



# WHO CAN SAY OK?

Making decisions about children in care



Government  
of South Australia

## CONTENTS

<b>Part 1 - decision making</b> .....	<b>3</b>
<b>Who this book is for and why</b> .....	<b>3</b>
<b>How we make decisions</b> .....	<b>4</b>
<b>Things to think about when making a decision</b> .....	<b>5</b>
Decisions involving resources and expenditure .....	6
<b>Working together</b>	
The child or young person .....	7
The child's parent(s) and family .....	7
The carer .....	7
The NGO foster care support worker / kinship care support worker .....	7
The DCP case worker .....	8
Sometimes many people are involved in making a decision .....	8
<b>Part 2 – types of decisions</b> .....	<b>8</b>
<b>Personal identity and family connections</b> .....	<b>9</b>
Family contact .....	9
Culture and community .....	9
Change of a child's name .....	10
Change of a child's religion .....	10
Personal appearance .....	10
<b>Health and wellbeing</b> .....	<b>12</b>
Medical consents at a glance .....	12
Health assessments .....	13
Medical treatment for children and young people under 16 years .....	13
Medical treatment for young people aged 16 years and over .....	16
Dental consents at a glance .....	17
Dental treatment for children under 16 years .....	17
Other medical / health .....	17
<b>Education</b> .....	<b>19</b>
Preschool .....	19
School enrolment and attendance .....	19
Enrolment in government schools .....	19
Enrolment in non-government schools .....	20
Transition from year 7 to year 8 .....	20
Individual education plan .....	21
School activities and excursions .....	22
School Card .....	22
Before school, after school and school holiday care .....	22
Child care .....	22
<b>Travel and recreation</b> .....	<b>23</b>
Interstate travel .....	23
Applying for a passport .....	24
Overseas travel .....	25
Recreational activities .....	26
Cultural activities .....	26
School and holiday camps .....	26

<b>Time away from carer .....</b>	<b>28</b>
Overnight stays / sleepovers (up to 2 nights).....	28
Overnight stays (3 or more nights).....	29
<b>Babysitting .....</b>	<b>30</b>
<b>Photographs and media .....</b>	<b>31</b>
School photos .....	31
Media publication or broadcasts that do not identify a child or young person as being under guardianship.....	31
Media publications or broadcasts that identify a child or young person as being under guardianship .....	31
<b>Mobile phones and the internet.....</b>	<b>32</b>
Safe social networking .....	32
Internet safety.....	32
Mobile phone use.....	32
<b>Preparation for adulthood.....</b>	<b>33</b>
Learner drivers .....	33
Employment .....	33
Australian Defence Force .....	33
<b>Financial matters .....</b>	<b>34</b>
Financial matters for children and young people in care .....	34
Financial matters for carers .....	34
<b>Missing children .....</b>	<b>35</b>
Missing persons reports.....	35
Missing persons – Youth Justice Orders.....	35
Missing persons – media campaigns.....	35
<b>End of life .....</b>	<b>36</b>
Organ donation.....	36
Funeral arrangements .....	36
Cultural impact.....	36
<b>Legal matters.....</b>	<b>37</b>
Teenage marriage.....	37
Bail, surety and payment of fines.....	37
Police interviews.....	37
Victims of crime compensation.....	37
Public Trustee funds.....	38
Wills for children and young people.....	38
<b>Glossary .....</b>	<b>40</b>

## • PART 1 - DECISION MAKING •



### Who this booklet is for and why

This booklet provides guidance about who can approve the many day-to-day decisions involved in caring for children and young people of all ages and cultural groups who are under the short- or long-term guardianship of the Minister for Education and Child Development.

It applies to family-based care and is for foster carers, kinship carers, specific-child-only carers and Department for Child Protection (DCP) workers. It provides one resource for everyone.

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

All children under the guardianship of the Minister require stability of care and a sense of belonging and connectedness. They should also have every chance to take part in everyday activities that offer normal childhood experiences and family life. One way of helping this to happen is for all the adults responsible for a child's care to be clear about who can make decisions about them and the things that are happening to them.

Here we cover many of these decisions and spell out who can give 'the OK'. Sometimes it's the carer, sometimes it's the DCP case worker and the other senior people in the child protection system or in other organisations. Sometimes it is the child's parents. Every now and then it's the Minister. Quite often it's the children themselves.

In some cases, who can say OK may be impacted by the type of guardianship order that is in place. Where a child is placed under a short-term guardianship order (up to 12 months), it is expected that the child's family will be involved in decision making while reunification possibilities are assessed. Where a child is under a long-term guardianship order (until they turn 18 years of age) many decisions will be made by the carer as a natural part of the parenting process. This reinforces the child's place and belonging to the carer's family.

The main thing is that making decisions about children and young people in family-based care needs to be clear and understood by everyone involved in the child's care team.

## ? How we make decisions

When a child is placed under the guardianship of the Minister for Education and Child Development, the Minister becomes responsible for the care of the child. The Minister's powers and responsibilities are outlined in South Australia's child protection law, the *Children's Protection Act 1993* and the *Family and Community Services Act 1972*.

The Minister is not directly involved with a child's case management and so some of the Minister's powers and responsibilities are given (delegated) to staff in DCP, such as the Deputy Chief Executive, directors, managers, supervisors and case workers. Some powers are also given directly to carers, such as the ability to make everyday decisions about the day-to-day care of a child.

Other factors that have an impact on how we make decisions about a child in care, include:

- the individual needs and best interests of the child or young person
- the type of care and protection order that is in place (eg guardianship for up to 12 months or until the child turns 18 years of age) and any specific instructions attached to the order
- the opinions of other people concerned with the child or young person (such as the child, their parents, the carer, the carer support agency, the case worker or specialist consultants)
- any agreements about case management that are reached by the child's care team and set out in the child's case plan
- other laws like the *Consent to Medical Treatment and Palliative Care Act 1995* (covering things like young people's consent to their own medical treatment), the *Summary Offences Act 1953* (covering things like tattoos and body piercing), and the *Births, Deaths and Marriages Registration Act 1996* (covering things like name changes)
- DCP policies, procedures, guidelines and agreements that affect case management and the care and protection of children
- the needs of Aboriginal and Torres Strait Islander children and young people and their families and communities
- the needs of culturally and linguistically diverse children and young people and their families and communities.



## Things to think about when making a decision

As far as possible we want all children and young people in care to have normal lives, and this means giving them the ability to make some decisions, and permission to take part in normal and acceptable, age-appropriate activities. These are the type of experiences that other children might take for granted.

With this in mind, the basic principles for making decisions are:

- **Views of the child:** what does the child think?
- **Normality:** is the decision related to a normal childhood experience?
- **Age / developmentally appropriate:** will the outcome be age / developmentally appropriate?
- **Safety of the child:** will the decision mean that what happens next is safe for the child?
- **Security of the child:** will the decision build the child's sense of belonging and connectedness?
- **Culture and community:** will the decision affect the child's connection to their community and culture?
- **Inclusiveness:** who else should be involved in this decision, eg parents, school, support worker?
- **Timely:** how quickly is a decision needed?
- **Resources:** will the decision involve spending money and does DCP need to approve this expenditure? (see pages 6 and 34)

These basic principles provide the basis for discussions between children and young people, carers, parents, case workers and support workers so that everyone can come to the best decision.

Decisions made can be written into case plans so that they can be referred to later, especially so that carers and case workers are clear about who can give approval about certain things, including where there are special circumstances that aren't covered in this book.

The ability to make good decisions about a child or young person is impacted by a shared understanding of all factors relevant to each child or young person. For this reason, the exchange of information between all decision makers is critical.

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

## Decisions involving resources and expenditure

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

Where a decision has a financial implication that is not covered by the fortnightly carer payment, a carer should talk to their child's case worker for information about funding. Some costs that are incurred are able to be reimbursed by the local DCP office, while other planned expenditure must be centrally approved within the department.

Carers should also refer to the resource, Carer Support Payments, for up-to-date payment information. This resource is available on the Department for Child Protection website at [www.childprotection.sa.gov.au](http://www.childprotection.sa.gov.au).



## WORKING TOGETHER

### The child or young person

Children and young people can often make decisions for themselves and usually carers will be best placed to help them do this in day-to-day situations.

Some laws specify decisions that children and young people can make for themselves without having parents or guardians involved, for example, decisions about medical treatment. We look at this topic on page 16.

Decisions children cannot make for themselves should, wherever possible, be made with their agreement, unless to do so would place them at risk of harm.

### The child's parent(s) and family

It is important for a child to maintain their connections to their parents, family, culture and community.

The role of parents and family in decisions about a child in care may depend on the kind of guardianship order the child is under. Where reunification is being sought it is important for the child's parents and family to be involved in decisions that affect the child.

Where it is a permanent placement, the carer will take on more responsibility for making decisions. However, it is important, providing it is safe to do so, to keep the child's parents and family informed of major decisions made about the child.

There are also certain decisions that only the child's parents or next of kin can legally make. We include these on pages 10 and 26. The child's case plan will include details about when the parents and other family members need to be consulted.

### The carer

The carer is the main person who makes the usual day-to-day and other decisions. Usually the case plan documents what types of decisions these might be.

When a carer is not clear about a decision, it is best to have a discussion with the support worker and the case worker. They can consider the rules about a situation (eg the guardianship order, or a particular law) and the information and principles in this booklet.

Although carers have a lot of decision-making rights, this does not remove or reduce the ultimate responsibility for the child's safety and wellbeing, which rests with the Minister.

### The NGO foster care support worker / kinship care support worker

Every foster carer has the ongoing support of a worker from their NGO carer support agency. Kinship carers receive the ongoing support from a support worker from the Kinship Care program, DCP.

The role of both the NGO support worker and the kinship care support worker is to help make sure that the placement is working well for both the child and the carer.

Carer support workers are part of the child's care team and are important people to be involved in discussions about what is best for the child.

### The DCP case worker

It is expected that every child under the guardianship of the Minister has a case worker, whose job it is to make sure the child is protected and safe. The case worker's job is directed by the laws that govern the child protection system in South Australia and they must also make sure that the conditions of the child's guardianship order are carried out.

Case workers must follow certain DCP rules, including following delegation procedures (see page 4 or what is a delegation) and following instructions from their supervisors, managers and directors.

Case workers work with the child's case plan, this is a very useful document that guides the care of the child. It is important that, where possible, the child, their carers and parents are actively involved in the development of the case plan. The case plan is first made when the child comes into care and changes with the child's changing needs and situation. A case plan should keep a record of the main things that are decided or that happen while the child is in care and include details about who can say OK about certain things in the child's life.

### Sometimes many people are involved in making a decision

Sometimes it won't be so clear about who can make a decision, or we might need to talk to others involved about it.

Here's where partnerships between carers, parents, case workers and carer support workers become important, so that good decisions can be made and practical solutions can be found. This means having a care team that is actively communicating and working together for the benefit of the child.

## • PART 2 - TYPES OF DECISIONS •



### PERSONAL IDENTITY AND FAMILY CONNECTIONS

#### Family contact

Family contact arrangements are usually included as part of the care and protection order made by the Youth Court. **The DCP case worker** will include this in the case plan.

Contact arrangements can include face-to-face contact, telephone calls, video conferencing and the exchange of photographs and letters.

A number of principles guide a child's contact with their parents, siblings, grandparents, cultural/community family, significant others or former carers. These include:

- the child's safety and wellbeing
- what's best for the child
- that contact is culturally appropriate
- that contact is planned, coordinated and has a purpose
- that the child can say what they think about the arrangements and adults take this into account
- that decisions about contact include everyone concerned.

A **carer** is ideally placed to notice the impact of contact arrangements and should let the **DCP case worker** know how this is affecting the child.

#### Culture and community

##### Aboriginal and Torres Strait Islander children and young people

When making decisions about Aboriginal and Torres Strait Islander children or young people consideration must be given to their cultural rights and needs. Cultural identity is not just an add-on to the best interests of the child. Belonging, being and becoming are integral parts of identity. Children learn about themselves and construct their own identity within the contexts of their families and Community.

**DCP case workers** and **carers** should actively support a child to engage in activities to enhance their connection to culture. This should be documented in the child's 'cultural plan' section within their case plan.

##### Culturally and linguistically diverse children and young people

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

**DCP case workers** and **carers** should support a children and young people from culturally and linguistically diverse background to attend activities that enhance their connectedness to their cultural group. This should be documented in the child's 'cultural plan' section within their case plan.

## Change of a child's name

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

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

Where a child wishes to legally change their name, the process is guided by the provisions in the *Births, Deaths and Marriages Registration Act 1996*. Generally, this process requires the consent of the **child's parents**.

**The DCP case worker** will make an assessment about a child's request to legally change their name. This will include consultation with the child and the child's parents and carers. The DCP case worker will also consult with a range of other professionals, such as principal social workers, principal clinical psychologists and principal Aboriginal consultants, if the child is Aboriginal or Torres Strait Islander.

**A DCP supervisor** must approve an application to change a child's name.

## Change of a child's religion

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

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

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

## Personal appearance

### Haircuts

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

### Tattoos and body piercing

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

#### Body piercing – non-intimate areas

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

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

#### Body piercing – intimate areas

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

#### Tattoos

No young person in South Australia under the age of 18 can get a tattoo, unless it is for medical reasons and it is performed by a legally qualified health practitioner.



## HEALTH AND WELLBEING

Children and young people in care may have significant medical, psychological, developmental and educational needs and behavioural challenges as a result of trauma, abuse and neglect. This means that they may need to see doctors or other health and wellbeing professionals more often than other young people. They may also need to have access to culturally appropriate and safe medical services for preventive health (ie access to an Aboriginal Medical Service).

Who can say OK about a child in care accessing health or wellbeing professionals is a similar issue for all families in the community. In other words, it depends on the issue and whether a guardian’s permission is needed; sometimes the child or young person can decide for themselves (see: ‘Medical treatment

for young people aged 16 years and over’ and ‘Sexual health’ on page 16.

To help them access services, the Health Standards for Children and Young People under the Guardianship of the Minister were released in 2007 and revised in 2014. This document, available on the DCP website, helps everyone make sure access to health care works well. The *Consent to Medical Treatment and Palliative Care Act 1995* also provides guidance for medical and dental practitioners for their assessment and treatment of children and young people.

### Medical consents at a glance

This table provides a quick summary of who can say OK to medical matters. Some of these topics are explained in further detail below.

Treatment type	Who can say OK
Preliminary health check	DCP case worker, in collaboration with the carer
Day-to-day medical treatment Appointments, seeking assessment, investigation and treatment for minor ailments and injuries, purchasing and administering medication, immunisation	Carer
Routine medical conditions Commencing and continuing treatment	Carer
Hospital admission (non-emergency)	Carer
Mental health assessment/therapy	Carer/ DCP case worker (at practitioner discretion)
Non-routine medical conditions involving significant physical, emotional or social impact Psychiatric treatment and intervention, administration of psychotropic medication, CT scans, genetic testing	DCP case worker
Administration of general anaesthetic and medical surgical procedures	DCP written permission and consultation with the carer - DCP supervisor or above - after hours: DCP supervisor or above at the DCP Call Centre
Emergency	Medical practitioner

## Health assessments

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

- a primary care practitioner for a preliminary health check as soon as possible, and ideally no later than 30 days, after the child or young person has entered care
- a comprehensive health and developmental assessment within 3 months of entering care, and
- ongoing age-appropriate assessments and health monitoring.

The **DCP case worker** should organise appointments for the health checks and assessments in consultation with carers. Any outcomes of the health checks and assessments must be recorded in the child or young person's case plan and should be actioned by the DCP case worker in collaboration with the carer.

## Medical treatment for children and young people under 16 years

### Routine medical treatment

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

- making and attending an appointment with a medical practitioner
- consenting to medical treatment if it's advised by a medical practitioner and does not involve the administration of a general anaesthetic or surgery
- consenting to diagnostic tests for new conditions such as an ultra sound or x-ray
- buying and administering medication in accordance with the advice of the treating medical practitioner.

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

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

### Ongoing medical treatment

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

### Consent for administration of psychotropic medication

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

The use of psychotropic medication must be approved by your **DCP case worker** and recorded in the child's case. The approval of the DCP case worker should follow the recommendation of the medical specialist. Once this treatment is approved and recorded in the child's case plan the carer can administer the psychotropic medication.

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

### Consent for general anaesthetic and medical surgical procedures

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

or the manager of the relevant DCP office is able to give consent.

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

Before the supervisor signs the consent form they must ensure that they understand the nature of the procedure and the associated implications. Usually this will require a phone conversation with the registrar, or another appropriate medical officer, prior to signing the consent form.

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

### Emergency medical treatment

Emergency medical treatment is required in any situation where there is an immediate and serious or life-threatening concern for the child or young person's health.

If a **DCP supervisor** or above is available their consent must be sought (see 'Consent for general anaesthetic and medical surgical procedures').

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

### Immunisation

It is expected that all children and young people under the guardianship of the Minister receive all immunisations recommended by the National Immunisation Program (South Australia Schedule) at the recommended times.

A **carer** can provide consent for immunisation. This includes immunisation through school programs and vaccines required for travel, training or employment.

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

### Allied health

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

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

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

### End-of-life decisions

The **Minister** is required to make decisions about:

- medical procedures that are of a high risk in situations when the life of a child or young person under 16 years is threatened due to illness, trauma or injury, or
- end-of-life care for a child or young person under 16 years. This may involve decisions about withdrawal of treatment, palliative care plans and resuscitation or non-resuscitation.

## Medical treatment for young people aged 16 years and over

### Medical treatment

A young person aged 16 years and over has the same rights to consent or not consent to medical treatment as an adult. This means that a **young person 16 and over** can consent to or refuse their own medical treatment.

### Emergency medical treatment

In an emergency situation, if a young person aged 16 years and over is unable to consent, the **medical practitioner** is able to administer treatment if this is necessary in the medical practitioner's opinion to meet an imminent risk to the life or health of that young person.

This must be supported by the written opinion of another medical practitioner who has personally examined the young person (unless it is not practicable to obtain that opinion), and the young person must not, to the best of the medical practitioner's knowledge, have refused consent to treatment.

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

### Sexual health

For all children and young people, getting help to access information to make informed decisions about sexual and reproductive health is particularly important.

Medical practitioners or other health services can give advice on contraception. There is no legal requirement for a parent or guardian to give consent for a child or young person to receive contraceptive medical advice or treatment, but if the child is aged under 16 years, a second medical opinion may be necessary.

### Abortion

Abortion can be legally accessed in South Australia. A medical assessment is needed to meet legal requirements. Partner or parental consent is not necessary for an abortion if the young person is 16 or over. If they are under 16 a medical practitioner can use their discretion about treating the young person, where an opinion is supported in writing by (at least) one other medical practitioner who has examined the child before the procedure starts. The practitioner must also be confident that the young person understands the treatment and its implications, and that they have agreed to it.

Young people should be encouraged to talk about their pregnancy with a doctor, social worker or counsellor if they feel they cannot discuss this with their carers or case workers.

## Dental treatment

### Dental consents at a glance

This table provides a quick summary of who can say OK to dental matters. Some of these matters are explained in further detail below.

Treatment type	Who can say ok
Routine dental care Local anaesthetic, routine dental treatment, including fillings, diagnostic procedures required for orthodontic assessment	Carer
Major dental treatment General anaesthetic, medical procedures, orthodontic treatment	DCP written permission and consultation with carer: <ul style="list-style-type: none"> <li>• supervisor or above</li> <li>• after hours – supervisor or above, DCP Call Centre</li> </ul>

### Dental treatment for young people under 16 years

#### Registration with a school dental clinic

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

### Minor dental treatment

A **carer** can provide consent for minor dental treatment. This includes:

- local anaesthetic
- routine dental treatment, including fillings
- diagnostic procedures required for orthodontic assessment.

### Specialist treatment – including orthodontic treatment

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

### General anaesthetic associated with a dental procedure

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

### Dental treatment for young people aged 16 years and over

A **young person aged 16 years** and over may consent to their own dental treatment.

### Other medical / health

#### My Health and Development Record (Blue Book)

A child's 'blue book', which is provided to all infants in South Australia, records their health and development. This is an important record for the child and should remain with them.

### Medicare cards

All children under the guardianship of the Minister should have a Medicare card.

**DCP** is responsible for making an application for a Medicare card. The application must be approved by a **DCP supervisor**.

Young people over the age of 15 can apply for their own Medicare card.

More information is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au) or by telephone on **13 20 11**.

### Health Care Cards

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

A **carer** can apply directly for a Health Care Card for a child in their care. They will need a copy of the child's birth certificate and evidence that the child is in their care (verification of child in care card).

Application details are available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au) or by telephone on **13 61 50**.

### Foster and kinship carer ID card

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

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

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

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

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

### Ambulance cover

All children under the guardianship of the Minister are covered for costs associated with emergency ambulance attendance and transport.

### Private health insurance

A **carer** can make a decision to place a child on their private health care cover. However, the carer must cover any cost involved.

### National Disability Insurance Agency

The National Disability Insurance Agency (NDIA) administers the National Disability Insurance Scheme (NDIS).

Children under the guardianship of the Minister who have permanent and significant disabilities, have permanent impairment or are under the age of 6 with developmental delay, may be eligible to become NDIS participants.

The **DCP case worker** is the parental representative and has decision-making authority, and must take the lead in NDIS registration, planning and review processes. To ensure the best outcomes for the child, the registration, planning and review process should include the carer and child, where appropriate. The outcomes of the NDIS plan, such as taking the child to appointments and assessment activities will, in many cases, be actioned by the carer.

Both the DCP case worker and the carer should have a copy of the child's NDIS plan.



## EDUCATION

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

### Preschool

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

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

- consult with the carer to discuss the child's needs and preschool enrolment options
- enroll the child in preschool, in consultation with the carer and the preschool director or principal
- provide the preschool director or principal with the required documents, including the 'DECD information sharing form'.

### School enrolment and attendance

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

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

### Exemption from attendance

If it is necessary to take a child out of school temporarily or permanently, the **DCP supervisor** must sign an application form to apply for an exemption from school attendance. This form should be given to the school principal.

### Enrolment in government schools

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

It is the responsibility of the **DCP case worker** to make sure that a child or young person is enrolled in school. This includes ensuring that:

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

DCP case worker will provide a copy of the completed 'DECD information sharing form' to the carer.

### Enrolment in non-government schools

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

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

If it's preferred that a child or young person attends a non-government school, this needs to be discussed between the carer and the DCP case worker before enrolment. It is the responsibility of the **DCP case worker** to:

- seek approval for a child or young person in care to attend a non-government school from a decision-making panel inside DCP
- update the child or young person's case plan to include details about the decision to enrol the child or young person in a non-government school
- enrol the child or young person in a non-government school, in consultation with the carer
- ensure that the appropriate documentation is signed and sent to the school.

### Transition from year 7 to year 8

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

Young people under the guardianship of the Minister who are in year 7 may be given special entry to a South Australian government secondary school of their choice. If a young person would like to attend a secondary school other than their local (zoned school), the carer should meet, early in year 7, with a representative at the young person's primary school and DCP case worker to discuss their enrolment options.

## Individual education plan

An education plan is necessary to ensure that a child or young person's developmental, cultural, social, psychological and educational needs are taken into account and adequately met.

### Government schools

When a child or young person is enrolled in a government school, it is the responsibility of the school principal, or their nominee, to facilitate the process of developing an individual education plan (IEP) for the child or young person. The school principal, or their nominee, should develop the IEP in conjunction with:

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

The IEP should be formally reviewed at the beginning of each year and at every transition point.

### Non-government schools

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

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

### School activities and excursions

In most cases, a carer will have the authority to consent to school activities and excursions. This will be recorded in the child or young person's case plan.

For information about who can say OK to camps and to recreational activities see page 26.

### School Card

#### Government schools

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

#### Non-government schools

If a child or young person is enrolled in a non-government school, a School Card is not automatically approved. If a carer would like a School Card, the carer must complete an application for a School Card. The application form (Form F) is available from the school or from the Department for Education and Child Development website at [www.decd.sa.gov.au](http://www.decd.sa.gov.au).

As there are a variety of non-government schools in South Australia, depending on the school, eligibility for a School Card may or may not impact on school fees. The carer should contact the school for further information.

### Before school, after school and school holiday care

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

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

### Child care

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

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

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



## TRAVEL AND RECREATION

### Interstate travel

#### Interstate day trips

A carer can decide to take a child or young person on an interstate day trip.

#### Interstate trips involving overnight stays of 1 night or longer

If the interstate travel involves an overnight stay of 1 night or longer, approval from a **DCP supervisor** is required.

On these occasions, the carer should contact the DCP case worker to discuss the proposed travel arrangements.

The DCP case worker will make an assessment of the benefits and risks of the proposed trip and ask for approval from the responsible **supervisor**.

#### What DCP needs to know to make a decision

- **Why:** What is the purpose of the travel?
- **When:** What are the proposed travel dates?
- **Where:** Where is the proposed travel to and what will the accommodation be?
- **With:** Who will be travelling with the child?
- **Contact:** How can DCP contact the child and supervising adult?
- **Case plan:** Are the proposed travel plans in conflict with parts of the case plan, such as family contact arrangements?
- **Schooling:** Do the proposed travel plans impact on schooling?
- **Views of the child:** How does the child feel about the proposed travel?
- **Special arrangements:** Does the child have any medical requirements, special care or dietary needs that need to be taken into account?
- **Cost:** Is the carer covering the costs involved or is funding needed from DCP?

### Frequent interstate travel to the same location

For some children and young people it is necessary to travel interstate on a regular basis. This may be because:

- the child or young person, or their carer, has relatives interstate that they visit frequently
- they live close to an interstate border and need to travel across the border for normal everyday activities, eg to go shopping, play sport, visit family and friends or go on holiday
- they need to travel interstate to their traditional land or country to attend significant cultural events or funerals.

In these circumstances, carers are encouraged to talk to the DCP case worker about getting a letter of approval from DCP. This may give permission for the carer to travel interstate with the child in their care to a specific destination for a 12-month period.

#### Example

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

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

### Applying for a passport

A **DCP regional director** must give approval for a child in care to obtain a passport.

It is best if a carer contacts their case worker if a child needs a passport. The application process can be started well in advance of overseas travel plans being made.

The DCP case worker will apply for a passport on behalf of the child.

It can take longer to obtain a passport for a child in care. This is because the DCP case worker needs to get the written consent of all people with parental responsibility for the child. This may include the child's parents and a DCP regional director. The case worker must also gather supporting documentation to prove the child's identity and citizenship.

## Overseas travel

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

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

### What we need to know to make a decision

- **Why:** What is the purpose of the travel?
- **When:** What are the proposed travel dates?
- **Where:** Where is the proposed travel to and what will the accommodation be?
- **Travel advice:** Does the Australian Government's Department of Foreign Affairs and Trade 'Smart Traveller' website contain any related travel warnings and is there a risk management / safety plan in place?
- **With:** Who will be travelling with the child?
- **Contact:** How can DCP contact the child and supervising adult?
- **Case plan:** Are the proposed travel plans in conflict with parts of the case plan, such as family contact arrangements?
- **Schooling:** Do the proposed travel plans impact on schooling? If so, has the school been consulted and has the school granted an exemption for the child to be absent from school for the duration of the proposed trip?
- **Views of the child:** How does the child feel about the proposed travel?
- **Special arrangements:** Does the child have any medical requirements, special care or dietary needs that need to be taken into account?
- **Cost:** Is the carer covering the costs involved or is funding needed from DCP?

## Recreational activities

### Sport and recreation

#### Low-to-moderate risk sporting and recreational activities

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

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

A carer should always check with the organisation that is running the sport or recreational activity to confirm whether the organisation has in place child safe environment policies and procedures.

#### High-risk sporting and recreational activities

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

Some examples of high-risk activities are abseiling, motorbike or quad bike riding, parachuting, hang gliding, bungee jumping, white-water rafting and scuba diving.

In making a decision, the DCP supervisor may consider:

- the views of the child, parents and carer about participation in the activity
- the suitability of the activity in relation to the child's age, developmental level and experience
- the risks involved

- the qualification of the organisation or individuals providing the activity (including whether the organisation has in place appropriate child safe policies and procedures)
- protective strategies to minimise the level of risk (for example: adult supervision and the supply and use of safety equipment).

## Cultural activities

DCP case workers and carers should actively support a child to engage in activities to enhance their connection to culture. This includes participation in significant cultural events throughout the year such as NAIDOC week, Reconciliation week and other community cultural activities or events. This should be documented in the child's 'cultural plan' section within their case plan.

## School and holiday camps

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

### Attending a camp in South Australia

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

### Attending a camp interstate

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

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

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

- the camp supervision arrangements and potential safety issues
- transport and other arrangements for the child to attend the camp
- any potential impacts the camp will have on family contact arrangements, and if necessary, the need for the DCP case worker to arrange alternative contact times.

### **Financial assistance to help with camp costs**

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



## TIME AWAY FROM CARER

Who can say OK about sleepovers and overnight stays depends on how many nights the child or young person will be away.

### Overnight stays / sleepovers (up to 2 nights)

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

A child's **carer** is generally in the best position to make a decision about the suitability of an overnight stay with friends and may consent to stays for up to 2 consecutive nights. Overnight stays for more than 2 nights require the approval of a **DCP supervisor** (see page 29 on overnight stays for 3 or more nights).

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

#### Before a carer can say OK, some questions to consider are:

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

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

Sometimes there may be:

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

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

#### **Information to be provided to the person who is looking after the child**

Before the sleepover, the carer should contact the adult supervising the sleepover to confirm the arrangements. A carer should not rely on advice about the sleepover from the children or young people involved.

Some things to think about discussing with the adults are:

- important information about the needs of the child or young person
- what the child may need for any planned activities for the sleepover (including money, appropriate clothing or swimming costume)
- arrangements and times for 'drop off' and 'pick up'
- contact details and address for the carer and the sleepover household.

#### **A relevant history assessment**

It is not a requirement for an adult supervising a sleepover to have had a relevant history assessment (previously referred to as a criminal history assessment).

#### **Overnight stays (3 or more nights)**

A carer should contact their case worker if there is a plan for a stay of more than 2 nights. The case worker must consult with their **supervisor** to seek approval of these plans and determine any additional conditions on a case-by-case basis. This is because longer stays may impact on the child's schooling, family contact or other important arrangements.



## BABYSITTING

It is a **carer's** decision whether to occasionally use a babysitter.

Like in any family, a carer should always use their judgement when making decisions about how safe and appropriate it is for the child to be babysat by a particular person.

When choosing a babysitter, here are some questions to think about:

- are they the right person for the job?
- are they capable of responding appropriately to behaviours the child might have
- are they capable of responding appropriately in an emergency?

A carer should always provide the babysitter with the carer's contact details.

### A working-with-children check

A working-with-children check is not required for a baby sitter who occasionally cares for a child or young person when it is a personal arrangement between the babysitter and the carer (whether or not the arrangement involves payment to the babysitter).

But, if this is a planned, regular and ongoing arrangement between the babysitter and the carer then a working with children check is required. A carer should discuss this with their case worker.

A babysitter will also be required to have a working with children check if they are hired through a professional babysitting or nanny service.



## PHOTOGRAPHS AND MEDIA

### School photos

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

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

- school and sport photos
- award ceremonies
- newsletters
- video recordings (such as recordings of a school play).

In all circumstances, it is necessary to consider the safety and wellbeing of the child or young person.

It is the responsibility of the **case worker** to provide the DECD information sharing form to the school and to ensure that the school and carer are aware of any special requirements to protect the safety of the child or young person. This may include when the location of the child or young person needs to remain confidential.

### Media publication or broadcasts that do not identify a child or young person as being under guardianship

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

newspaper.

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

### Media publications or broadcasts that identify a child or young person as being under guardianship

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

#### Example

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

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



## MOBILE PHONES AND THE INTERNET

### Safe social networking

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

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

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

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

### Internet safety

Internet access is everywhere and is now an integral part of our society. To deny children access to it deprives them of a valuable information resource, communication tool and source of entertainment.

What needs to be considered is not how we can stop children from accessing the internet, but how we can help and support them to navigate this resource safely and appropriately. Depending on their age and level of vulnerability, regulation, monitoring, supervision and restriction may be appropriate when it comes to the use of the internet.

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

- establishing family rules for safe and respectful use of the internet
- monitoring online use and locating computers in open family areas
- installing programs to block access to unsafe sites
- being familiar with current online activity and use.

### Mobile phone use

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

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

### Further information

[www.esafety.gov.au](http://www.esafety.gov.au)

[www.forwardit.sa.gov.au](http://www.forwardit.sa.gov.au)

[www.thinkuknow.co.uk](http://www.thinkuknow.co.uk)



## PREPARATION FOR ADULTHOOD

### Learner drivers

Learning to drive a vehicle is probably one of the most critical skills that people will learn during their lifetime involving a wide variety of skills in the operation of controls, observation and planning.

A **young person's** decision to apply for a drivers licence can be made with their **carer**, in conversation with their **case worker**. This should be recorded in the young person's case plan.

Carers are generally best placed to support a young person to get their driver's licence and to attend driving lessons.

In some cases, a DCP office may provide funding towards the fees associated with obtaining a drivers licence and the cost of driving lessons. A carer should talk to their case worker for additional information.

### Employment

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

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

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

### Australian Defence Force

The approval of a **DCP supervisor** is needed for a young person to join the Australian Defence Force (ADF). The ADF is made up of 3 armed services: the navy, army and air force, supported by the Department of Defence. The minimum age for entry is 17 with guardian consent. A young person should talk to their case worker if they are interested in joining the ADF.



## FINANCIAL MATTERS

### Financial matters for children and young people in care

#### Opening a savings account

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

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

Proof identification documents are required to open a savings account for a child or young person. The DCP case worker is responsible for providing the carer with original copies of the child's proof of identity documents, such as a birth certificate.

#### Pocket money

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

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

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

Carers do not need to provide pocket money for young people aged 16 years and over if they receive Youth Allowance.

#### Financial matters for carers

As outlined on page 6, where a decision has a financial implication that is not covered by the fortnightly carer payment, a carer should talk to their child's case worker for information about funding. Some costs that are incurred are able to be reimbursed by the local DCP office, while other planned expenditure must be approved by a central panel within the department.

Carers should also refer to the DCP resource, Carer Support Payments, for up-to-date payment information. This resource is available on the Department for Child Protection website at [www.childprotection.sa.gov.au](http://www.childprotection.sa.gov.au).



## MISSING CHILDREN

### Missing persons reports

It is the responsibility of **case workers**, in partnership with **carers**, to make sure something is done immediately if a child is missing.

When a child goes missing, as soon as possible, the carer must notify the child's case worker or the DCP Call Centre after hours on **13 16 11**. If it is an emergency situation or the child is in danger, the carer can use their own judgement and call the police immediately to make a missing persons report. If the carer contacts the police directly, they must tell the case worker of this.

After being notified by a carer that a child is missing, the case worker or after-hours DCP Call Centre worker will lodge a missing persons report with the South Australia Police (in circumstances where a report has not already been made), and record the child as missing on the department's Connected Client Case Management System (C3MS).

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

### Missing persons – Youth Justice Orders

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

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

### Missing persons – media campaigns

If the police request authorisation of a public media campaign because the child or young person is missing, this may include use of a photograph of the child. Permission for this can only be given by the **Deputy Chief Executive, Department for Child Protection**.



## END OF LIFE

In the tragic circumstances that a child or young person in care dies, the guardianship order ends and the powers and responsibilities of the Minister under the *Children's Protection Act 1993* cease and revert back to the child's parents.

### Organ donation

Decisions about organ donation are to be made by the child's '**senior available next of kin**'. This is defined as the first in order of priority of the kin who are available at the time:

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

### Funeral arrangements

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

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

On occasions where the child's next of kin and the child's carers disagree about the funeral arrangements and the disposal of the child's remains, DCP may, at the request of one or both of the parties, help them to reach an agreement about the arrangements.

### Cultural impact

#### Aboriginal and Torres Strait Islander communities

Families from Aboriginal and Torres Strait Islander communities may have culturally specific ways of dealing with grief and loss, including special requirements about who is involved in arrangements and about the location of the burial or cremation. The principal Aboriginal consultant is available for consultation to support case workers to respond in a culturally appropriate manner.

In the event of a death within a child or young person's biological or cultural family the child or young person may have an obligation or responsibility to attend a funeral. **Case workers** and **carers** should support a child or young person to attend to maintain their connections with their family, community and culture.

#### Culturally and linguistically diverse communities

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



## LEGAL MATTERS

### Teenage marriage

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

### Bail, surety and payment of fines

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

### Police interviews

If a child needs to be interviewed by police, the carer must tell their case worker or supervisor. After hours, calls can be made to the DCP Call Centre on **13 16 11**.

Carers may be asked to observe, support and/or advocate for the child at a police interview. A carer can refuse the request and police must provide an approved alternative person.

The alternative person can be a legal representative, carer, relative or suitable friend suggested by the child, but must be over the age of 18 years. If the child does not suggest someone, or where the suggested person is not available, it is the responsibility of police to find an appropriate person to represent the views of the child. This may include:

- a person delegated by DCP to represent the interests of children subject to criminal investigation, or

- where no such person is available, some other person (not being a minor, a police officer or an employee of the South Australian police) who, in the opinion of the police officer, is a suitable person to represent the views of the young person.

If the child or young person is Aboriginal or Torres Strait Islander the Aboriginal Legal Rights Movement should be contacted. If the child is from a culturally and linguistically diverse background, ensure that the support person is culturally appropriate.

### Victims of crime compensation

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

### Public Trustee funds

Some children may have funds managed by the Public Trustee if they have received victims of crime compensation or have received funds from wills or civil law actions.

The Office of the Public Trustee has waived the establishment fee for a trust fund for a child in care, based on the agreement of DCP that calls will not be made on the fund while the child is in care. It is highly unlikely that any calls will be made on these funds while the child is in care because DCP is financially responsible for the child while they are in care.

If there are exceptional circumstances and the funds need to be used, approval from a **DCP executive director** is needed.

### Wills for children and young people

Most children won't have a will because in law generally, people under the age of 18 cannot make a will unless they are married or have been married.

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

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





## GLOSSARY

Treatment type	Who can say ok
<b>Case planning</b>	<p>The process of establishing agreed goals and outcomes to meet the identified needs of the child or young person</p> <p>The child or young person, the foster/kinship carer, the DCP case worker, carer support worker and other key professionals should be included in the case planning process</p>
<b>Case plan</b>	<p>A written record of the outcome of the case planning process. This will specifically document the decisions made and responsibilities of all parties</p> <p>The case plan will be shared with all members of the care team.</p>
<b>Carer</b>	Foster, kinship and specific child only carers
<b>Care team</b>	The group of people who share the responsibility for the care and development of the child or young person. The care team includes the child or young person, the foster/kinship carer, the DCP case worker, carer support worker and other key professionals
<b>Child or children</b>	A child or children under the age of 18 years
<b>Connected Client Case Management System (C3MS)</b>	DCP case management and record system
<b>Cultural plan</b>	Each Aboriginal child in care will have a cultural plan. These help the child or young person establish, reconnect, and maintain connection with family, community, country and culture



## GLOSSARY

Treatment type	Who can say ok
<b>The Department for Child Protection</b>	The government agency that is the South Australian Government's statutory child protection service
<b>Family-based care</b>	Children in out-of-home care living with kinship or foster carers or in some other type of home-based care arrangement
<b>Case worker</b>	<p>The person who is responsible for supporting the child's placement and making sure that the conditions of the child's guardianship order are carried out</p> <p>It is expected that every child or young person under the guardianship of the Minister is allocated a case worker</p>
<b>Guardianship of the Minister</b>	<p>The Minister for Education and Child Development is the child's legal guardian</p> <p>This guardianship is ordered by the Youth Court of South Australia and may be for a period of 12 months or until the child turns 18 years of age</p>
<b>Kinship carer support worker</b>	The support worker from the Kinship Care program, DCP who is responsible for supporting the kinship carer(s) in caring for a child or young person
<b>Minister</b>	The South Australian government Minister responsible for the administration of the <i>Children's Protection Act 1993</i>



## GLOSSARY

Treatment type	Who can say ok
<b>National Immunisation program</b>	The Australian Government's Immunise Australia program implements the National Immunisation program (NIP) schedule, which currently includes vaccines against 16 diseases
<b>NGO carer support worker</b>	The support worker from the funded NGO who is responsible for supporting the foster carer(s) in caring for a child and/or young person
<b>Parent and family</b>	The child's immediate and extended family of origin. Also known as the birth family
<b>Relevant history assessment</b>	A relevant history assessment involves assessing information about a person's relevant history for the purpose of determining whether a person may pose a risk of harm to children if appointed to, or engaged to act in, a prescribed position within an organisation. The assessment must be conducted by an organisation or authorised screening unit in accordance with the <i>Children's Protection Act 1993</i> and associated regulations
<b>Reunification</b>	The planned process of reconnecting children and young people safely with their families through providing services and supports to the child or young person, their families and their carers
<b>Young person or young people</b>	Usually refers to a person or people between the ages of 10 and 18 years
<b>Working with children check</b>	Child-related employment screening is an essential mechanism in protecting South Australia's children and young people from harm



**Government  
of South Australia**