to their age or developmental understanding) the DCP case worker must record the decision to proceed in accordance with the [Consult or Decision Record Procedure](#) and submit the note (with supporting documents attached) to the office manager for approval.

Once the child or young person or DCP manager has provided their consent for an application to proceed, the DCP case worker must advise DCP Legal of the application by emailing dcp.legal@sa.gov.au so that the information can be recorded on a central register. The email should include the child or young person's name, DOB and client ID, the relevant DCP office and the name of the independent solicitor handling the application.

The role of the independent solicitor is to submit an application containing all relevant information to the CSO and liaise with the CSO. Any compensation for children and young people must be made by court order.

It should be noted that if an application is initiated and the young person decides not to proceed or if the claim is not successful, then solicitor costs will not be paid by the VOC fund and DCP will be required to cover the costs associated with the application.

If the child or young person's application is successful, the court will make an order for the money to be referred to the Public Trustee to be held on behalf of the child or young person.

In matters relating to minors, the identity of the victim will not be disclosed. However, the offender may be notified of the application when a VOC compensation claim has been granted, if the Crown seek to recover any money paid as compensation from the offender.

The amount provided will depend on various factors including (amongst other things) the severity of the injury and also when the offence happened. If the offence occurred:

- between 1 September 1999 and 30 June 2015 - the maximum payable is \$50,000.
- after 1 July 2015 - the maximum payable is \$100,000.

The DCP case worker must clearly record in C3MS details about the funds and the date that the money was transferred to the Public Trustee. This information must also be included in the child or young person's Long-term care plan (for children and young people where an application is being made for long-term guardianship to a specified person). DCP Legal should also be advised of the outcome by emailing dcp.legal@sa.gov.au.

All costs associated with a successful VOC application are generally paid from the VOC scheme. This includes solicitor fees and any medical or psychological assessments requested as part of the application. If any legal costs are paid by DCP offices, then these should be reimbursed by the VOC fund, independently of the sum awarded for compensation.

If the child or young person transitions from care before their claim is complete, the DCP case worker can continue to support them in their role as 'next friend'. However, the child or young person may wish to elect another support person such as a former carer, a current service provider or a family member not involved in the offence.

Where a long-term guardianship order is made to a specified person and the VOC claim has not been finalised, the long-term guardian should assume responsibility of the claim for the child or young person.

Consider VOC during case planning and annual review

A VOC claim can take some time to finalise. The progress of the child or young person's VOC claim should be considered as part of the annual review quality assurance audit undertaken by the senior practitioner in preparation for the annual review. The senior practitioner will record whether a preliminary assessment has



been undertaken to consider the child or young person's eligibility for VOC compensation and the progress and/or outcome of the assessment and/or claim.

If the child or young person's eligibility is being considered as part of a long-term care plan when the child or young person was placed under the long-term guardianship of a specified person, it is generally appropriate for the long-term guardian to support the child and act as the 'next friend'.

If the claim is finalised prior to the child or young person turning 18 years of age, their transition from care case plan should include information about how funds will be returned to them from the Public Trustee when they leave care. For further guidance, refer to [Hold money on behalf of the child or young person](#).

Consider other options

In some cases, the child or young person might be better compensated by alternative processes such as civil proceedings (pursuant to the *Civil Liability Act 1936*), or the *National Redress Scheme*, or eligible for an *ex gratia* payment.

Civil claims

A civil claim should only be considered in circumstances where the child or young person's loss is significant (that is, their loss can reasonably be expected to exceed the maximum VOC compensation sum of \$100,000) and the injury was caused by a person or entity from whom compensation can be recovered. If a DCP case worker has any queries as to whether a civil claim might exist, then a referral should be made to DCP Legal by email to DCP.legal@sa.gov.au.

National Redress Scheme

If the injury relates to sexual abuse/harm which occurred prior to 1 July 2018 in an Australian institutional setting then an application for compensation should be submitted to the *National Redress Scheme*. Further information can be found on the [National Redress Scheme](#) website or queries can be directed to DCPRedress@sa.gov.au. It should be noted that for an applicant to be eligible for Redress they need to turn 18 years of age by 30 June 2028.

Ex Gratia Payment

Even where the child or young person may not be eligible for VOC compensation, in certain circumstances they may be assessed as being eligible for an ex-gratia payment from the VOC scheme. If at the initial legal assessment it is determined that the child or young person does not fulfil the eligibility criteria, then the solicitor may recommend an application is made to the CSO for an ex gratia payment.

27. Hold money on behalf of the child or young person

The *Children and Young People (Safety) Act 2017* (CYPS Act) includes specific provisions for the Chief Executive to receive money on behalf of a child or young person who is in care. This may be as a consequence of the child or young person receiving:

- an inheritance (via a will or an inheritance from a relative without a will)
- a death benefit from a family member's superannuation fund or return to work claim
- a monetary gift
- victims of crime or other compensation
- Native Title compensation
- Royalties.



Section 161(2) of the CYPs Act requires that the Chief Executive must cause any money received on behalf of the child or young person:

- to be held by the Public Trustee on behalf of the child or young person in accordance with a scheme set out in the regulations, or
- to be deposited in an Authorised Deposit-Taking Institution (ADI) account in the name of the child or young person.

The scheme for referring money to the Public Trustee is set out in a [Memorandum of Administrative Agreement](#) for the management of money received on behalf of the child or young person while they are in care.

An ADI is an Australian financial institution, which is supervised by the Australian Prudential Regulation Authority (APRA) and authorised under the *Banking Act 1959* (Cth) to accept deposits from the public, which include major Australian banks such as the Commonwealth Bank, ANZ and Westpac. APRA maintains a register of ADIs on its [website](#).

Refer money to the Public Trustee

Money received by the child or young person should be referred to the Public Trustee to be held on their behalf.

In circumstances where the DCP case worker is advised that the child or young person is or may be entitled to a lump sum of money the DCP case worker must contact DCP Legal at dcp.legal@sa.gov.au for assistance with the legal and administrative processes required for the money to be referred to the Public Trustee. The money may be paid to the Public Trustee by DCP or in many circumstances directly to the Public Trustee.

DCP Legal will notify the Public Trustee that they have been appointed as Trustee of funds in relation to which a child or young person in care is entitled. This is done by DCP Legal completing the [Annexure A](#) form.

Where funds are received by DCP before being transferred to the Public Trustee, DCP Legal will advise the relevant Public Trustee contact officer in advance of the intention to transfer the money and provide the required documentation including the [Annexure A](#) form. Funds will then be transferred by DCP Financial Systems and Compliance Unit (FCSU) to the Public Trustee via Electronic Funds Transfer (EFT).

Once the funds have been provided to the Public Trustee DCP Legal will provide the FCSU a copy of the [Annexure A](#) form and an indication of the likely amount of money received.

The Public Trustee will provide six monthly financial statements to FCSU in relation to the money held on trust for children and young people under the guardianship of the Chief Executive. FCSU will maintain a record of all money held on trust and will provide information to the DCP case worker on request.

DCP will not seek to access the money belonging to children or young people while they are under guardianship of the Chief Executive unless there are exceptional circumstances and this request is approved by the Chief Executive.

Deposit money in an ADI

In some cases it may be decided by the DCP case worker (in consultation with DCP Legal) that funds received by a child or young person will not be referred to the Public Trustee. In these circumstances the funds must be deposited in an ADI account in the child or young person's name.

The money is to be held until the Chief Executive ceases to have direct responsibility for the child or young person. There is no expectation that young people would be accessing the funds while in care and before the age of 18 years unless exceptional circumstances arise. All access or spending of funds must be subject to the written approval of the Chief Executive.



Record details of money held

The DCP case worker must clearly record the details of the child or young person's account in C3MS in the 'Notes and Documents' tab, including:

- the name of the institution where the funds are being held
- the account name, BSB and account number
- the date the funds are deposited
- the amount deposited
- any additional comments to provide an explanation of the source of the funds or follow-up actions required; the title of the note should clearly identify the content and reference section 161 of the Act.

Arrangements for funds when leaving care

Where the Chief Executive ceases to have guardianship of the child or young person under a Youth Court order pursuant to the CYPs Act (but the child or young person is not yet 18 years of age), the DCP case worker must ensure proper arrangements are made for the ongoing management of the child or young person's money prior to them leaving care:

- where a child or young person is being reunified with their family arrangements will be determined in consultation with the child or young person (where practicable and appropriate) and members of the child or young person's family.
- where the child or young person is to be placed under the guardianship of a specified person or persons pursuant to an order under the CYPs Act, arrangements will be determined in consultation with the child or young person (where practicable and appropriate) and the child or young person's guardian.

The DCP case worker will notify the assigned officer at the Public Trustee of the care arrangements for the child or young person including the contact details for the new guardian. The Public Trustee will contact the child or young person's guardian to discuss their options in relation to the money held on behalf of the child or young person.

It should be noted that in some circumstances the Public Trustee may be required to continue to act as Trustee of the funds where a legal document (such as a Trust Deed or Court order) requires it, even after the child or young person leaves care.

For guidance about returning funds to the young person as part of their transition from care, refer to the [Transition to Adulthood chapter](#) in the Manual of Practice.

Document control

Reference No./ File No.			
Document Owner		Lead Writer	
Directorate/Unit: Quality and Safeguarding		Operational Policy Team	
Accountable Director: Director Quality and Safeguarding			
Commencement date	2 June 2026	Review date	05 April 2027
Risk rating	Consequence Rating	Likelihood	Risk Rating
Risk Assessment Matrix	Moderate	Unlikely	Moderate



REVISION RECORD		
Approval date	Version	Revision description
13/11/2019	1.0	Final
17/1/2020	2.0	Amendments to the immunisations section
7/08/2020	2.1	Revisions regarding interstate orders- school transition and Catholic Schools Scholarship Program update
24/08/2020	2.2	Amendments to the immunisations section regarding No Jab No Play
4/09/2020	2.3	Amendments to remove a child or young person from a placement.
2/10/2020	2.4	Inclusion of Office of the Public Advocate Escalations Process (for NDIS Participants) and amendments to NDIS respite roles and responsibilities.
2/10/2020	3.0	Inclusion of Victims of Crime compensation
6/11/2020	3.1	Amendments regarding tutoring and mentoring
4/09/2020	3.2	Amendments regarding case planning, review and annual reviews
6/11/2020	3.3	Updates to SA Dental templates
8/12/2020	3.4	Hyperlinks added to written direction templates
4/12/2020	3.5	Amendments regarding viewpoint
12/1/2021	3.6	Additions regarding considerations and requirements for culturally and linguistically diverse children, young people and families. Minor changes made for consistency in language across all Manual chapters and formatting of the Word version of the Chapter
15/01/2021	3.7	Amendments regarding Medicare cards
22/01/2021	3.8	Hyperlink added to the Immunisation Policy
6/11/2020*	3.9	Amendments regarding tutoring and mentoring *Subsequent amendments were approved 6 November 2020 but not effective and published until 4 February 2021.
5/02/2021	3.10	Minor amendments regarding contact arrangements and additions regarding the extension of ambulance cover for children and young people in care up to the age of 21
9/02/2021	3.11	Amendments made to Responding to breaches of a written direction.
11/02/2021	3.12	Minor amendments to include hyperlinks to Complaints and Feedback Management Procedure and Internal Review Procedure.



REVISION RECORD		
Approval date	Version	Revision description
5/03/2021	4.0	Addition to Chapter Supporting children and young people in care of a new section, Support a child to attend child care about Child Care Subsidy
13/04/2021	4.1	Minor amendments to clarify requirements for contacting SAPOL.
16/04/2021	4.2	Minor amendment to add hyperlink to Student Support Services contact list.
22/04/2021	4.3	Amendments to content relating to dental and orthodontic care.
7/05/2021	4.4	Amendments to Identify and respond to a child or young person's disability needs.
28/06/2021	4.5	Minor amendment to guidance on education grants.
4/06/2021	4.6	Minor amendments to Access health services for the child or young person
1/07/2021	4.7	Minor amendments to include the new MoAA between DCP and SA Dental
2/07/2021	4.8	Minor changes to provide additional guidance regarding registered NDIS service providers
7/07/2021	4.9	Minor amendments regarding DCP Scholarship Programs
2/7/2021	4.10	Amendments to Identify and respond to a child or young person's disability needs.
5/08/2021	4.11	Amendments to written directions.
3/09/2021	4.12	Further amendments to written directions and inclusion of the Written Direction Rationale Template.
16/09/2021	4.13	Inclusion of COVID-19 vaccine.
5 November 2021	4.14	Chapter Supporting children and young people in care of a new section, Support a child to attend child care about Child Care Subsidy TBA to reflect legislative changes.
19 November 2021	5.0	Chapter review
13 December 2021	4.15	Amendments to update delegations for approval of interstate travel and added hyperlink to the Reporting a suspicion a child or young person is at risk procedure.
11 January 2022	5.1	Minor amendment to remove reference to scholarships program fact sheet.
4 February 2022	5.2	Minor amendments to the scholarship information, including consolidating the nomination process and adding new school.



REVISION RECORD		
Approval date	Version	Revision description
14 February 2022	5.3	Minor amendments to update hyperlinks.
21 February 2022	5.4	Minor amendments to the scholarship nomination forms
2 March 2022	5.5	Minor changes to provide additional guidance regarding registered NDIS service providers
1 April 2022	5.6	Minor changes to the school scholarship information.
1 April 2022	5.7	Minor amendments to update references to the Information gathering and sharing chapter of the Manual of Practice and a minor addition regarding health care cards.
5 May 2022	5.8	Minor update to include Example placement transition plan.
6 May 2022	5.9	Minor amendment to include link to guidance regarding psychological assessments.
23 May 2022	5.10	Minor changes to the school scholarship information.
3 June 2022	5.11	Minor amendment to Support the placement key step to include Working with Children Check requirements for carers, adult household members, regular guests and biological parents.
5 August 2022	5.12	Minor amendments to recording requirements during placement transitions.
9 August 2022	5.13	Minor update adding St Peter's Woodlands Grammar School as a scholarship partner.
23 August 2022	5.14	Minor amendment to update broken hyperlinks and document title references.
15 September 2022	5.15	Minor amendment to update guidance on preliminary and comprehensive health and development assessments and obtaining approval for interstate travel.
7 October 2022	5.16	Incorporated reviewed content to replace the Immunisation of children and young people under guardianship Policy.
7 October 2022	5.17	Addition of new key step, Respond to the complex needs of a child or young person.
03 November 2022	5.18	Minor amendment to include DCP employees' reporting obligations under sections 64A and 65 of the <i>Criminal Law Consolidation Act 1935</i> .
14 November 2022	5.19	Minor amendment to update references to practice guidance on working with Aboriginal families.
22 November 2022	5.20	Minor amendment to update guidance on monitoring and recording life story work.



REVISION RECORD		
Approval date	Version	Revision description
22 November 2022	5.21	Minor amendment to remove references to Viewpoint and replace with the generic term 'child survey' to futureproof the development of a bespoke survey tool for children and young people in care.
8 November 2022	5.22	Minor amendment to link to Respite Policy.
18 January 2023	5.23	Minor amendment to update requirements for submitting a change of name request for children and young people under long-term guardianship (specified person) orders.
16 December 2022	5.24	Amended to update guidance on holding money on behalf of a child or young person.
29 December 2022	5.25	Amended to include addition of guidance on revocation of contact determinations.
15 February 2023	5.26	Minor amendment to incorporate learnings from coronial findings in relation to assessment of the safety of siblings.
28 March 2023	5.27	Minor amendment to include guidance on approval for children to relocate interstate.
28 March 2023	5.28	Minor amendment to link to standards of care.
28 April 2023	5.29	Amendment to clarify approval process for removing a child or young person from placement.
2 May 2023	5.30	Minor amendment to update Scope section to refer to authorisations and delegations.
14 April 2023	6.0	Amendment to guidance relating to decision making for children and young people with disability or developmental delay and specialist needs including use of care plans and assistive technology.
14 April 2023	7.0	Amendment to key step on responding to children and young people who are missing or absent.
25 May 2023	7.1	Minor amendments to add a new link to the preliminary health check form and update guidance on dental services for children and young people in care
16 June 2023	7.2	Minor amendment to guidance on written directions to align with legislative amendments.
6 July 2023	7.3	Minor amendment to include additional guidance on supporting children and young people at risk of self-harm and suicide. Minor amendment to update templates for issuing a written direction.



REVISION RECORD		
Approval date	Version	Revision description
24 March 2023	7.4	Minor amendment updating information about the survey tool for children and young people in care to the new My Voice Our Views tool.
10 August 2023	7.5	Minor amendment to clarify consultation requirements for issuing an instrument of delegation.
6 May 2022	8.0	Amended to include addition of new key step, Transporting children and young people.
7 September 2023	8.1	Minor amendments to update hyperlinks and referral instructions for Comprehensive Health and Development Assessments.
22 September 2023	8.2	Amended to update guidance on health assessment, disability assessments, working in partnership with carers, seeking the views of children and young people, and undertaking life story work in response to recommendations from the Independent Inquiry into Foster and Kinship Care in South Australia.
19 October 2023	8.3	Minor amendment to include additional guidance regarding psychological support for children and young people giving evidence in criminal proceedings.
5 December 2023	8.4	Minor amendment to guidance regarding DCP scholarships to support timely scholarship nomination/school enrolment.
01 February 2024	8.5	Minor amendment to update guidance about applying for a birth certificate from the Registrar of Births Deaths and Marriages and to clarify assessment considerations for transporting children and young people for contact.
02 February 2024	8.6	Minor changes to provide additional guidance regarding the use of the DCP Plan Management Provider List.
29 February 2024	8.7	Minor amendments to reflect updated guidance about transporting children and young people.
01 March 2024	8.8	Amended to include guidance about making a referral for psychological assessment.
27 March 2024	8.9	Minor amendments to update guidance about recording care team meetings.
23 April 2024	8.10	Minor amendments to include guidance regarding the new Multicultural Services Service Delivery Model.
05 April 2024	9.0	Comprehensive chapter review undertaken in alignment with the DCP Policy Review cycle.



REVISION RECORD		
Approval date	Version	Revision description
13 May 2024	9.1	Minor amendment in response to recommendations of the Independent Inquiry into Foster and Kinship Care in South Australia to strengthen guidance about information sharing and recording.
11 June 2024	9.2	Minor amendment to clarify referral requirements for DCP Psychological Services.
20 August 2024	9.3	Minor amendments to include current email address for the DCP Interstate Liaison Unit (ILU) in regards to raising an interstate alert and to update hyperlinks.
20 August 2024	9.4	Minor amendments to clarify requirements for recording referrals in C3MS, to update guidance about obtaining identity documents for children and young people from culturally and linguistically diverse backgrounds and to change the number of hours of preschool children in care are eligible for.
19 September 2024	9.5	Minor amendments to update guidance about making a referral for a Preliminary Health Check.
08 October 2024	9.6	Minor amendment to update guidance about the School Retention Program Mentoring referral process and closing Missing/Absent Person Reports in C3MS.
24/03/2024	9.7	Minor amendment to update guidance about the Child Survey Tool.
12/11/2024	9.8	Minor amendment to provide additional guidance about requirements for face to face contact between DCP case workers and children and young people.
28/10/2024	9.9	Minor amendments to expand guidance about sibling contact and include reference to CREATE's Sibling Connection guide for carers and DCP case workers.
26/11/2024	9.10	Minor amendments to expand guidance about funding options for medical, allied and mental health assessment and treatment.
12/12/2024	9.11	Minor amendment to include information about accessing low-cost glasses and contact lenses through GlassesSA.
19/02/2025	9.12	Minor amendments to guidance about the government preschool and school enrolment process and Tailored



REVISION RECORD		
Approval date	Version	Revision description
		Learning (formerly referred to as Flexible Learning Options or FLO).
27/03/2025	9.13	<p>Minor amendment to clarify existing practice requirements for face to face contact and include links to updated C3MS guidance.</p> <p>Minor amendments made to update language consistency in line with the Statement of Commitment.</p> <p>Minor amendment to include a link to a SA Health resource for children and young people attending the Out of Home Care Clinic.</p>
17/03/2025	9.14	Minor amendments to the school enrolment process and guidance on Tailored Learning.
15 April 2025	9.15	Minor amendments to align with changes in National Disability Insurance Scheme processes.
11 April 2025	9.16	Minor amendments to include guidance regarding exemptions to WWCC checks and the link to the relevant DHS procedure and WWCC exemption template.
15 April 2025	9.17	Minor amendments to My Health Record content to include recent advice from SA Health and updated information about Senior Practitioner access to My Health Record.
1 May 2025	9.18	Minor amendments to apply for a DCP scholarship section to assist DCP case worker with the process.
13 May 2025	9.19	<p>Minor amendments to remove references to the Flinders Medical Centre OOHC Clinic online referral form and DCP referrer online training.</p> <p>Minor amendment to clarify guidance about Special Needs Loading applications.</p>
27 May 2025	9.20	Minor amendments to the school engagement tutoring referral process.
28 May 2025	9.21	Minor amendments to update the wording in the apply for a DCP scholarship section to assist DCP case worker with the process.



REVISION RECORD		
Approval date	Version	Revision description
16 June 2025	9.22	Minor amendments to reflect legislative change in requirements for submitting an application for Victims of Crime compensation.
19 June 2025	9.23	Minor amendments to guidance about providing a copy of the Charter of Rights for Children and Young People in care and privileging the voices of children and young people in decision making about placement transitions.
10 July 2025	9.24	Minor amendments to guidance about completing the MVOV child survey tool to include links to user guides.
25 August 2025	9.25	Minor amendments to update factual information about accessing health services and making referrals for psychological therapy and psychiatric care. Minor amendment to Victims of Crime flowchart to clarify consultation requirements.
27 August 2025	9.26	Minor amendments to update guidance about supporting carers to manage Centrelink claims.
10 September 2025	9.27	Minor amendments to update guidance about the My Voice Our Views child survey tool, delegation for approval of interstate relocations of children and young people in care, and requirements for planning handover and transport of children and young people.
19 September 2025	9.28	Minor amendments to remove reference to disability tutoring and to update details of the school mentoring program and tutoring for children and young people in care.
8 October 2025	9.29	Minor amendment to include guidance about the Karen Fitzgerald grant.
22 October 2025	9.30	Minor amendments to include reference to the 'How disability and developmental delay is assessed: A guide for carers' booklet.
5 December 2025	9.31	Minor amendments to include referral to Finding Families.
9 January 2026	9.32	Minor amendment to include guidance about children and young people in care relocating overseas.



REVISION RECORD		
Approval date	Version	Revision description
9 February 2026	9.33	Minor amendment to clarify requirements for recording face to face contact with the child or young person in C3MS.
27 February 2026	9.34	Minor amendment to clarify requirements for retrieving Verification of a Child in Care cards.
14 May 2026	9.35	Minor amendments to update the DCP School Scholarships Program process.
22 May 2026	9.36	Minor amendment to amend requirements and eligibility for COVID-19 vaccinations.