



Manual of Practice: Intake, investigation and assessment 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 ensure the Department for Child Protection (DCP) appropriately receives and responds to child protection concerns and determines and actions the most appropriate response to screened in child protection notifications.

Scope

Applies to all DCP staff who:

- receive and record child protection concerns from people who are not mandated notifiers
- respond to and/or undertake child protection investigation and assessment of screened in notifications.

Note: this chapter does not cover the receipt and screening of notifications by the Child Abuse Report Line (CARL). Please see the [DCP Call Centre](#) chapter of the Manual of Practice for information with respect to CARL notifications.

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 regarding 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.

Principles

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



- The Aboriginal and Torres Strait Islander Child Placement Principle must be applied
- Timely, accurate information gathering and holistic assessment is crucial for ensuring the safety of children and young people
- Respect, compassion and cultural responsiveness underpins engagement
- Families hold important knowledge of their own lives, needs and culture
- Engagement with families and communities is key to positive outcomes and family led decision making is facilitated
- Children and young people's views are sought and considered
- Early and effective intervention is imperative to safeguarding children and young people's safety and wellbeing and cultural identity, and to prevent entry into care
- Decisions and actions are undertaken in a timely manner
- Assessment respects cultural diversity in parenting practices while maintaining a focus on safety
- Collaborative interagency practice and information sharing promotes the safety and wellbeing of children and young people
- Statutory authority is used responsibly and in the least intrusive way to ensure the safety of the children and young people

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

During investigation and assessment, the following decisions are considered significant for Aboriginal and Torres Strait Islander infants, children and young people:

- decisions about the response to a screened in notification
- decisions about how to keep a child or young person safe during an investigation (including, where relevant, the development of an agreed safety plan)
- decisions regarding the outcome of any investigation.

Family led decision making is enabled when Aboriginal and Torres Strait Islander children, young people and their families are supported to participate in these decisions. Wherever possible and appropriate, Aboriginal and Torres Strait Islander children, young people and their families should be given the opportunity to be actively involved in the decisions affecting their children or young people. Family led decision making recognises that Aboriginal and Torres Strait Islander families have the best knowledge of their family, community and culture, including their strengths and needs.

Active efforts to uphold all elements of the Aboriginal and Torres Strait Islander Child Placement Principle (section 12 of the CYPS Act) should be made throughout DCP's involvement with the family. Active efforts are affirmative, thorough and timely efforts to ensure Aboriginal and Torres Strait Islander infants, children and young people's safety and wellbeing through the application of the Aboriginal and Torres Strait Islander Child Placement Principle.

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, the [Family Led Decision Making for Aboriginal families Framework](#) and the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#). Timely consultation with a relevant Principal Aboriginal Consultant (PAC) can also support significant decision making for Aboriginal and Torres Strait Islander infants, children and young people.

Exploring family and kinship networks at the earliest possible opportunity through the joint development of genograms and ecomaps, working in partnership with families, upholding the Aboriginal and Torres Strait Islander Child Placement Principle and engaging in family led decision making are all crucial steps in contributing to both the targets of the [Safe and Supported Action Plan](#) and [National Agreement on Closing](#)



[the Gap \(Target 12\)](#), which aims to reduce the rate of over-representation of Aboriginal and Torres Strait Islander infants, children and young people in out-of-home care by 45% by 2031.

Authority

Sections 7, 10, 12, 16, 17, 18, 30, 31, 32, 33, 34, 35, 36, 37, 38, 41, 44, 45, 46, 47, 48, 50, 53, 84, 109, 147, 149, 150, 152, 160, 163, 164 and 168 of the *Children and Young People (Safety) Act 2017* (CYPS Act).

Regulations 5, 9, 14, and 38 of the *Children and Young People (Safety) Regulations 2017* (CYPS Regulations).

Sections 64A and 65 of the *Criminal Law Consolidation Act 1935* (CLC Act)

Sections 3, and 9 of the *Criminal Law (Forensic Procedures) Act 2007*

Family Law Act 1975

Flowchart

[Intake, investigation and assessment flowchart](#)

Key steps

1. Receive and respond to intakes received outside of DCP Call Centre
2. Accept case and determine response
3. Plan an investigation
4. Conduct the investigation
 - 4a. Conduct the investigation: Engage with and assess the family
 - 4b. Conduct the investigation: Engage with and assess the child or young person
 - 4c. Conduct the investigation: Consider and establish immediate safety
 - 4d. Conduct the investigation: Gather additional information
 - 4e. Conduct the investigation: Seek additional assessments and interventions
5. Exercise child protection officer powers
6. Manage new allegations arising during an investigation
7. Respond to family law matters during an investigation
8. Determine investigation substantiation decision
9. Complete the SDM Initial Risk Assessment
10. Determine future intervention required to ensure continued safety
11. Determine case continuation, transfer or closure

1. Receive and respond to intakes received outside of DCP Call Centre

All DCP staff are required to report any new suspicion that a child or young person is at risk where this suspicion is formed in the course of their work to the Child Abuse Report Line on 13 14 78 or via e-CARL. This requirement applies whether or not the DCP staff member is a mandatory notifier for the purposes of sections 30 or 31 of the CYPS Act, or as prescribed by regulation 9 of the CYPS Regulations. Reports must be made in accordance with the DCP [Reporting a suspicion a child or young person is at risk procedure](#).

Respond to information provided by a person who is a mandated notifier



If a DCP worker receives information from a mandatory notifier that the notifier suspects a child or young person is at risk and this suspicion is formed in the course of the person's work, the DCP worker must advise the notifier to make the report to the Child Abuse Report Line (CARL) on 13 14 78 or via e-CARL (pursuant to section 31, CYPS Act 2017) and confirm the mandated notifier's intention to make the report.

Refer to the [Reporting a suspicion a child or young person is at risk procedure](#) and the [Reporting suspected harm of children and young people](#) DCP web page for further information about who is a mandated notifier and how and when to make a report.

Respond to information provided by a person who is not a mandated notifier

If a person who is not a mandated notifier provides information to a DCP worker that they suspect a child or young person is at risk of harm and this information is not already known to DCP, the DCP worker must proceed with gathering the information and raising an intake.

To raise an intake arising from a report made by a non-mandated notifier, the DCP worker must follow the steps outlined below.

Gather information

The DCP worker should gather detailed information from the notifier about the child, young person and their family, the issues of concern, cultural considerations and the involvement of services. This assists DCP to undertake a holistic assessment of the strengths, protective factors and risks to children and young people.

The DCP worker should refer to the DCP web page [Preparing to report or notify suspected harm to children or young people](#) for information regarding the information that must be gathered.

Refer to the [DCP Assessment framework for staff](#) for further guidance about the considerations and processes that should inform a holistic assessment.



Connection



Identity

Aboriginal and Torres Strait Islander child placement principle active effort prompt

When gathering information about a report regarding an Aboriginal and Torres Strait Islander infant, child or young person, the following information should be explored:

- Ask the person providing the information if the infant, child, young person or family identifies as Aboriginal or Torres Strait Islander and if they identify with any specific Aboriginal or Torres Strait Islander Nations or language groups.
- When gathering information, be reflective on cultural bias and ask questions to understand the infant, child or young person and family's voice as much as possible. Refer to the [Bias in Child Protection Practice Paper](#) for further guidance.
- Seek information about the importance and significance of culture to the family's functioning and to those involved with raising the infant, child or young person.
- Consider the role of parents, siblings, grandparents and extended family and kinship relationships in caring for the infant, child or young person and



- identify protective people within the family and kinship network from the earliest possible opportunity.
- Enquire about culturally appropriate community resources and supports that may be involved with the family or that could be engaged to support the family.

Review child protection history

Reviewing the child protection history is essential as records may indicate if the child, young person or family has been in recent contact with DCP or other services, if the child or young person is placed in care or whether the alleged perpetrator is in contact with other children or young people.

Where the DCP worker is able to access C3MS, they must review the child protection history for the child or young person, any adults listed in the notification and relevant other persons connected to the child or young person and summarise this in the intake.

Any potential interstate child protection involvement in relation to a relevant adult should also be explored through the [Connect for Safety \(C4S\)](#) information sharing system. Potential matches identified through C4S should be followed up with support from DCP [Interstate Liaison](#).

Record the information and advise the DCP Call Centre

If the DCP worker is not familiar with raising an intake in C3MS, they must contact the DCP Call Centre [redacted] and provide the information that the Child Abuse Report Line (CARL) worker will record and assess.

If the DCP worker has access to C3MS and is familiar with raising an intake, they must determine what type of intake to raise in C3MS and then forward the details to CARL for assessment. Refer to the [DCP Call Centre chapter](#) of the Manual of Practice for guidance about how to determine what type of report should be raised.

If there are concerns that relate to more than one child or young person, the DCP worker must ensure an intake is raised for each individual or copied across the person group.

If the alleged perpetrator is another DCP employee (including a student undertaking practical training, a DCP volunteer or a service provider contracted by DCP to provide services), the DCP staff member with the suspicion must **not** raise the intake in C3MS and must instead contact the Call Centre on (08) [redacted]

When raising the intake in C3MS or via CARL it is essential to:

- record all personal details about the child or young person and all key adults (including if they identify as Aboriginal or Torres Strait Islander and identify with any specific Aboriginal or Torres Strait Islander Nations or language groups)
- summarise the child protection history, relevant background information and reported concerns.

Once the intake is raised in C3MS, the DCP worker who raised the intake must contact the DCP Call Centre [redacted] and advise that an intake has been raised and requires assessment.

The CARL worker will conduct an assessment using the [SDM® Screening and Response Priority Assessment Policy and Procedures Manual](#).

Respond to concerns of historic or current sexual offending against a child or young person by a DCP employee



All DCP employees (including students undertaking practical training, DCP volunteers and service providers who are contracted by DCP to provide 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.

Sections 64A and 65 of the *Criminal Law Consolidation Act 1935* (CLC Act) make it a criminal offence for a DCP employee (including students undertaking practical training, DCP volunteers and service providers who are contracted by DCP to provide services and other prescribed persons listed under section 64 of the CLC Act) to either:

- fail to make a report to SAPOL if they know or suspect that sexual harm has been perpetrated by a fellow DCP employee against a child or young person under the age of 18 years (including historical incidents of sexual harm within the last ten years)- the offence is called **'Failure to report suspected child sexual abuse'**. Failure to report suspected child sexual abuse to SAPOL in accordance with section 64A of the CLC Act has a maximum penalty of imprisonment for three years.
- fail to reduce or remove a risk of sexual abuse being perpetrated by a fellow DCP employee against a child or young person aged 17 years or under when aware that there is a substantial risk of sexual offending occurring- the offence is called **'Failure to protect child from sexual abuse.'** Failure to report suspected child sexual abuse to SAPOL in accordance with section 64A of the CLC Act 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.

Share information with SA Health regarding unborn children

The [Unborn Child Alert form](#) is used for information sharing between DCP and SA Health when an unborn child is identified as being at risk of harm post birth. The purpose of the form is to accurately capture and reflect the situation of the unborn child's parent/s and identify potential risks to the infant.

The high risk infant worker or DCP case worker will complete the form and send to the birthing hospital (if known) for SA Health to distribute to relevant parties. The form is then filed by SA Health in the expectant mother's medical file for record keeping and access by treating SA Health staff. See also the [Collaborative Case Management of High Risk Infants in Hospitals Policy Guideline](#).

2. Accept case and determine response

When a child protection notification that includes an intra-familial concern is screened in and there is not currently an open DCP case for the child or young person, the notification will be forwarded to an Assessment and Support team to make a decision regarding the most appropriate response.

Where the case is open, the notification will be referred to the allocated DCP case worker.

For recently closed reunification cases, new allegations should be discussed between the Assessment and Support supervisor and the supervisor of the last team responsible for the case to clarify which team is best placed to investigate the concerns.

The DCP Call Centre is responsible for referring extra-familial (EXF) notifications to the relevant external agency (such as SAPOL). When an EXF notification is received for an open case, the DCP Call Centre will also forward the notification to the allocated DCP case worker.



Where a notification involves an allegation of sexual abuse being perpetrated by a fellow DCP employee, the requirements of sections 64A and 65 of the *Criminal Law Consolidation Act 1935* must be followed. Refer to 'Respond to concerns of historic or current sexual offending against a child or young person by a DCP employee' in [Receive and respond to intakes received outside the DCP Call Centre](#) in this chapter of the Manual of Practice for further information.

Determine the appropriate response to a notification

All screened in notifications where a child or young person is or may be at risk of harm requires a response, whether that be a DCP intervention or another type of response. In matters where the response priority assessment requires review, the office manager may discuss this with the Call Centre Manager. A change of the response priority assessment can only be approved by either a Call Centre supervisor, Call Centre senior practitioner or Call Centre Manager, where appropriate. Where a classification is changed, a clear rationale for the change must be recorded in C3MS.

All 'within 24 hours' response notifications must be allocated for immediate investigation (unless there is dispute as to the response priority assessment).

All 'within 10 days' response notifications must be assessed based on currently available information to determine how soon a response should occur within the 10 day time period.

An individual assessment of each notification (that considers the current notification and child protection history) will determine the most appropriate response. When assessing the most appropriate response to a notification, the safety of the child or young person must be the paramount consideration. The supervisor must consider each of the following response options and determine the most appropriate response:

- referring a matter to a state authority (sections 32(3)(c) and 33 CYPs Act)
- undertaking an alternative response that more appropriately addresses the risk (section 32(3)(b) CYPs Act)
- commencing a DCP investigation (sections 32(3)(a) and 34 CYPs Act).

All notifications (both intra and extra-familial) that include allegations that a criminal offence has been committed (including domestic and family violence offences) must be reported to SAPOL, unless SAPOL were the notifiers and DCP hold no new information with respect to the alleged criminal offending. Refer to 'Respond to notifications where a criminal offence may have been committed' in [Accept case and determine response](#) in this chapter of the Manual of Practice for more information.

Where DCP intends to investigate a matter and there are allegations of a criminal offence or other reasons why the matter may require an interagency response (such as involvement from SAPOL or Child Protection Services), a strategy discussion should be held to determine agency roles and responsibilities. Refer to 'Hold a strategy discussion' in [Plan an investigation](#) in this chapter of the Manual of Practice for further information about strategy discussions.

Guidance for each response type is outlined below.

Refer to a state authority or other agency (non-investigative response)

A notification assessed as requiring a ten day response, unborn child concern or adolescent at risk may be referred to a state authority or other agency if it is determined that it is appropriate for that state authority or other agency to manage the matter.

A notification should not be referred to a state authority or other agency where:

- it is assessed as requiring a 24 hour response
- the risks raised require a response that is led by DCP
- the state authority or organisation does not agree to the referral



- the risk has escalated over time and therefore another response is required
- previous referrals to state authorities or other agencies have not resulted in engagement or change
- the family has moved interstate, has not been able to be located by other services or there is no clear information regarding where the family are residing.

The supervisor is responsible for deciding whether a referral to a state authority or other agency is a more appropriate response than conducting a DCP investigation. When considering the appropriateness of referring the notification to a state authority or other agency, the following considerations should be made:

- the nature of concerns (including a review of the child protection history and any interstate child protection history ascertained through the [Connect for Safety \(C4S\)](#) information sharing system)
- the family's capacity to be supported to keep the child or young person safe at home
- the family's willingness to engage voluntarily with agencies and service providers outside of a statutory process
- extent to which the particular service has the ability and relevant expertise to address the concerns reported
- context within which the organisation is able to support the family, including waiting times, past involvement and engagement by family members
- whether the organisation works with the family or only specific members (for example, the child or young person, parent, guardian or caregiver)
- whether home visiting is offered by the organisation
- whether the organisation can refer to other services if required by the family
- whether the organisation works in the area where the family reside/where the child or young person goes to school
- the cultural safety, sensitivity and accessibility of the service
- whether a specialist disability response is appropriate (in which case the state authority or other organisation may assist the family to submit an access request to the NDIS)
- the capability of the proposed service to respond to the needs of the child, young person and their family where there are complex disability needs.

A state authority is defined in section 16(1) of the CYPS Act and regulation 5 of the [Children and Young People \(Safety\) Regulations 2017](#) and includes:

- South Australian government departments
- South Australia Police
- local councils
- non-government organisations contracted to provide services to children and young people and their families for, or on behalf of, the Government of South Australia or local councils.

If another organisation is appropriate to respond to the matter but is not a state authority, the notification may be referred to that organisation by agreement (Refer to other agency – ROA).

On occasion, it may be unclear whether a service is a state authority and it may be necessary to ask the organisation about their funding source or seek advice from DCP Legal to ensure the correct outcome code is used.

Appendix 1 of the [Outcome Codes Procedure](#) provides a list of state authorities and other agencies that matters may be referred to in appropriate circumstances.

The process outlined below should be followed where a referral to a state authority or other agency is assessed as an appropriate response.



Undertake relevant consultations to inform referral to a state authority or other agency

Practice leaders, DCP regional disability consultants and cultural consultations can assist in informing the most appropriate service provider to support a child, young person or family. The types of services that could be referred to include (but are not limited to) domestic and family violence services, mental health services and services offering parenting support.

A family may already be linked to a number of services and support networks that can be utilised to enhance safety. Discussion should occur with a family to explore the services and supports they are currently engaged with or the types of services that may be able to offer further assistance.

Principal Aboriginal Consultants (PAC) and Aboriginal practitioners can provide advice about culturally appropriate referral pathways for Aboriginal and Torres Strait Islander infants, children, young people and families. It may be most appropriate to refer Aboriginal and Torres Strait Islander families to Aboriginal Community Controlled Organisations (ACCOs) to ensure services and interventions are culturally informed.

[DCP Multicultural Services](#) can provide advice about culturally appropriate referral pathways for children, young people and families from a culturally and linguistically diverse (CALD) background.

For children and young people with a disability or significant developmental delay, referrals can be considered to National Disability Insurance Scheme (NDIS) including NDIS Early Childhood Early Intervention for children 0 to eight years or the NDIS Local Area Coordinators for children and young people over eight years. If a NDIS plan is in place, follow up should occur to ensure NDIS funded services are in place. The DCP regional disability consultant can provide guidance regarding appropriate referrals and services for children and young people with significant developmental delay or disability.

DCP regional disability consultants should be consulted in circumstances where parents, guardians or caregivers are seeking high amounts of respite care or out of home care due to a child or young person's high disability needs. In these circumstances, regional disability consultants will follow up regarding additional support via the NDIS with parental consent.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Identify and utilise alternative pathways that are best placed to support and divert Aboriginal and Torres Strait Islander families from further child protection involvement where it is safe to do so, such as Aboriginal Community Controlled Organisations (ACCO).

Refer to a state authority or other agency

When referring a matter to a state authority or other agency, the supervisor or DCP case worker must first make contact with the state authority or other agency to confirm that:

- the service is appropriate to address the concerns in the notification
- the service is willing and has capacity to accept the referral.

A referral can be sent to more than one state authority or other agency but this must be discussed with each agency involved.

The information required to facilitate the referral and how it should be provided to the agency will be determined by each state authority or other agency.

Referrals may include details from the intake and include additional information relevant to actioning the referral, including:



- demographic information regarding the child or young person and family members
- cultural identity of the family (including languages spoken)
- child protection history (including notifications and periods of involvement with the department)
- whether the parent, guardian, child or young person has a disability (and whether there are NDIS funded supports in place)
- alerts (including worker safety concerns)
- other agencies or services working with the child, young person and their family
- any other background information that assists the agency to support the family.

If providing a state authority or other agency with the intake report, consideration must be given to the content, the intended recipient and whether the entire report is appropriate to disclose. It may be more appropriate to summarise the concerns in general terms rather than providing the intake in full.

During the referral process, information sharing and confidentiality provisions of the CYPS Act such as section 152, 163 and 164 must always be considered and adhered to. Information that identifies or could be used to easily identify the notifier must never be included in a referral. Refer to the [Information gathering and sharing chapter](#) of the Manual of Practice for further guidance and seek advice from DCP Legal if required.

If the state authority or other agency is already involved with the family, that agency must be contacted and advised that a new intake has been raised. The agency must be asked whether they have the ability and willingness to continue working with the family and to address any new risk issues identified.

Where a case is no longer open, a state authority or other agency may report back to DCP via the Child Abuse Report Line to provide information about:

- new or increased concerns about the safety of the child or young person
- new or increased concerns about the risk of harm for the child or young person, arising from the action or inaction of parents, guardians or caregivers
- alerting that a family has not engaged with the service to which they were referred.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Ensure Aboriginal and Torres Strait Islander identity is accurately recorded to enable Aboriginal and Torres Strait Islander families to be referred to culturally appropriate services.

When engaging with children, young people and their families, the DCP case worker should ask if the child or young person identifies as Aboriginal or Torres Strait Islander and ask about their Nation and language group(s). Asking these questions is also consistent with sections 10 and 16 of the CYPS Act, which address the importance of taking into account the child or young person's culture and language and identification –the precursor to the Aboriginal and Torres Strait Islander Child Placement Principle.

Consider a warm referral

A warm referral involves the DCP case worker and a staff member of a state authority or other agency undertaking a joint home visit or meeting with the family to encourage them to engage with a service. When making the referral, the DCP case worker must ensure that the state authority or organisation understands the intent of the warm referral and that following the home visit or meeting, DCP do not intend to remain actively involved in the case.



The DCP case worker must clearly explain to the family the nature of the child protection concerns, the role of DCP and the purpose of involving the state authority or other organisation. It is desirable for the child or young person to be sighted during this home visit or meeting.

If the family includes persons for whom English is not a first language, an interpreter or translator must be arranged. See the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#) for information about engaging an interpreter or translator.

Care must be taken when communicating with parents, guardians or caregivers with a disability that may affect their understanding of verbal and written information and/or capacity to communicate. Consideration must be given to a parent, guardian or caregiver's capacity to both understand and be understood in discussions with service providers. Additional time and supports may be required to ensure the parent, guardian or caregiver understands the questions they are being asked and that DCP forms an accurate understanding of the information they have provided. It may be appropriate to engage a skilled support person to be present for the referral home visit or meeting (such as a support coordinator, disability worker, or disability advocate). If the parent, guardian or caregiver has a NDIS plan, consideration should be given to speaking with their NDIS funded support coordinator or NDIS Local Area Coordinator to ascertain what supports may assist. Following a warm referral, any contact a family has with the referred state authority or other agency will occur on a voluntary basis. If the family does not consent to working with the organisation, the DCP case worker must consult with the supervisor about whether the case should be considered for another appropriate response to the notification. Consultations must be recorded in C3MS consistent with the requirements of the [Consult or Decision Record Procedure](#).

Respond when a state authority or other agency declines a referral

If a state authority or other agency already involved with a case decline to accept the referral or advises that the risk issues have escalated beyond the capacity of their agency, the supervisor must consider another appropriate response to the notification.

If a state authority or other agency declines a referral in circumstances where the supervisor is of the opinion that the service is appropriate (and the decline is not due to the service's capacity), the DCP office manager must be advised.

The decision by the state authority or other agency not to accept the referral and the rationale (such as a lack of capacity or a decision that the service is inappropriate for the family) must be recorded in C3MS.

Record information in C3MS

Case record entries should be made as soon as possible (preferably within 24 hours). The information recorded should include:

- contact with the state authority or other agency
- copies of the letter/s sent to the agency and/or family
- any contact (including attempts) with the child and/or young person (including observations) and family.

The case must be recorded and closed in accordance with the [Outcome Codes Procedure](#) and [C3MS Guide: Case - How to close](#).

Refer to DCP Multicultural Services for Assessment and intervention (DCP non-investigative response)



A notification assessed as requiring a ten day response, relating to a family from a new and emerging community (NEC) and/or CALD background may be referred to DCP Multicultural Services for Assessment and intervention if the notification meets the [referral criteria](#).

Assessment and intervention is a non-investigative response by DCP Multicultural Services, who will assess child safety and address risk factors with an educative response and casework tasks that are culturally informed. DCP Multicultural Services will not conduct investigations and can escalate cases to the referring office supervisor if safety concerns require investigative activities.

Eligibility factors and [referral criteria](#) must be followed when making a referral to DCP Multicultural Services to ensure it is an appropriate response. Other potential pathways should also be considered.

Refer to the [Service Delivery Model for DCP Multicultural Services](#) for more information about the Assessment and intervention pathway.

Attempt pre-birth interventions

The purpose of DCP intervention before the birth of a child is to:

- help families to understand the child protection concerns
- determine what support can be offered to the expectant parent/s of the unborn child
- identify kinship supports able and willing to support the unborn child and parents after birth
- assess whether further intervention will be required to ensure the safety of the unborn child after birth, and to minimise the trauma experienced by the family if a removal at birth is assessed as likely.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Pre-birth intervention presents an opportunity to prevent statutory intervention when the infant is born. Pregnancy is a critical time to engage family, discuss safety and risk concerns raised, and provide culturally appropriate options to work together in a voluntary capacity until the infant is born.

If the supervisor determines an Unborn Child Concern ('UCC') requires a response, the supervisor will allocate the Child Protection Case to the DCP case worker in C3MS in the Intake phase.

The DCP supervisor or DCP case worker may determine that another state authority or other agency is best placed to support the family and refer a matter accordingly. Referrals to state authorities or other agencies should be undertaken in partnership with the family. See 'Refer to a state authority or other agency (non-investigative response)' in [Accept case and determine response](#) in this chapter of the Manual of Practice for response options to an UCC case and the [Outcome Codes Procedure](#) for information about recording a case in C3MS.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Utilise alternative referral pathways to respond to notifications, including to an Aboriginal Community Controlled Health Organisation for direct birth interventions and Aboriginal Community Controlled Organisation (ACCO) for support services. This may support engagement and facilitate family led decision making.



In the event the UCC is allocated, the DCP case worker must inform the expectant parent/s of the child protection concerns and the potential level of risk to the infant and any other children in their care. The DCP case worker must inform them that engagement with DCP before the infant is born is voluntary and obtain the consent of the expectant parents prior to any intervention. This consent (or refusal) must be recorded in 'Notes and Documents' in C3MS using the category 'Authorities/Orders.'

The DCP case worker may attend pre-birth meeting/s with health workers at the birthing hospital. For guidance about the roles and responsibilities of SA Health and DCP staff regarding unborn children and pre-birth meetings, refer to the [Collaborative Case Management of High Risk Infants in Hospitals Policy Guideline](#). Case discussions and actions must be recorded in 'Notes and Documents' in C3MS using the mode 'Meeting' and category 'Meeting minutes.'

If the DCP case worker formulates a pre-birth child protection assessment, this should be recorded as an 'Assessment Note' in C3MS. For further guidance, refer to the [Working with infants Practice Paper](#) in conjunction with the [DCP Assessment framework for staff](#).

The family may be eligible to be referred for a Family Group Conference if the UCC relates to an Aboriginal or Torres Strait Islander unborn child. See [Refer for a family group conference](#) in the Ongoing intervention chapter of the Manual of Practice for more information.

If the DCP case worker cannot locate the expectant parent/s and wishes to alert SA birthing hospitals in the event the mother births at one of these hospitals, they should complete the [Unborn Child Alert Form Department for Child Protection to SA Health](#) to ensure SA Health birthing hospital/s report the birth to the Child Abuse Report Line.

If it is suspected that the expectant parent/s may relocate interstate prior to birth and there is cause for concern, the DCP case worker must notify the relevant jurisdiction of the significant risk of harm by completing the [Request for interstate notification or alert form](#) and email the completed form to DCPInterstateLiaison@sa.gov.au.

If there are plans for the unborn child to reside in a household with a person who has been found guilty of a qualifying offence, the DCP case worker must contact the Courts Administration Authority (CAA) for certification of a record of conviction. Refer to 'Issue a temporary instrument of guardianship or restraining notice' in [Assess and establish immediate safety](#) in this chapter of the Manual of Practice for further information.

Undertake a pre-birth intervention with Aboriginal and Torres Strait Islander families

Engaging meaningfully with Aboriginal and Torres Strait Islander families at the point of a UCC intake provides a key opportunity to map appropriate family supports, discuss the child protection concerns, link families to culturally safe services and prevent further statutory child protection involvement. For UCC matters involving an Aboriginal and Torres Strait Islander family, the DCP case worker must consult with a Principal Aboriginal Consultant (PAC) to provide cultural expertise and guidance to inform case work before engaging with the family. The DCP case worker should attempt to work with the family to develop an ecomap to identify positive people in the family and kinship network that may be able to offer support upon birth. Working in partnership with Aboriginal and Torres Strait Islander families during a pre-birth intervention to understand the family and kinship network can underpin critical family led decision making that may avoid further statutory child protection involvement.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Consult a DCP Principal Aboriginal Consultant (PAC) to provide cultural guidance about engagement and to identify cultural strengths for the family and safety concerns to the infant, child or young person. Working with a PAC supports workers to overcome cultural knowledge gaps, reflect on cultural biases, support positive relationship building and focus on prevention during pre-birth child protection involvement.

Refer to the [Bias in Child Protection Practice Paper](#) and [Relationship Based Practice Paper](#) for more information.

UCC matters involving Aboriginal and Torres Strait Islander families are eligible to be referred for a Family Group Conference if the case is allocated to the Woodville, Blair Athol or a North region DCP office. See [Refer for a family group conference](#) in the Ongoing Intervention chapter of the Manual of Practice for more information.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Refer the family for a Family Group Conference to bring the family network together to develop their own plans to address safety and risk concerns ready for the birth of the infant. Family Group Conferences are an important mechanism to enable a formal approach to family led decision making for Aboriginal and Torres Strait Islander families. See the [Family Led Decision Making for Aboriginal families Framework](#) for more information.

Commence a DCP investigation

When it is determined that an investigation conducted by DCP is the most appropriate response to a child protection notification, DCP's role is to:

- complete the [Investigation Plan](#) template to plan and support the investigation process
- investigate allegations that the child or young person has been harmed or is at risk of harm
- hold a strategy discussion and lead the interagency response (where Child Protection Services and/or SAPOL will be involved in the investigation and/or response)
- undertake a holistic assessment of the child or young person's safety in accordance with the [DCP Assessment framework](#) and determine if the child or young person is safe
- determine the best way to secure the child or young person's immediate care and protection, if required
- determine if intervention or support may be required to ensure the child or young person's ongoing safety and minimise risk.

The supervisor will determine the priority of allocating an investigation, considering the following factors:

- the safety concerns and risks identified in the notification
- the reported impact of the allegations on the child or young person
- age of child or young person
- vulnerabilities of the child or young person related to disability or developmental delay (for example, no or limited verbal communication, high reliance on parent, guardian or caregiver, high or complex health, disability or behaviour needs)
- the last time the child or young person was sighted and deemed to be safe and well by a reliable person



- whether the safety concerns relate to an act or omission of a parent, guardian or caregiver that has resulted in police charging the parent, guardian or caregiver with a criminal offence
- the child protection history of the child or young person, including consideration that the child or young person may have experienced cumulative harm
- the child protection history of the child or young person's siblings, parents, guardians or caregivers (including child protection history relating to any other child or young person who is or has previously been in the care of the parent, guardian or caregiver)
- any interstate child protection involvement for a family, ascertained through the [Connect for Safety \(C4S\)](#) information sharing system
- whether a criminal offence may have been committed that requires evidence to be secured (for example, through a forensic medical examination)
- the presence of family, friends or services who are providing support and can monitor the child or young person's safety and wellbeing
- any other urgent requirements, such as the need for immediate medical treatment.

Where the safety concerns relate to an act or omission of a parent, guardian or caregiver that has resulted in police charging the parent, guardian or caregiver with a criminal offence, an investigation should occur unless the supervisor is of the opinion that there is a good reason why an investigation need not proceed (such as the safety concerns have already been investigated and/or addressed). In circumstances where a child or young person is alleged to be the victim of a criminal offence (including severe neglect) a strategy discussion should be convened. See [Plan an investigation](#) in the this chapter of the Manual of Practice and the [Interagency Code of Practice: Investigation of suspected harm to children and young people](#) for further information regarding strategy discussions. If the supervisor determines an investigation will not proceed, the rationale for this decision must be clearly documented in C3MS.

Where threats have been made to the safety of a child or young person in the context of a parental custody dispute, the concerns should not be dismissed or minimised without careful assessment of the risk to the child or young person.

Refer to the [DCP Assessment framework for staff](#) and [Assess and establish immediate safety](#) in this chapter for guidance about assessing safety and risk factors for harm.

When the decision is made to undertake an investigation, the supervisor will:

- allocate the intake to a DCP case worker (primary worker) in C3MS
- identify a secondary worker to support the primary DCP case worker during the investigation
- move the case from the 'Intake' to the 'Investigation and Assessment Phase' in C3MS.

Supervisors are responsible for ensuring that the primary DCP case worker has the capability to conduct the investigation and assessment and for providing necessary guidance and support.

Investigations should be conducted in accordance with the guidance provided in the [Plan an investigation](#) key step of this chapter of the Manual of Practice.

At times, the supervisor may also co-allocate a case (for example, if the case is deemed to be complex).

Refer to the [Outcome Codes Procedure](#) for further information about recording an investigation in C3MS.

Close a case prior to the investigation and assessment phase



It may be necessary to close a case prior to the case entering the Investigation and assessment phase. Refer to the [Outcome Codes Procedure](#) for information about outcome codes, their appropriate use and the approval required.

Prior to determining to close a matter, the supervisor must consider whether it is more appropriate to refer the matter to a state authority or other agency (see 'Refer to a state authority or other agency' in the [Accept case and determine response](#) key step in this chapter of the Manual of Practice for more information about referrals to state authorities and other agencies).

The [Outcome Codes Procedure](#) requires the approval of a regional director on the fourth (and any subsequent) use of the 'Not proceeding' or 'Response initiated – matter not proceeding' codes. Where a matter is recorded as having been successfully referred to a state authority or other agency or where a DCP investigation has taken place, the count for the 'Not proceeding' code will be reset to zero.

Respond to extra-familial notifications

Extra-familial (EXF) notifications are where the alleged perpetrator of harm is a friend, visitor, stranger or anyone who may live in the house but who does not have responsibility for the care of the child or young person (such as a boarder). It also includes persons who may provide care to the child or young person as part of their employment or service delivery role (including teachers, childcare staff, family day care providers and school boarding house supervisors).

When DCP receives notifications of harm allegedly perpetrated by a person who is not a family member of the child or young person, the role of DCP is most often to receive and screen the notification and refer to another agency (such as SAPOL or the Department for Education) to lead the investigation and intervention. The DCP Call Centre is usually responsible for referring EXF matters to the appropriate agency (refer to the 'Allocation and referral pathways for extra-familial (EXF) intakes' under [Refer and allocate intakes from the DCP Call Centre](#) in the DCP Call Centre chapter of the Manual of Practice for more information).

DCP may also refer an EXF notification to a state authority or other agency (see 'Refer to a state authority or other agency (non-investigative response)' in [Accept case and determine response](#) in this chapter of the Manual of Practice) to ensure support is accessed for the child, young person and family. This may include (but is not limited to) a referral to a state authority and other agency such as Child Protection Services, Child and Adolescent Mental Health Services or Yarrow Place (for young people aged over 15 years).

Where there are allegations of harmful sexual behaviours between children or young people, a referral to Child Protection Services for assessment and intervention should be considered. Where allegations of harmful sexual behaviours between children or young people arises in an education and care setting, a referral to the Department for Education should be considered.

When an EXF notification is received for an open case (including children and young people in care), the EXF will be forwarded to the allocated team after the DCP Call Centre refers the notification to SAPOL. Where there is an open case or the child or young person is under the guardianship or custody of the Chief Executive, DCP has a responsibility to support the child or young person (for example, referring a child or young person to appropriate therapeutic supports) and to take further action to ensure their safety and wellbeing.

Where an EXF notification alleges that a criminal offence has been committed, SAPOL may hold a strategy discussion and request that DCP attend (including where there is no open child protection case). This is because DCP may hold important information and expertise that can assist the SAPOL response. It is preferred that a supervisor or senior practitioner attend such strategy discussions wherever possible. To document attendance at a SAPOL led strategy discussion where there is no open child protection case, the DCP worker must navigate to the EXF case in C3MS, record the information in a case note and attach the



strategy discussion record template. Refer to 'Hold a strategy discussion' in [Plan an investigation](#) in this chapter of the Manual of Practice and the [Interagency Code of Practice: Investigation of suspected harm to children and young people](#) for further information about strategy discussions.

Refer to the [Outcome Codes Procedure](#) for information about the outcome codes that can be applied to EXF notifications.

Considerations for notifications raising both extra-familial and intra-familial concerns

A notification may raise both intra-familial and extra-familial concerns. Concerns may be raised about the parents, guardians or caregivers' ability to act protectively or respond appropriately to extra-familial harm, and these intra-familial concerns may require a DCP response. It is important to consider whether it is appropriate to solely refer a matter involving extra-familial harm to another state authority or other agency where the concerns raised may also require a DCP response.

The DCP Call Centre will raise an intake for the intra-familial matter and send to the appropriate DCP office. The supervisor will then determine the appropriate response to address concerns relating to the willingness or capacity of parents, guardians or caregivers to protect and support the child or young person, or address other identified intra-familial child protection concerns.

Where DCP and SAPOL or another body with investigative powers (such as Department for Education) are concurrently investigating a matter, a strategy discussion should be convened by DCP to ensure that:

- responses to the child, young person and their family are coordinated
- the responsibilities of each agency are confirmed
- a plan as to the role and actions each agency will take, including the order of these actions, is agreed.

Refer to 'Hold a strategy discussion' in [Plan an investigation](#) in this chapter of the Manual of Practice and the [Interagency Code of Practice: Investigation of suspected harm to children and young people](#) for further information about coordinating a strategy discussion and interagency response.

Respond to notifications where a criminal offence may have been committed

All notifications that include allegations of a criminal offence being committed must be reported to SAPOL (including (but not limited to) allegations of domestic and family violence offences).

Where SAPOL themselves are the notifier regarding the criminal offence, it may not be necessary to report this information back to SAPOL again. Consideration should be given to reporting to a specialist police service where they may require this information and they were not the notifier (for example, the SAPOL Family Violence Investigation Section). Refer to [Refer and allocate intakes from the DCP Call Centre](#) in the DCP Call Centre chapter of the Manual of Practice for more information about referral processes.

Consideration must be given to convening a strategy discussion in all matters where there are allegations of criminal behaviour which impacts the safety of a child or young person. This is particularly important where DCP and SAPOL (or another agency with investigative responsibilities) may be concurrently responding to a matter. For notifications raising intra-familial concerns (or both intra-familial and extra-familial concerns), DCP is responsible for holding the strategy discussion. For notifications raising extra-familial concerns only, SAPOL is responsible for holding the strategy discussion. Refer to 'Hold a strategy discussion' in [Plan an investigation](#) in this chapter of the Manual of Practice and the [Interagency Code of Practice: Investigation of suspected harm to children and young people](#) for further information about strategy discussions.



If an intra-familial notification includes safety concerns that relate to an act or omission of a parent, guardian or caregiver that has resulted in police charging the parent, guardian or caregiver with a criminal offence, an investigation should occur unless the supervisor is of the opinion that there is a good reason why an investigation need not proceed (such as the safety concerns have already been investigated and/or addressed). If the supervisor determines an investigation will not proceed, the rationale for this decision must be clearly documented in C3MS.

Respond to family law matters

Intakes that involve a child or young person who is subject to a finalised parenting order of the Federal Circuit and Family Court should be assessed for an appropriate response in the same manner as other intakes (for example, referring a matter to a state authority or other agency, or initiating a DCP investigation). Consideration should be given to requesting a copy of any final Family Court order from Courts Services and Liaison to inform an appropriate response.

Where an intake is received for a child or young person who is the subject of current family law proceedings and no final parenting orders have been made, the response must be discussed with the Practice Leader, Court Services and Liaison to consider an appropriate response.

The Federal Circuit and Family Court may have child protection concerns raised with them in the course of family law proceedings. In these cases, the Court may request DCP intervene in the family law proceedings to determine if a response from DCP is required to ensure the safety of the child or young person. When the Family Court make a request for DCP to intervene, the request is received by a DCP central mailbox and subsequently provided to the Practice Leader, Courts Services and Liaison to determine the departmental response. The Practice Leader, Court Services and Liaison Team has oversight of all Family Law Court requests for DCP intervention to ensure that responses are completed in a thorough and timely manner.

Refer to the [Respond to family law matters during an investigation](#) in this chapter of the Manual of Practice and the [Family Law Matters Procedure](#) for more information.

The Practice Leader, Court Services and Liaison can be contacted on 8226 2961 or DCPFamilyLawInterface@sa.gov.au

Respond to matters involving squalor

Exposure of children and young people to domestic squalor is harmful to their physical and psychological wellbeing and puts them at high risk of sustaining injury and other physical harm. Children and young people with additional vulnerabilities by way of their age, developmental stage or health needs may be at an increased risk of harm.

Severe cases of domestic squalor may constitute criminal neglect and should be raised with SAPOL. For information about interagency investigations refer to [Plan an investigation - Hold a strategy discussion](#) and the [Interagency Code of Practice: Investigation of suspected harm to children and young people](#).

It may be appropriate for a forensic medical examination or assessment of a child or young person to be undertaken in cases involving severe squalor in a household. For guidance about forensic medical examinations refer to the [Respond to the child or young person](#) key step in this chapter of the Manual of Practice.

For further information see the [Working with concerns about neglect, hoarding and squalor Practice Paper](#).

Decline to take action



Supervisors are responsible for making the decision about the most appropriate response to a notification, including whether to decline to take any further action on the basis of section 32(3)(d) of the CYPS Act.

Under section 32(3)(d) of the CYPS Act a decision to decline to take action in a matter can only be made if:

- the matter has previously been dealt with under the CYPS Act or any other Act and there is no reason to re-examine the matter (section 32(3)(d)(i))
- is trivial, vexatious or frivolous (section 32(3)(d)(ii))
- there is good reason why no action should be taken (section 32(3)(d)(iii)).

3. Plan an investigation

An investigation establishes whether the child or young person has been harmed or is at risk of harm and identifies the actions that are required to keep the child or young person safe. This includes identifying what interventions are required to support the child, young person and their family, whether statutory powers need to be exercised and/or whether an interagency response may be required.

At the outset of every investigation, the [Investigation Plan](#) template must be completed, which specifies the:

- known information about the family
- relevant child protection history
- current child protection concerns received in the notification
- information to be gathered through interviews and information requests
- actions that may be undertaken to ensure the safety of the child or young person.

Where the investigation response (or actions) is likely to involve more than one agency, it is essential that a strategy discussion is also held to inform the planning process. The [Strategy discussion record template](#) must be completed in addition to an [Investigation Plan](#) template, where a strategy discussion is convened.

Gather and review information

Review child protection history and records

The DCP case worker must review the C3MS 'History summary' and 'Client history' tabs for information regarding:

- the child or young person
- the child or young person's siblings, or other children or young people they reside with
- extended family, kin and significant others (especially those that offer care to the child or young person or are frequent visitors to the family home)
- any adults listed in the notification.

A search should also be undertaken through the [Connect for Safety](#) (C4S) information sharing system to check for any interstate child protection involvement with a family. The DCP [Interstate Liaison](#) will assist in obtaining relevant interstate information that may be held with respect to a family.

Seek information from other agencies and persons

Gathering good quality information at an early stage of the investigation is vital. It will guide all phases of the investigative response including the strategy discussion and completion of the investigation plan.



The DCP case worker should consider contacting the notifier and gathering additional information. This may be particularly useful where the notifier is a professional engaged with the family, child or young person.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

When gathering further information from a notifier, consider whether the notifier's understanding of a family may be related to any cultural misunderstandings or biases and ask questions to understand the child or young person and family's voice as much as possible.

Other professionals and services may be involved with the family and should be approached to provide information to support the investigation. Agencies and services that may be involved with a family include:

- SAPOL
- housing services
- the child or young person's school or childcare centre
- disability services (including the NDIA) that may be supporting the family
- drug and alcohol services
- mental health services
- domestic and family violence services
- Aboriginal Community Controlled Organisations.

See the [Gather additional information](#) key step of this chapter of the Manual of Practice and [Gather information to assess and manage risk](#) key step in the [Information gathering and sharing](#) chapter of the Manual of Practice for guidance about requesting information from other agencies and services.

SAPOL is able to provide information about a person's offending history and specific incident reports. Importantly, SAPOL can also provide information regarding a person's history of violent offending or registered firearms that may be in the home (see 'Consider worker safety' in [Plan an investigation](#) in this chapter of the Manual of Practice).

The [Connect for Safety](#) (C4S) information sharing system should be used to flag for any interstate child protection involvement with a family. The [Interstate Liaison](#) can assist in obtaining relevant information held by interstate agencies.

Draft a genogram or ecomap

A genogram is required for all cases. When working with Aboriginal and Torres Strait Islander families, an ecomap is also recommended to capture cultural and kinship supports outside of the immediate family unit. For further guidance about considerations for engaging Aboriginal and Torres Strait Islander families during the investigation, refer to [Engage with the family](#) in this chapter of the Manual of Practice.

The development of a genogram and ecomap in partnership with a family offers an important opportunity to explore the family and wider support network and support family led decision making about plans that could promote safety for the child or young person. A draft genogram or ecomap is based on the available information in C3MS prior to meeting with the family. When there is a contentious relationship with the family, it is important not pre-fill the genogram or ecomap prior to meeting and discussing these relationships with the family. The genogram or ecomap will then be further developed in partnership with the family during the investigation to identify family, friends, community members and kinship networks who can offer support or care if required.

The development of the genogram and ecomap is an opportunity to seek confirmation of whether the family identify as Aboriginal and Torres Strait Islander in accordance with section 16 of the CYPS Act.



The [Aboriginal Practice fact sheet 9: Genograms and Ecomaps](#) provides further useful information about relevant cultural considerations when completing a genogram for an Aboriginal and Torres Strait Islander family.



Connection

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Aboriginal and Torres Strait Islander families may have robust support networks that extend beyond immediate family members. Taking the time to develop an ecomap to accompany the genogram in partnership with an Aboriginal and Torres Strait Islander family can support the identification of family, community members and people in the kinship network who could support the family to provide safe, culturally connected and nurturing care for the child or young person and divert the need for any further statutory child protection response.

Hold a strategy discussion

Where the investigation response is likely to involve more than one agency, it is essential that a strategy discussion is held to inform the planning process. A strategy discussion is a collaborative interagency meeting that results in a single agreed plan that all agencies will follow.

The strategy discussion considers:

- all information available about the child or young person and family
- what actions are required (including immediate actions), when, in what order and by whom to ensure the safety of the child or young person and/or secure forensic evidence
- whether interviews and/or assessments of the child, young person and/or other parties are required, which agency will undertake these and who must provide their consent
- what each agencies roles and responsibilities are in supporting the investigation
- if there is a possibility of other victims
- what information should be shared with other agencies (including those working with the child, young person and their family and/or impacted by the allegations or concerns) whether or not the matter is likely to proceed in the criminal justice system and/or the Youth Court.

The [Interagency Code of Practice: Investigation of suspected harm to children and young people](#) provides guidance as to when and how a strategy discussion should be convened.

Determine if a strategy discussion is required

A strategy discussion must be held when at least one of the following conditions are met and it is assessed that an interagency response is required:

- the child or young person is in need of immediate protection from imminent or current serious harm
- the matter may require a prescribed interview or forensic assessment
- the matter involves criminal behaviour which impacts the safety of the child or young person
- the matter involves the need for medical attention for the child or young person
- the child or young person is reported to have current suspicious injuries/signs of severe neglect, including medical neglect
- the child or young person is reported to have been recently sexually harmed/assaulted
- serious sexual behaviour involving children or young people is alleged (noting that where it is alleged that a child or young person aged ten years or older has engaged in sexualised behaviour with a



younger child, the matter should be referred to SAPOL to make an assessment and decision regarding a criminal investigation)

- the situation notified requires an urgent SAPOL investigative response to secure evidence and commence the criminal investigation process
- one or more children or young people are at risk of serious harm or are considered to have suffered serious physical or psychological harm
- DCP or SAPOL intend to interview/discuss the concerns with the child or young person prior to informing the parents, guardians or caregivers about the investigation and there is the likelihood of a criminal investigation proceeding
- the matter relates to a serious care concern against the child or young person in care (refer to [Respond to a serious care concern](#) in the Raising and responding to care concerns chapter of the Manual of Practice)
- the child or young person is in care and suspected of being harboured and/or concealed in contravention of a Court order
- SAPOL, DCP, Child Protection Services (CPS) or another involved agency consider a strategy discussion is necessary.

An urgent strategy discussion should be held when there are imminent risks to the child or young person's safety and/or when evidence must be preserved. This includes (but is not limited to):

- where there is suspicion of recent sexual harm
- where there is an injury such as a bruise that requires a CPS medical examination
- the child or young person has a medical condition attributable to or exacerbated by physical or medical neglect that requires hospitalisation and/or forensic assessment.

Where the child protection concerns involve chronic non-attendance at school and meet the agreed criteria, the process described in the [MoAA between DCP and the Department for Education for High Risk Chronic Non-Attendees \(HRCNA\)](#) must be followed. This will include holding a strategy discussion between DCP and Department for Education within ten days of receipt of the notification, noting that a joint home visit must also occur within ten days receipt of the notification.

The following criteria identifies children and young people who may be HRCNA:

- a child or young person is of compulsory school age (6 to 16 years), or compulsory education age (16 to 17 years) and the circumstances of the child or young person fulfil the following criteria:
 - the child or young person of compulsory school age has been absent from school for six weeks, and
 - there has been no acceptable* explanation from the parent, guardian or caregiver for the absence or there has been no response by the parent, guardian or caregiver to attempts to contact them, and
 - the child or young person has not been sighted for four weeks by an adult able to provide a credible assessment of the wellbeing of the child and young person.

*In this process, "acceptable" means an explanation that gives confidence about the child or young person's safety and wellbeing and the certainty of their return to school at the earliest practicable time. The [MoAA between DCP and DE for High Risk Chronic Non-Attendees \(HRCNA\)](#) and contains further information regarding:

- interagency commitments
- roles and responsibilities
- escalation mechanism.



Further advice about considerations regarding HRCNA can be found in the following documents:

- [Stages of the High Risk Chronic Non-Attendance notification process](#)
- [High Risk Chronic Non-Attendance Notification Flowchart](#).

It may be necessary for DCP and/or SAPOL to act to ensure the child or young person's immediate safety before the strategy discussion is held (refer to [Assess and establish immediate safety](#) in this chapter of the Manual of Practice for more information). In these situations, a strategy discussion must be held as soon as practicable once the child or young person's immediate safety is secured.

Ensure interagency collaboration for specific harm circumstances

The [Interagency Code of Practice: Investigation of suspected harm to children and young people](#) sets out agreed arrangements to support interagency collaboration, responsibility and roles for specific harm circumstances. Interagency collaboration is required when investigating or responding to the following:

- infants, children and young people with injuries
- allegations of sexual harm/assault
- harmful sexual behaviours involving children and young people
- domestic and family violence
- neglect
- severe domestic squalor
- medical neglect
- allegations of harm within or potentially involving family law proceedings
- suspected induced or fabricated illness of a child or young person
- suspicious ingestion of non-prescribed medication or illicit drug
- suspicious or unexplained death of a child or young person.

If one or more of these harm circumstances apply, the DCP worker holding the strategy discussion must refer to the agreed processes set out in section 4.4 of the [Interagency Code of Practice: Investigation of suspected harm to children and young people](#).

Understand roles and responsibilities

DCP is responsible for holding strategy discussions for notifications involving intra-familial allegations, allegations involving both an intra and extra-familial component and care concerns.

SAPOL is responsible for holding strategy discussions in matters that exclusively relate to extra-familial allegations.

Wherever possible, the supervisor should convene the strategy discussion. If the supervisor is not available, a senior practitioner should hold the discussion. If a supervisor or senior practitioner is not available, the DCP case worker may hold the discussion. Where a strategy discussion is held by the DCP case worker and decisions are made regarding case direction and actions, these decisions must be endorsed by the supervisor.

The agency convening the strategy discussion is responsible for:

- establishing the meeting time, date and venue (where applicable)
- gathering relevant information prior to the discussion
- identifying relevant participants and inviting participants to the strategy meeting
- providing relevant details of the child protection notification to participants before the meeting



- ensuring participants understand the process and their information sharing, record keeping and confidentiality obligations
- consulting with relevant DCP staff for Aboriginal and Torres Strait Islander families, children and young people which may include a Principal Aboriginal Consultant, Aboriginal practitioner or Taikurtirna Warri-apinhi (Aboriginal family finding and mapping) worker
- undertaking relevant consultations with practice leaders, Multicultural Services and/or regional disability consultants
- chairing the meeting
- completing the strategy discussion record and distributing it within two working days to all agency/organisation participants
- scheduling and convening follow up strategy discussions and distributing the follow up record within two working days
- ensuring ongoing support or case management is agreed to and identified on the strategy discussion record
- ensuring participating agencies are updated on actions and outcomes
- ensuring that if DCP subsequently closes a case, SAPOL and/or CPS receive an email that summarises the discussions that have been had with SAPOL and/or Child Protection Services and provides a closure rationale stating DCP is satisfied that no further enquires are necessary.

Identify and invite participants

The primary participants in a strategy discussion are DCP, SAPOL and/or CPS. The DCP worker holding the strategy discussion should invite agency participants as follows:

Agency	Who
SAPOL (in order)	<ul style="list-style-type: none"> • Detective Senior Sergeant/Detective Sergeant of the relevant CFIS or Regional CIB Manager (when appropriate) • the CFIS investigator or Regional CIB investigator who is involved in the investigation (if the investigating officer is unable to attend, a delegate who has been appropriately briefed should attend in their place) • Police Communications may be contacted who will then contact the relevant on duty member or, if after hours, will recall the on-call relevant CIB if appropriate.
Child Protection Service	<ul style="list-style-type: none"> • During business hours: the intake/duty worker and/or Senior on Duty • After hours: the on-call worker and/or Senior on Duty • The Child Protection Service Paediatrician may also participate.
Department for Child Protection	<p>If the child or young person is in care, the following additional stakeholders may need to participate (to be assessed on a case by case basis):</p> <ul style="list-style-type: none"> • the child or young person's DCP case worker or the case worker's representative • a Principal Aboriginal Consultant or Aboriginal practitioner (if the child or young person is Aboriginal or Torres Strait Islander) where possible • the interstate case worker who is responsible for case management (if the child or young person resides in South Australia but is subject to an interstate Court order) • the DCP Care Concerns Management Unit and DCP Investigation Team (for all serious care concerns)



	<ul style="list-style-type: none"> the Guardian for Children and Young People or their delegate (if sexual harm is alleged) depending on the circumstances of the case, it may be appropriate for a practice leader or staff member from Multicultural Services to participate a relevant staff member from DCP, the support agency for the carer and/or the child or young person's residential care site, if a child or young person is in care. <p>It should be noted that SAPOL may request that DCP participate in a strategy discussion relating to an EXF matter. In these cases, the local DCP office will attend during business hours and DCP after hours will attend outside of business hours. The most senior person reasonably available should attend (that is, in order: supervisor, senior practitioner or DCP case worker).</p>
<p>Department for Education</p> <p>Child or young person's school</p>	<ul style="list-style-type: none"> An appropriate representative from the Department for Education and/or the child or young person's school (if the concerns relate to chronic non-attendance of a child or young person of compulsory school age from their education program or harmful sexual behaviour involving children or young people in education or care settings).
<p>Other participants</p>	<ul style="list-style-type: none"> Where known, the person who will be responsible for interviewing the child or young person (usually from SAPOL or CPS) should also attend the strategy discussion Other participants in a strategy discussion will vary depending on who holds critical information and/or may be involved in the investigative response. This may include people from a range of relevant services, such as Child and Adolescent Mental Health Services (CAMHS), Youth Justice, SA Housing Authority, a health service, a disability service or Aboriginal Community Controlled Organisation or advising authority.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Where a Principal Aboriginal Consultant or Aboriginal practitioner is unable to attend a strategy discussion, consider how cultural perspectives can continue to inform the discussion, such as undertaking consultation before the strategy discussion occurs and conveying meeting outcomes following the strategy discussion.

Convene the strategy discussion

A strategy discussion may be held by teleconference, videoconference or face to face.

The DCP worker who convenes the strategy discussion must:

- refer to the strategy discussion prompts in the [Strategy discussion record template](#) for guidance about topics to be discussed during a strategy discussion
- be aware of key interagency investigation considerations relevant to specific harm types (see below)
- ensure that a [Strategy discussion record template](#) is completed and emailed to all strategy discussion participants within two working days following the strategy discussion.

Some investigations may require more than one strategy discussion to be held. Follow up strategy discussions should be considered:



- where significant decisions, additional actions and/or enquiries are required following the first strategy discussion
- to share the outcomes of all investigations conducted, and the assessments and conclusions of practitioners involved
- before case closure, to collectively formulate an agreed case direction, including support and services to be provided.

Where a follow up strategy discussion is held, the DCP worker must ensure that a [Follow up strategy discussion record template](#) is completed and emailed to all strategy discussion participants within two working days.

A participant's receipt of either a strategy discussion template or follow up strategy discussion record template represents agreement with the actions recorded. If a participant does not agree with the outcomes recorded, it is their responsibility to return the record with proposed amendments.

The Strategy discussion template, Follow up strategy discussion record template and email to participants circulating same must be saved in C3MS under the note type 'Strategy Discussions' in the I&A tab. Refer to the [C3MS Guide: Investigation & Assessment Phase](#) for more information.

Maintain interagency communication during the investigation and response

Where DCP holds a strategy discussion and is the agency responsible for leading the interagency response, the DCP case worker in consultation with the supervisor must:

- maintain ongoing communication between relevant agencies during the investigative response
- coordinate service provision with other agencies
- ensure the ongoing safety of the child or young person is monitored.

If a strategy discussion has been held and DCP intends to close a child protection case, the DCP worker who attended or held the discussion must complete the [Case closure advice following strategy discussion template](#) and provide it to SAPOL and/or CPS (as relevant) via email. The template provides:

- a summary of the discussions that have been had with SAPOL and/or CPS (including any feedback or opinions regarding interviews or enquiries that were conducted by SAPOL and/or CPS)
- a statement that DCP is satisfied that no further enquires are necessary.

The case closure template and email circulating same must be uploaded into C3MS.

For more information about strategy discussions, refer to section 3 of the [Interagency Code of Practice: Investigation of suspected harm to children and young people](#) and the [Interagency Code of Practice Strategy Discussion Flowchart](#).

Consider worker safety

The DCP case worker and supervisor are responsible for considering threats to staff safety throughout the planning, assessment and investigation process. Where a strategy discussion is held, worker safety should be considered as part of the discussion with interagency partners.

The [Investigation Plan](#) must identify if there are any safety alerts in C3MS for a family and consider if SAPOL assistance will be required during the investigation. DCP workers must work in pairs when engaging with the family (with or without SAPOL involvement). Before any home visit, the DCP case workers should:

- agree with each other to leave on a certain prompt



- park their government vehicle on the road in a position that can be easily manoeuvred to exit
- discuss matters such as positioning within the home and plans for exiting
- check that all required equipment is available, ready and functional (including child seats and mobile phones)
- ensure their office and supervisor know where they are and will contact them if they do not return or make contact after an agreed period of time.

Where the attendance and engagement by a Principal Aboriginal Consultant or Aboriginal practitioner is required during an assessment or investigation, discussion should occur to ensure the planned visit does not jeopardise the cultural safety of the worker (including any conflicts of interest, impacts on the worker's family or personal life, and any concerns expressed by the worker).

When undertaking investigations outside of normal business hours, DCP country on-call workers should contact the DCP Call Centre to advise of their intention to undertake a home visit and to enable their safety and whereabouts to be monitored. For further guidance, refer to [DCP After-Hours](#) in the DCP Call Centre chapter of the Manual of Practice.

Consult with SAPOL and/or request police assistance

If at any time during an investigation or assessment a DCP worker believes that they need the assistance of SAPOL to ensure their safety, the worker should contact the relevant SAPOL [District Child and Family Investigation Section \(CFIS\)](#) or [Regional LSA Criminal Investigations Branch \(CIB\)](#) for advice about the best response or person to respond to the matter.

In non-urgent matters, if a 'breach of the peace' is anticipated in the course of DCP's work with the family, a patrol may be requested by phoning Police Assistance on 131 444. The DCP case worker/s should wait at a pre-determined location for the patrol to arrive before engaging with the family.

In life-threatening or urgent situations when SAPOL assistance is required, telephone 000.

Assess safety throughout the investigation and assessment

When planning and undertaking investigations and assessments, DCP staff must be aware of factors that may indicate a threat to their safety and/or imminent violence. Some of these indicators may be sufficient on their own to cause concern. Others may be less of a concern when considered independently but be more concerning if they occur in combination with other factors.

Factors that may indicate a threat to staff safety include (but are not limited to):

- C3MS alerts
- history of violence, including assaults and sexual assaults
- veiled or overt threats of physical harm
- poor or unstable mental health
- the presence of weapons in the home
- sexual harassment of staff, including sexualised comments
- violent or sexual comments
- threatening or verbally abusive behaviour
- noticeable mood swings or unpredictable behaviour
- excessive body sweats and/or dilated pupils
- escalating arguing that cannot be managed
- persistent and unreasonable complaining about the provision of services



- dangerous or unknown associates who may be present
- isolated locations and/or poor telephone coverage
- large closed in fences at the family property
- aggressive dogs at the family property
- attendance at a location that is difficult to leave quickly.

Indicators of imminent violence may include (but are not limited to):

- threatening violence
- significantly heightened emotions that cannot be calmed
- rapidly escalating emotions that cannot be calmed
- violent gestures such as yelling and pointing aggressively
- aggressive body language
- showing weapons or referencing weapons in the family home
- consistent refusal to participate in a discussion.

DCP workers must leave the premises immediately if they identify any threats to their own safety. For SAPOL attendance that is required urgently, call 000. In these circumstances, it is important for a plan to be developed in consultation with the supervisor to engage with the family and/or sight and speak with the child or young person if the child or young person remains at the house (such as contacting SAPOL to arrange a joint home visit).

See the [Worker safety on home visits](#) page for further information.

Complete the Investigation Plan template

A comprehensive investigation plan supports a thorough assessment of the child or young person's safety and the risk of harm. Robust investigation planning ensures that the supervisor's expectations and the role of the DCP case worker are clear.

The supervisor will complete the [Investigation Plan](#) template with the DCP case worker. The plan must be informed by the concerns raised in the notification, the child protection history and any other relevant information gathered. Where applicable, the plan must reflect all agreed decisions and outcomes from the strategy discussion.

Where a strategy discussion is required, the strategy discussion should be convened before an [Investigation Plan](#) template is completed (and before any investigation actions commence) to ensure the investigation is coordinated with any required interagency response. See 'Hold a strategy discussion' in this chapter of the Manual of Practice for further details.

Relevant considerations for investigation planning

An [Investigation Plan](#) is a comprehensive plan developed by the DCP case worker and supervisor that specifies the approach to the investigation, information to be gathered, the approach for visiting and speaking with the family (including assessing the safety of any other children or young people present in the household) and potential plans for ensuring the immediate safety of the child or young person.

The [Investigation Plan](#) template requires consideration of the following:

- the family network, including relevant people that may offer care for the child/ren or young person/s, could offer support to the family or may present a risk
- if there are any worker safety alerts for the family in C3MS or other known history that poses a risk to worker safety and the need for SAPOL assistance



- known child protection history of the family ascertained from C3MS, Client Information System (CIS) and [Connect for Safety \(C4S\)](#)
- arranging for consultations with Principal Aboriginal Consultants or Aboriginal practitioners to ensure investigations involving Aboriginal and Torres Strait Islander infants, children, young people or families are culturally informed
- the need for relevant consultations to inform a holistic safety assessment, including consultation with Multicultural Services and disability consultants
- the current known child protection concerns, safety concerns and risks to the child/ren or young person/s and any harm or suspected harm that has been experienced by the child/ren or young person/s
- who will be spoken with/interviewed, where and by whom; considering the safety of the parties (in particular where domestic and family violence is a concern), the location of the interviews and who may be present during the interviews
- whether the concerns will be discussed with the parents, guardians or caregivers separately or together. This is particularly important where there are allegations of domestic and family violence. Refer to the [Domestic and family violence Practice Paper](#) for further information
- in what order interviews/discussions will take place (for example, interviewing the child or young person before interviewing their parents, guardians or caregivers or vice versa, or the mother before her partner)
- consideration of any cultural, language or communication issues including the need for an interpreter or translator (see the [South Australian Aboriginal Languages Interpreters and Translators Guide](#) and [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#))
- supports required for the interviewees
- the supervisor's specific instructions on information to be gathered and issues to be explored
- information that needs to be gathered from other services or from interstate through the use of a section 150 or section 152 request or via another means. Refer to the [Information gathering and sharing](#) chapter of the Manual of Practice for further guidance about information gathering
- potential indicators of the child or young person having sustained harm and action(s) to be undertaken if they are assessed using the [SDM® Safety Assessment](#) as conditionally safe or unsafe
- if a safety plan is anticipated, the safety concerns that will likely need to be addressed in the [Safety plan](#)
- referrals or supports that may be required for the family in the course of the investigation.

Any subsequent revisions to the Investigation Plan must be developed with or approved by the relevant supervisor.

Consultation to inform investigation planning

Consultation is recommended when a case is particularly complex and/or there are cultural issues that must be considered. Investigation planning offers a critical opportunity to understand the strengths, challenges and support networks that may be present within a family. Timely consultation with cultural or disability experts should be undertaken to inform the investigation approach and better understand a family's lived experiences.

For children and young people with a complex disability where the only concern is that the parent, guardian or caregiver is unable to provide them care because of their complex disability related needs, the Manager, Disability and Development Services should be contacted. A regional disability consultant should be consulted where disability needs on the part of a child or young person or their parent, guardian or caregiver forms part of the identified concerns for a family.



Practice leaders, Multicultural Services and high risk infant workers can also provide valuable advice when planning an investigation and should be consulted where matters involve complex issues and/or specific cultural considerations.

Timely consultation with Principal Aboriginal Consultants and Aboriginal practitioners is essential when undertaking investigation planning for Aboriginal and Torres Strait Islander families. Consideration should be given during investigation planning for engagement with the family to occur alongside a Principal Aboriginal Consultant or Aboriginal practitioner.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Start to consider and plan how to engage the child or young person and their family and increase their participation from the point of allocation. Consider consulting with a Principal Aboriginal Consultant from the beginning of an investigation for a consistent cultural lens to support engagement and planning for family participation in significant decision making.

Consultation with interagency partners through a strategy discussion must be undertaken in cases where a child or young person is alleged to be the victim of a crime (including severe neglect) or where a forensic medical examination may be required. See [Plan an investigation](#) in this chapter of the Manual of Practice and [Interagency Code of Practice: Investigation of suspected harm to children and young people](#) for further information about strategy discussions.

All proposed consultations should first be discussed with the relevant supervisor. Consultations must be recorded in C3MS consistent with the requirements of the [Consult or Decision Record Procedure](#).

Record the strategy discussion and investigation plan

The following information must be recorded under the 'I&A Planning Note' section of C3MS:

- the completed final version of the [Investigation Plan](#), to be recorded under the note type of 'Investigation Plan (no strategy discussion)'
- all consultations undertaken when planning the investigation
- the completed [Strategy discussion record template](#) and, where applicable, the [Follow up strategy discussion record template](#), to be recorded under the note type of 'Strategy Discussion (SD)'
- a rationale for not holding a strategy discussion (if relevant)
- completed [Case closure advice following strategy discussion template](#) and email correspondence to CPS and/or SAPOL where DCP has held or attended a strategy discussion and intends to close a case.

Refer to the [C3MS Guide: Investigation and Assessment Phase](#) for further information about recording in C3MS during an investigation.

Refer urgent after-hours matters to the DCP Call Centre

In circumstances where urgent action is required outside of normal business hours to ensure the immediate safety of the child or young person, the DCP office may contact the DCP After-Hours team for assistance. Refer to [DCP After Hours](#) in the DCP Call Centre chapter of the Manual of Practice for further guidance.



4. Conduct the investigation

A thorough and well planned investigation informs a holistic assessment of safety and risk for a child or young person. See the [Plan an investigation](#) key step in this chapter of the Manual of Practice for guidance about the considerations that should be made to undertake an effective investigation.

An investigation involves the following actions:

- [engaging with and assessing the family](#)
- [engaging with and assessing the child or young person](#)
- [considering and establishing immediate safety for the child or young person](#)
- [gathering additional information \(such as information held by other professionals and services\)](#)
- [seeking additional assessments and interventions.](#)

Where the investigation response (or actions) is likely to involve more than one agency, it is essential that a strategy discussion is also held to inform the planning process. The [Strategy discussion record template](#) must be completed in addition to an [Investigation Plan](#), where a strategy discussion is convened.

Investigations of child protection concerns must be primarily focused on the child or young person's safety. To effectively ensure safety, broadly consider the child, young person and family situation and the cumulative impact of known or reported concerns on a child or young person's safety and wellbeing. This includes identifying the needs of the child or young person, considering the capacity of the parent, guardian or caregiver to meet the child or young person's current and future needs and how this might be supported by the family and environmental context. The [DCP Assessment framework for staff](#) is a critical tool in supporting holistic assessments and should be referred to throughout the investigation.

Investigations must commence within 24 hours for urgent 'within 24 hours' intakes and commence within 10 days for non-urgent responses. All investigations should be completed within 42 days. If further intervention is required after 42 days, the approval of the manager is required.

4a. Conduct the investigation: Engage with and assess the family

The initial engagement is critical to forming a partnership with a family. The quality of engagement directly impacts on the quality of information that is gathered to inform an assessment of safety and risk. Respectfully engaging with the family will assist the DCP case worker to consider whether the parents, guardians or caregivers have a sound understanding of the needs of their child or young person, the difficulties the family is facing, the support networks that may be available to achieve safety and the family's willingness to work in partnership with DCP or other support services.

The quality of the initial engagement will have a lasting impact on the relationship between the family and DCP. Investigation planning and preparation, as well as consulting with colleagues, senior staff and interagency partners, contributes to developing a foundation for successful future relationship building.

Further advice about best practice considerations can be found in the following practice papers: [Relationship Based Practice](#) and [Strengths Based Practice](#).

When engaging with the family, the DCP case worker must assess all members of the household and consider:

- the immediate safety of the child or young person and other children or young people living in the home
- the concerns identified by the notifier
- any additional concerns that become apparent during the investigation
- any relevant historical child protection concerns
- other risk factors for harm.



An assessment of the family should be undertaken in accordance with the [DCP Assessment framework for staff](#).

The DCP case worker must undertake a holistic assessment to understand the factors that impact on safety and risk for all household members, particularly for families experiencing domestic and family violence (DFV). DFV can present a significant risk factor to the child or young person, victim or other family members. The DCP case worker must also be aware of how the involvement of statutory child protection may present further risks to victims of DFV. This may require the DCP case worker to explore safety planning with family members to minimise such potential risks (noting this is different to the [SDM® Safety Assessment](#) required for children and young people). Refer to the [Domestic and Family Violence Practice Paper](#) and [Assess and establish immediate safety](#) in this chapter of the Manual of Practice for more information.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

A holistic assessment for Aboriginal and Torres Strait Islander families considers the family context including family functioning and supports in relation to their environmental, community and cultural context. In making decisions about the level of risk, a comprehensive assessment of the family's strengths, needs and risks promotes a better understanding of safety and risk for children or young people. As part of assessing members of the household, it is important to establish an understanding of those involved and responsible for the raising of the child or young person to ensure family members with cultural responsibility for decision making are included as part of the assessment.

From the first contact with the family, it is important to assess whether there is a protective parent, guardian or caregiver in the home. For Aboriginal and Torres Strait Islander infants, children and young people kinship structures may mean there is a responsible and protective person in the home to whom they are not biologically related but who has Aboriginal or Torres Strait Islander cultural authority for the child or young person. It is recommended that the DCP case worker consult with a Principal Aboriginal Consultant or Aboriginal practitioner as required to inform an assessment of available family and kinship supports.

Where SAPOL is also investigating the allegations, the assessment of whether a parent, guardian or caregiver is protective will usually occur following a strategy discussion. In these cases, DCP must not discuss specific allegations with a parent, guardian or caregiver until SAPOL have completed their interviews and provided approval. See 'Hold a strategy discussion' in [Plan an investigation](#) in this chapter of the Manual of Practice for further information about coordinating a response with SAPOL.

When engaging a family for the first time, the DCP case worker must show the family their identification and provide their name, the name of the supervisor and their office contact details. A copy of the [When the Department for Child Protection visits you](#) pamphlet must be provided to the family. The pamphlet has been translated into twelve languages that can be provided to families in their preferred language:

- [When the Department for Child Protection visits you- Arabic](#)
- [When the Department for Child Protection visits you- Burmese](#)
- [When the Department for Child Protection visits you- Hakha Chin](#)
- [When the Department for Child Protection visits you- Dari](#)
- [When the Department for Child Protection visits you- Dinka](#)
- [When the Department for Child Protection visits you- Farsi](#)
- [When the Department for Child Protection visits you- Nepali](#)
- [When the Department for Child Protection visits you- Nuer](#)
- [When the Department for Child Protection visits you- Swahili](#)
- [When the Department for Child Protection visits you- Tamil](#)



- [When the Department for Child Protection visits you- Urdu](#)
- [When the Department for Child Protection visits you- Amharic](#)
- [When the Department for Child Protection visits you- Hindi](#)

If there are concerns for the immediate safety of the child or young person at the time of an initial visit, it may be necessary to exercise statutory powers, such as removing the child or young person. See [Assess and establish immediate safety](#) and [Exercise child protection officer powers](#) in this chapter of the Manual of Practice for more information.

Make relevant engagement considerations

Aboriginal and Torres Strait Islander families

Aboriginal and Torres Strait Islander infants, children and young people have a right to grow up with a communal sense of belonging, with a stable sense of identity and to know their family, community, Country, language and culture.

Before starting work with an Aboriginal or Torres Strait Islander family, it is crucial to understand the wider historical context surrounding the laws, policies and practice in South Australia that led to the removal of many Aboriginal and Torres Strait Islander infants, children and young people in the past. Understanding the historical involvement of statutory child protection agencies in Aboriginal and Torres Strait Islander communities can assist in contextualising the mistrust and avoidance that some Aboriginal and Torres Strait Islander families may feel towards DCP. Refer to the [Removal of many Aboriginal children: a brief history of the laws, policies and practices in South Australia](#) and the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#) for further information.

All DCP staff must make active efforts to apply the five core elements of the Aboriginal and Torres Strait Islander Child Placement Principle (Prevention, Partnership, Placement, Participation and Connection) in their practice with Aboriginal and Torres Strait Islander infants, children, young people and families. Timely and accurate identification of children and young people as Aboriginal or Torres Strait Islander is an essential precursor to the Aboriginal and Torres Strait Islander Child Placement Principle and must be a focus from the initial visit or first contact with the child, young person and their family.

Family led decision making is a critical process for working with Aboriginal and Torres Strait Islander families and the participation of children, young people and family members must be supported from the earliest opportunity. A particular focus must be on building honest and open relationships with Aboriginal and Torres Strait Islander children, young people and families to support families to work in partnership with DCP and be actively involved in significant decisions for the care and protection of their infants, children and young people. Within the investigation and assessment phase, significant decisions may include (but are not limited to):

- safety planning (including exploring possible supports within the family and kinship network that may be able to support a safety plan)
- the type of intervention best suited to the needs of the infant, child or young person and family, which may include engaging Aboriginal Community Controlled Organisations to deliver culturally specific services
- undertaking family and kinship network mapping for possible placement options outside of the family home, if necessary, in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle.



See the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#) and [Family Led Decision Making for Aboriginal families Framework](#), or in relation to mapping, contact Taikurtirna Warri-
apinthe Program (Aboriginal and Torres Strait Islander family finding and mapping program) for more
information.

When working with Aboriginal and Torres Strait Islander families, it is strongly recommended that DCP
workers consult with a Principal Aboriginal Consultant. Cultural consultation will help DCP workers to better
understand the roles within the family and the community in relation to caring for infants, children and
young people, identify the key members who need to be actively engaged, identify other relevant
considerations (including location information) and provide support. This consultation should also consider
support for the family should child protection officer powers be exercised.

Where the attendance and engagement by a Principal Aboriginal Consultant or Aboriginal practitioner is
required during an assessment or investigation, the cultural safety of the worker should be confirmed
(including any conflicts of interest, impact on the worker's family and personal life, and any concerns
expressed by the worker).

Consideration must be given to whether an interpreter or translator is required. Refer to the [South
Australian Aboriginal Languages Interpreters and Translators Guide](#) for more information. It is the role of the
DCP worker to ask the family if an interpreter or translator is required. It is not the family's responsibility to
ask for an interpreter or translator to be provided.



Identity

**Aboriginal and Torres Strait Islander Child Placement Principle active effort
prompt**

Even if the infant, child or young person has previously been identified as
Aboriginal, it is best practice to verify the family's Aboriginal identity upon initial
engagement to ensure accurate cultural information is gathered for the infant,
child or young person and family. The DCP case worker should ask if the infant,
child or young person, parents, siblings, and other family members
(paternal/maternal) identify as Aboriginal and if they identify with specific
Nation/s or language group/s. It is suggested that a DCP case worker might say "I
acknowledge some people may not know this information but are you okay with
sharing what you know about your Nation or language group?" as a way of
acknowledging that as a result of past policies of cultural displacement, not all
Aboriginal people will know their Nation or language group.



Participation

**Aboriginal and Torres Strait Islander Child Placement Principle active effort
prompt**

Relationship based practice is critical when engaging with Aboriginal and Torres Strait
Islander families in order to enable the meaningful participation of children, young
people and families. Developing strong relationships with Aboriginal and Torres Strait
Islander families supports practitioners to engage more effectively and collaborate
more meaningfully, achieving better outcomes for Aboriginal and Torres Strait
Islander infants, children and young people.



Culturally and linguistically diverse families (CALD)

It should be recognised that approaches to parenting may vary considerably across different cultural groups. While cultural variances in parenting styles must be considered when determining whether the child or young person has been harmed or is at risk of harm, culture does not supersede safety.

Gaining an understanding of the parenting practices of cultural groups is important to enhance the quality of an assessment. Consultation with DCP Multicultural Services is recommended as they may be able access appropriate Community and religious Leaders who can assist in identifying cultural/religious norms and strategies to support effective engagement with a family.

When exploring the cultural context of specific parenting practices consider the following:

- is this a common cultural practice or is it specific to the parent, guardian, caregiver or family?
- how do the parents, guardians or caregivers explain the practice and what was their intention?
- are there indicators to suggest that these practices have caused harm, pose a risk of harm or have a negative impact on the child or young person?
- what were the common parenting approaches used for the parents, guardians or caregivers in their home country?

It is important to explore safer alternate parenting practices with the family that may achieve the same results, while not placing the child or young person at risk of harm.

Understanding the experiences of a family prior to settlement in Australia is also important information to inform an assessment. A DCP worker should gain an understanding of how the child or young person and their family arrived in Australia, on what basis they remain here (for example, via a Humanitarian Refugee Visa) and what supports they have received (such as settlement support and counselling).

Refer to the [Working with cultural diversity Practice Paper](#) for further guidance.

When planning and conducting an investigation, consideration must be given to the need for an interpreter or translator for families from culturally and linguistically diverse backgrounds. It is possible that the language and specific dialect for a family may not be known prior to the investigation, or the family may speak multiple languages. It is important to ask the family what their preferred and most proficient language is. It is also important to be aware of gender issues when requesting an interpreter or translator and it is best to ask each person their individual preference. The DCP case worker should also ask the child or young person and family members if they require written information in their preferred language. Refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#) for further information. It is important to explain the child protection system and reasons for DCP involvement in clear, simple language. It can assist to ask the parent, guardian or caregiver what they have understood from the discussions.

If further support is required during assessment, planning and investigation, the DCP case worker may request co-work from DCP Multicultural Services. Requests must be made via the Referrals tab in C3MS. The Supervisor of DCP Multicultural Services will assess the suitability of co-work for each case and create a Service Provision, if accepted.

For urgent cases, the DCP case worker may contact the Supervisor of DCP Multicultural Services via telephone to request co-work. In these instances, the Supervisor of DCP Multicultural Services is responsible for recording the Service Provision and case notes in C3MS within 24 hours of accepting the request.

Additional information about co-work is provided in the [Service Delivery Model for DCP Multicultural Services](#).



Parents, guardians and caregivers with disabilities

If a parent, guardian or caregiver is known or suspected to have a disability that may impact upon their parenting capacity and/or ability to engage with DCP during an investigation, it is important that the DCP case worker gathers relevant information about the disability before the first visit. This may include consulting with the supervisor, DCP regional disability consultant, disability providers and others who have knowledge of the parent, guardian or caregiver's functional abilities and needs (for example, a psychologist who has assessed the parent).

The DCP case worker should consider how to support and respond to the specific requirements and needs of the parent, guardian or caregiver. The DCP case worker can seek advice regarding any adjustments that may be required from the DCP regional disability consultant. Considerations may include:

- asking if the parent, guardian or caregiver would like to be supported by another person (such as an advocate, interpreter, communication assistant or other trusted person)
- asking about the parent, guardian or caregiver's preferred method of communication and tailoring communication to their needs (this may include the use of augmentative or alternative communication methods)
- avoiding technical language/jargon
- avoiding stigmatising or derogatory language
- allowing sufficient time for the parent, guardian or caregiver to process and respond to the information
- checking the understanding of what the parent, guardian or caregiver has said
- ensuring meeting locations are physically accessible and minimise interruptions or potentially overwhelming/distracting stimuli (such as noises, movement in and out of the room)
- being aware of the DCP case worker's own values and biases and how these might impact upon decision making
- considering if there are any other measures that can assist the parent, guardian or caregiver to fully participate in the investigation and in decision making.

Care must be taken to communicate clearly with parents, guardians and caregivers with an intellectual disability, acquired brain injury or sensory disabilities that may impact their understanding of verbal and written information and/or ability to communicate. DCP workers should consider and confirm whether the information being presented to a parent, guardian or caregiver, as well as the information being provided by a parent, guardian or caregiver, is being accurately understood. Additional time and supports may be required to ensure the parent, guardian or caregiver understands the questions they are being asked and to ensure DCP forms an accurate understanding of the information they have provided. An appropriately skilled support person (such as a support coordinator, disability worker or disability advocate) may be required at key times when important information is being delivered or collaborative decision making is required. If a parent, guardian or caregiver is unable to make complex decisions, it is important to support them to understand the decision being made and to provide input to the extent that they are able.

Parents, guardians and caregivers who have a disability and identify as Aboriginal or Torres Strait Islander or culturally and linguistically diverse may experience additional language barriers and may require additional support to access services within their community. For Aboriginal and Torres Strait Islander parents, guardians or caregivers, it is recommended that workers consult with a Principal Aboriginal Consultant as well as the regional disability consultant to discuss the best way to provide support. For children and young people from culturally and linguistically diverse backgrounds, it is recommended that workers consult with DCP Multicultural Services as well as the regional disability consultant.

It is important to ask the parent, guardian or caregiver if they are a NDIS participant and if so, what supports are in place within their plan. If the parent, guardian or caregiver is unsure about what supports are funded, consent should be sought from them to gain access to their NDIS plan details. If the parent, guardian or



caregiver is not a participant, they should be provided with contact information for the NDIS. Support should be sought from the DCP regional disability consultant to collect supporting evidence where a parent, guardian or caregiver agrees to submitting an NDIS access request.

When making an assessment, it is important to appreciate that having a disability in and of itself does not mean a parent, guardian or caregiver is unable to provide safe and responsive care to their child or young person. The DCP case worker must consider the impact of the parent, guardian or caregiver's disability on their capacity to provide safe care and to respond to the needs of their child or young person, including the child or young person's developmental needs. There may be multiple factors present besides disability that may make it more difficult for parents, guardians and caregivers with disabilities to provide safe care. These factors may include alcohol and/or other drug use, domestic and family violence, financial hardship, housing difficulties, social isolation and/or reliance on the child or young person to provide them with care.

It is important to explore whether the identified concerns may be reduced with appropriate supports. For example, there may be protective factors already in place that can be utilised and strengthened to increase the family's overall resilience, such as service providers that are already engaged with the family and/or the family's support network. Where relevant, a parent, guardian or caregiver may be supported to access supports through the NDIS.

For further information about engagement considerations for parents, guardians or caregivers with disabilities see the [Working with caregivers with disability Practice Paper](#).

Inform family of the intention to sight or conduct an interview with the child or young person (where safe and appropriate)

The safety of the child or young person is the paramount consideration when deciding whether it is appropriate to notify a parent, guardian or caregiver of DCP's intention to interview the child or young person. It may be more appropriate to interview the child or young person before meeting with the parent, guardian or caregiver, depending on the nature of the concerns and the age and developmental stage of the child or young person.

As part of the strategy discussion, the appropriateness of informing the family of an intention to sight or conduct an interview with the child or young person should be discussed. Consideration should be given to the following factors:

- if any criminal investigations are ongoing that would be compromised by notifying a parent, guardian or caregiver of DCP's intention to interview the child or young person
- if any criminal investigations are ongoing that would be compromised by pursuing an interview with the child or young person before any formal SAPOL led investigations are completed (such as a police interview with the child or young person).

See 'Determine if it is appropriate to inform the child or young person's parents, guardian or caregiver' in the Plan an interview with the child or young person sub-step of the [Respond to the child or young person](#) key step for further information.

Conduct interviews with the family



Specific interviews about the current allegations

All members of the family and other residents in the household should be interviewed during an investigation. This includes children and young people within the household who are not the subject of a notification but are developmentally able to be interviewed.

Families must be informed of the child protection concerns in the notification and asked to provide their perspective. The details of the notifier (or details that might tend to identify the notifier) must not be disclosed, as per section 163 of the CYPs Act. Care must be taken to discuss specific allegations in a way that protects the identity of the notifier. Where domestic and family violence is present, the investigation must be conducted in a way that maximises the safety for the non-offending parent, guardian or caregiver and enhances their capacity to participate in the interview and provide information. Refer to the [Domestic and Family Violence Practice Paper](#) for further information.

All parents, guardian and caregivers for the child or young person should be interviewed and, where appropriate, discussion should also occur with the child or young person's extended family (such as grandparents or culturally significant people in the kinship network). Speaking with extended family members can provide:

- important information regarding the circumstances of the child, young person and family
- an opportunity to explore what support extended family members are providing to the child, young person and parents, guardians or caregivers
- an opportunity for extended family members to consider what additional support they may be able to provide the child, young person and parents, guardians or caregivers
- an opportunity for family and extended family members to understand the statutory role of the child protection system and the role of statutory child protection authorities.

For information about conducting a discussion with other children or young people who are residents of the household, refer to [Respond to the child or young person](#) in this chapter of the Manual of Practice and the [Conducting interviews with children and young people to assess their safety Practice Paper](#).

Interviews should not be limited to the current concerns if there are historical concerns or potential risk factors present. The DCP case worker must consider whether the child or young person has experienced cumulative harm. Refer to the [DCP Assessment framework for staff](#) for more information.

Interview with the person allegedly responsible for harm

It is important to discuss the allegations with the person/s reported to be responsible for the alleged harm in a transparent way and to give them an opportunity to provide their perspective. It is not sufficient to interview only the non-offending parent, guardian, caregiver or other family members.

When discussing concerns with the person/s alleged to be responsible for harm, the DCP case worker must be mindful of their safety and the safety of others (including the non-offending parent, guardian or caregiver, child or young person and/or other children or young people in the home).

Consideration of the safety of other members of a household should be considered where there is a known history of domestic and family violence (DFV). Parents, guardians or caregivers should be interviewed separately when there are concerns regarding DFV to allow those that have experienced family violence to speak freely and to ensure the safety of those in the household following an interview.

As part of a strategy discussion, consultation should occur with SAPOL to ensure that it is appropriate for DCP to conduct an interview in light of any criminal investigation that may be pursued. See 'Hold a strategy discussion' in the [Plan an investigation](#) key step of this chapter for more information.



Explore historical concerns and potential risks with the family

Being aware and mindful of historical allegations relating to the family will assist the DCP case worker to more deeply explore areas that could highlight risks to the child or young person's safety and the potential for harm when undertaking interviews with the family.

The DCP case worker must ensure that they are aware of factors that heighten the risk of harm and must explore the possibility that these are present in the family.

Any historic child protection involvement for a family should be reviewed in C3MS (for within South Australia) and through the [Connect for Safety](#) (C4S) information sharing system (for interstate information).

Refer to the [DCP Assessment framework for staff](#) for further information.

Develop a detailed genogram or ecomap with the family

The DCP case worker must continue developing the genogram and where relevant, an ecomap in partnership with the family, as further information is shared about the family and kinship network. It is important to gather and record information to understand who is in the child or young person's immediate and extended family and community.

It may be beneficial to obtain a copy of the child or young person's birth certificate to help in this process. If, by virtue of arriving in Australia as a refugee, the child or young person does not have a birth certificate, the DCP case worker may ask the child or young person's parents, guardians or caregivers for a copy of their Australian travel document. The DCP Multicultural Services team can also offer assistance in obtaining supporting identification documents, such as requesting an Immi card. See [Support the child or young person to obtain proof of identity documents](#) in the Supporting children and young people in care chapter of the Manual of Practice for further guidance.

Collaborating with the family to build a detailed genogram or ecomap is an important method of engagement that assists in understanding connections, identifying sources of support and safety and potential placement options (if required). Sensitivity should be exercised in including family members or those in the wider kinship network that may have hostile relationships with the family.

The Taikurtirna Warri-apinthe Program (Aboriginal and Torres Strait Islander family finding and mapping program) may be able to support the DCP case worker to undertake more detailed family, kinship and community mapping for eligible matters involving Aboriginal and Torres Strait Islander infants, children and young people.



Connection

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

When developing a detailed genogram with the family, remain curious and respectful in asking questions about extended family members and other people who may be significant to the infant, child or young person and family. Ensure both maternal and paternal sides are explored. Discussions about deceased family members, such as grandparents, must be handled with sensitivity and not omitted from genograms, as even in death they hold important connections for children and young people to kinship, community and culture. Best practice is to develop a genogram and ecomap for Aboriginal and Torres Strait Islander infants, children and young people and that these are developed in partnership with the family and wider kinship structure.



Assistance in developing a genogram may be available from DCP Multicultural Services, particularly for families from refugee backgrounds. The experiences of some refugee families, including children and young people having multiple caregivers and travelling to Australia with adults who are not biologically related to them, can make determining family connections complex. Seeking advice and support to develop the genogram from the DCP Multicultural Services team can be helpful.

Learning, Practice and Professional Development offers a training program for completing genograms and ecomaps. Refer to [Pledge](#) for registration.

Obtain consent from the family for actions and information sharing (where safe and appropriate)

When safe and appropriate, informed consent should be sought from a child or young person, parent, guardian or other relevant person when requesting engagement in an assessment or an intervention, or when gathering information. However, consent should not be sought in circumstances where this would compromise the child or young person's physical or emotional safety.

Informed consent is the permission a person gives after they have demonstrated that they understand the purpose of a request and the likely outcomes of their consent. When obtaining a person's informed consent, ask them to say in their own words:

- what the request or suggestion is and why it has been made
- what they understand will happen if they do or do not give consent
- why they have either given or withheld their consent.

Where safe and possible, use the [Consent to share information form](#) when obtaining a person's written consent to share or seek information from other agencies and service providers. The DCP case worker must upload the completed consent form to the 'Notes and documents' tab in C3MS.

Age, intellectual capacity or disability, communication issues, mental health issues or use of alcohol and/or other drug can compromise a person's capacity. Where a person is assessed as not being able to provide their consent, it is important to support them to understand the decision being made and to provide input to the extent that they are able.

A person's cultural and linguistic background must not influence judgements about a person's capacity to provide consent. An interpreter or translator should be engaged when required to assist in obtaining informed consent. For information about Aboriginal and Torres Strait Islander language interpreters/translators, refer to the [South Australian Aboriginal Languages Interpreters and Translators Guide](#). For information about interpreter or translation services for culturally and linguistically diverse families, refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#).

Where a person is unwilling or not able to provide their consent, it may be necessary to direct an assessment or intervention (for example, seeking a Chief Executive direction to seek a drug and/or alcohol or parenting capacity assessment) or apply for a Youth Court order. See [Conduct additional assessment and interventions relating to parents, guardians and caregivers](#) in this chapter of the Manual of Practice.

If a person is assessed as lacking capacity to consent to a particular decision, this assessment and the outcome should be clearly documented in C3MS.

Refer to [Share information](#) in the Information gathering and sharing chapter of the Manual of Practice for guidance about sharing information with or without a person's consent (including recording the information sharing decision).



For specific requirements relating to consent to the assessment and treatment of children and young people, see [Respond to the child or young person](#) in this chapter of the Manual of Practice.

Respond to difficult-to-locate families or families who avoid engagement with DCP

If a family cannot be located at the recorded address, it is essential to make repeated visits at different times of the day and on different days of the week. Any telephone numbers known to the family should also be contacted in an attempt to arrange a meeting with the family.

Where the address of a family can be confirmed, consideration should be given to leaving a note for the family requesting that they contact the office (this may not be appropriate in all circumstances particularly when there are concerns about domestic and family violence).

In some cases, a family may actively avoid engaging with DCP. This may include cancelling or not attending scheduled meetings, repeatedly being absent from their place of residence or refusing to answer the door.

It is critical that the DCP case worker take all reasonable steps to engage with the child, young person and their family to assess the child or young person's immediate safety and to conduct investigation actions. There are multiple reasons why a family may avoid engaging with DCP including previous negative experiences, fear, cultural differences and privacy concerns. A family may also avoid DCP engagement if they are hiding something that may raise concerns for the safety or wellbeing of the child or young person (such as a physical injury to a child or young person, or evidence of drug use in the house).

Where a family repeatedly avoids engagement and the location of the child or young person's school, childcare centre or pre-school is known, the DCP case worker may consider conducting a discussion with the child or young person in this setting prior to conducting a discussion with their family. Information obtained during a discussion with the child or young person can assist the DCP case worker to assess the child or young person's immediate safety and identify safety concerns and/or risks that may be present in the family.

The following strategies may assist staff in locating a family:

- checking C3MS and reviewing the family's history, relationships and engagement with other agencies which may highlight additional information or identify contacts who could provide information
- checking Connect for Safety (C4S) for interstate child protection information.

Contact can also be made with the following persons and agencies in an attempt to locate a family:

- the notifier
- SAPOL
- Housing SA
- local schools, childcare centres and kindergartens
- Centrelink, Medicare and the Child Support Agency (see [Requesting information from Commonwealth agencies](#) for the information request process for these agencies)
- interstate authorities, if the family is known to have interstate connections or is transient across state boundaries (see [Interstate liaison](#) and [Connect for Safety \(C4S\)](#) for more details on obtaining interstate child protection information).

The DCP case worker should consider the following strategies when trying to encourage a family to engage:

- visit the family with another professional who has an existing relationship with the family
- offer for the family to have a support person present during any meetings, including important people from a kinship network or senior cultural figures from the community



- offer to meet with the family initially at a neutral location (although this should not remove any need to see the family home as part of the assessment process)
- engage the services of a process server, when attempting to serve Court documents
- conduct both announced and unannounced home visits at different times of the day, on different days of the week
- telephone the family on any numbers that may be known and provided by other agencies, extended family, friends and community members.

The DCP case worker must apply the principles of relationship based practice and consider the barriers and concerns that may be impeding engagement by the family. For more information about relationship based practice see the [Relationship Based Practice Practice Paper](#). It is recommended that the DCP case worker consult with a supervisor, practice leader, regional disability consultant and/or DCP Multicultural Services as required to explore the reasons that may be underpinning avoidance and develop strategies for re-engaging a family.

For Aboriginal and Torres Strait Islander families, children and young people, consultation should occur with a Principal Aboriginal Consultant or Aboriginal practitioner to ensure attempts to engage a family are culturally informed. The historic context of child protection involvement in Aboriginal and Torres Strait Islander communities should be understood to appreciate why a family may be avoiding engagement with DCP, and to rebuild trust to encourage engagement.



Connection



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

When attempting to locate Aboriginal and Torres Strait Islander infants, children, young people and families, it is important to understand the family's cultural connections, as this may hold information as to where the family are located. Consider contacting known Aboriginal and Torres Strait Islander services involved with the family or consult with a Principal Aboriginal Consultant for assistance and insight into community dynamics for families with strong community ties. Recognise the various cultural reasons as to why difficult-to-locate families may be away, such as attending to Sorry Business, ceremony or key significant community events. Early and thorough mapping is essential to provide an understanding of family and kinship connections which may provide insight into family or community obligations.

The DCP case worker must ensure that all attempts to locate or engage with the family are contemporaneously documented in a case note in C3MS.

The DCP case worker can record an informational alert to review critical history regarding the family's whereabouts. For further guidance about recording alerts in C3MS, refer to the [C3MS Guide: Alerts – overview and management of alerts](#).

If it is still not possible to locate the family after pursuing the above options, the case may have to be closed. For more information about using the 'Close-Not Located' outcome code refer to the [Outcome Codes Procedure](#).

The DCP case worker should also consider whether police assistance is required to visit the family at their known place of residence. See [Exercise child protection officer powers](#) for more information.

The DCP case worker must ensure that all attempts to engage with the family are contemporaneously documented in a case note in C3MS.



4b. Conduct the investigation: Engage with and assess the child or young person

Initial contact with a child or young person should be carefully planned to consider the child or young person's needs and with a view to building rapport. The child or young person may have recently experienced a traumatic event and DCP involvement may add to feelings of fear, insecurity and distrust. Careful consideration should be given to the location and timing of any interviews or meetings with the child or young person to ensure their privacy and ability to feel safe and supported when sharing information.

See the [Conducting interviews with children and young people to assess their safety Practice Paper](#) for further guidance about best practice approaches to conducting interviews.

Sight the child or young person

In all investigations conducted by DCP, the child or young person who is the subject of the notification must be sighted by DCP or SAPOL. Consideration should also be given as to whether other children and young people in the family who are not subject to the notification should be sighted as well.

Where other children or young people are sighted and this raises concerns for their safety, the DCP case worker must raise a new intake (refer to [Receive and respond to intakes received outside of the DCP Call Centre](#) in this chapter of the Manual of Practice).

Sighting a child or young person from the outset of an investigation is essential. The child or young person's non-verbal cues should be closely observed to consider if their expressed views are reflective of their actual views. See the [DCP Assessment framework for staff](#) for further guidance regarding sighting children and young people as part of the assessment process.

In the exceptional circumstance that the child or young person is not sighted, the rationale for not sighting the child or young person must be clearly recorded in C3MS.

All details relating to sighting the child or young person must be recorded in the 'Investigation and Assessment details' section of C3MS. Refer to the [C3MS Guide: Investigation and Assessment Phase](#) for further information.

Sighting infants

Infants must be sighted within 24 hours of the commencement of the investigation or contact must be made with an appropriate health worker who has sighted the infant within the last 48 hours. Depending upon the nature of the allegations (such as physical harm or serious neglect/failure to thrive) infants should have their entire skin surface checked at the beginning of the investigation and at appropriate intervals during an investigation. It is essential that infants are sighted by the DCP case worker with their parent, guardian or caregiver when active to note any signs of injury and consider the parent, guardian or caregiver's ability to respond to the infant's cues. It is not sufficient to sight an infant when they are asleep or contained in a stroller or carrier.

The DCP case worker should discuss safe infant sleeping environments in accordance with the [South Australian Safe Infant Sleeping Standards](#) and document their conversation with the family in C3MS.

Sighting a child or young person where physical injury or neglect is alleged

Where physical injury or physical signs of neglect are alleged, the DCP case worker conducting the initial response must determine whether the reported injury or injuries are observable or not. The DCP case worker should sight the injury or injuries if possible and appropriate. If the alleged injuries are not observable (such as possible internal injuries), medical advice should be obtained.



Asking the child or young person if they have any pain or injuries may be appropriate depending upon the allegations in the notification. It is not necessary to ask the child or young person to undress. However, it may be appropriate to ask them to show an injury depending upon its location (for example, by lifting up a sleeve or top). It is essential that children or young people are not made to show their body if they do not wish to. Urgent medical treatment should be sought to alleviate any immediate injury or suffering to a child or young person.

A strategy discussion should be convened where there are allegations or evidence of physical harm or neglect. A forensic medical assessment of the child or young person may be required. Refer to [Hold a strategy discussion](#) and 'Consider the need for the child or young person to be examined or assessed' in [Respond to the child or young person](#) in this chapter of the Manual of Practice for further information.

In some cases, consultation with the Child Protection Service (8161 7346) may be necessary to help clarify the presenting concerns and assist in the investigation process. This should occur by direct telephone contact between the DCP case worker and/or supervisor, SAPOL (if present) and the Child Protection Service doctor, intake worker and/or senior on duty.

All details relating to sighting the child or young person must be recorded in the 'Investigation and Assessment details' section of C3MS. Refer to the [C3MS Guide: Investigation and Assessment Phase](#) for further information.

In the exceptional circumstance that the child or young person is not sighted, the rationale for not sighting the child or young person must be clearly recorded in C3MS.

Considerations when sighting a child or young person

Specific cultural considerations should be made when initially sighting the child or young person. The child or young person's (and broader family's) understanding and perception of the role of DCP should be considered when planning an initial visit.

It is important to recognise the traumatic effects of colonisation and past government policies on Aboriginal and Torres Strait Islander infants, children, young people, families and communities and that this may impact on the child, young person and their family's willingness and capacity to engage with DCP when initially sighting an infant, child or young person. Where the infant, child or young person is Aboriginal or Torres Strait Islander, it is recommended that the DCP case worker consult with a Principal Aboriginal Consultant or Aboriginal practitioner.

For children and young people from culturally and linguistically diverse (CALD) backgrounds, it is important to recognise the traumatic impact any experiences of war, displacement as a refugee or asylum seeker, migration, or resettlement may have upon a family's willingness to have a child or young person sighted by DCP. For further guidance refer to the [Working with cultural diversity Practice Paper](#). Where the child or young person is from a CALD background, it is recommended that the DCP case worker consult with the DCP Multicultural Services team to assist in engaging the family.

Engaging with the child or young person may provide an opportunity to confirm that their sex and gender identity are recorded appropriately and in accordance with their wishes. For further guidance about recording sex and gender identity, refer to [C3MS – Sex and Gender Instructions](#).

Conduct an interview with the child or young person

An interview must occur with all children and young people who are developmentally capable of participating unless:

- it is assessed that it is not appropriate to conduct an interview, OR



- there is another good reason why an interview should not be held (such as Child Protection Service or SAPOL will be undertaking a prescribed interview with the child or young person).

The need for a prescribed interview should be discussed during the strategy discussion, where an approach for interviewing the child or young person should be agreed. Refer to 'Hold a strategy discussion' in the [Plan an investigation](#) key step in this chapter of the Manual of Practice for further information.

Plan an interview with the child or young person

Interviews with children and young people must be well planned, purposeful and responsive to the physical and emotional safety and wellbeing of the child or young person. They must be conducted in an age and developmentally appropriate manner. Spending time with the child or young person, talking with them to understand their perspective and needs, and observing their behaviour is a critical part of undertaking a holistic assessment and ensures child-centred practice. See the [Relationship Based Practice Practice Paper](#) and the [Conducting interviews with children and young people to assess their safety Practice Paper](#) for further guidance about best practice approaches to conducting interviews.

Engaging with the child or young person assists the DCP case worker to:

- consider whether an interpreter or translator is required to support the interview
- gather information to inform the assessment of whether the child or young person has been harmed or is at risk of harm as defined by sections 17 and 18 of the CYPS Act
- assess safety and identify risk
- obtain the child or young person's views
- clarify information provided from the child protection notification
- ascertain the child or young person's physical wellbeing (including any injury or health concerns)
- explain in developmentally appropriate language what will happen during the investigation
- ascertain the developmental status and emotional wellbeing of the child or young person, including whether they might be capable of participating in a prescribed interview and if so, whether they may require communication assistance during the interview
- build an understanding of who is important to the child or young person, including culturally significant people in their life
- determine whether the child or young person has any immediate needs.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

It is important to spend time getting to know and building a relationship with an Aboriginal child or young person before asking questions about their safety or wellbeing. The DCP case worker should reflect on whether a child or young person's willingness to disclose information may be based on their experiences observing how DCP workers listen and interact with their parents, siblings and carers (for example, whether the worker was respectful when engaging with

When planning an interview with the child or young person, the DCP case worker must:

Ensure child or young person's physical and emotional safety

It is essential to consider the child or young person's physical and emotional safety when planning and conducting the interview. The number of people who initially respond to the child or young person must be minimised wherever possible. The investigation plan must include details of who will do what and when as this will serve to limit the number of practitioners who speak with the child or young person and possibly minimise the child or young person's distress.



It is important to ensure that the alleged perpetrator will not be present or close by when conducting the interview. For information about safety and intervention considerations when domestic and family violence is alleged, refer to the [Domestic and family violence Practice Paper](#).

If a prescribed interview is required, the decision about who will speak with the child or young person and when must be made at the strategy discussion and recorded in the investigation plan.

Determine if it is appropriate to inform the child or young person's parents, guardians or caregivers

The DCP case worker must in consultation with their supervisor consider whether the child or young person's parent, guardian or caregiver will be advised before or after the interview with the child or young person. Where a prescribed interview will be conducted by Child Protection Services or SAPOL, decisions about who will inform the parent, guardian or caregiver and when will be made at the strategy discussion.

Parents, guardians or caregivers will be informed prior to the interview where:

- there is a non-offending parent, guardian or caregiver and there is no information to suggest that they are not protective, and/or
- no concerns have been identified in relation to a parent, guardian or caregiver attempting to influence the child or young person, and/or
- no concerns have been identified that the child or young person will be at increased risk of harm if the parent, guardian or caregiver is informed.

If it has been assessed as appropriate, parents, guardians or caregivers should be informed as soon as possible of the interview (ideally within 24 hours).

Determine if a support person, interpreter and/or translator is required

The DCP case worker should consider whether a trusted person (such as a teacher, cultural support person, communication partner or other trusted adult) should be present to support the child or young person during the interview.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

For Aboriginal and Torres Strait Islander children and young people, conducting the interview in the presence of a trusted cultural support person may assist them to feel culturally safe and supported to share their feelings openly and honestly.

It is also important to ensure Aboriginal and Torres Strait Islander people who do not have English as their first language have access to accredited interpreter and translation services. Workers must show respect and appreciation for the diversity of Aboriginal and Torres Strait Islander language groups.

See the [Conducting interviews with children and young people to assess their safety Practice Paper](#) for detailed information about relevant considerations when conducting an interview with Aboriginal and Torres Strait Islander children and young people.

If an interpreter or translator is required, refer to the [South Australian Aboriginal languages interpreters and translators guide](#) or the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#).

If the child or young person has a disability, the DCP case worker should consider whether any communication assistance may be required to support the child or young person to participate in an



interview. Where a strategy discussion is (or will be) held, the appropriate arrangements for providing communication assistance for the child or young person will be discussed and made at the strategy discussion.

Determine who will conduct the interview and where

The DCP case worker must consider who will conduct the interview, noting two workers must be present when conducting interviews with the child or young person.

The DCP case worker should also consider the location for each interview to ensure the child or young person feels supported and able to provide information in a safe and comfortable setting. It is important to consider whether the interview with the child or young person should take place away from the home. This may be necessary when:

- the child or young person has expressed a fear of going home and/or harm is alleged to have occurred in their home
- there is reasonable suspicion that the parent, guardian or caregiver will be unsupportive of the child or young person speaking with DCP
- the person suspected of harming the child or young person may place pressure on the child or young person not to disclose their experiences
- the alleged perpetrator may be present in the home
- serious concerns are raised regarding worker safety when visiting the family home.

It is important to conduct interviews in a culturally safe and appropriate location, such as the child or young person's home (where safe and appropriate), or an outside space or a venue that is considered culturally safe.

Where a family repeatedly avoids or refuses engagement with DCP, the DCP case worker may consider whether it is appropriate and/or necessary to first conduct a discussion with the child or young person at their school or another suitable location.

In these cases, sufficient time should be allowed to contact the school or education service and arrange for the meeting with the child or young person. A letter signed by a supervisor must be provided to the school or education service to explain DCP's authority to interview the child or young person. The letter template is located in C3MS, I&A Phase or Familial New Allegation > Notes and Documents > Create 'Document'. Click 'Go' and select the hyperlink 'Letter for School Interview'.

The presence of the principal, director or a nominated staff member to support the child or young person during the discussion should be considered depending upon the circumstances surrounding the alleged harm and/or to whom the initial allegation was made. However, where criminal offending has been alleged by a child or young person, care should be taken to ensure the support person for the child or young person is not the same staff member to whom the criminal offending was initially disclosed, as this may compromise a later criminal investigation.

Consultation to inform interview planning

The DCP case worker should consult with their supervisor when planning an interview with the child or young person to inform the issues to be explored during the interview and agree an interview approach.

The willingness and capacity of the child or young person to participate in an interview is influenced by a range of factors including their:

- chronological and developmental age
- culture



- sense of safety
- experiences of trauma
- previous interactions with the department
- disability.

Relevant cultural consultations should be undertaken to ensure interviews are undertaken in a culturally responsive and safe manner. It is recommended that the DCP case worker consider consulting with a Principal Aboriginal Consultant when undertaking an interview with an Aboriginal or Torres Strait Islander child or young person.

Consultation should also be considered with DCP [Multicultural Services](#) when interviewing a child or young person from a culturally or linguistically diverse background.

For children or young people with a developmental delay or disability or where one or more parents, guardians or caregivers has a disability that impacts their intellectual capacity or functioning, consultation with a practice leader, DCP psychologist and DCP regional disability consultant should occur to inform the interview approach.

Decisions and consultations must be recorded in C3MS consistent with the requirements of the [Consult or Decision Record Procedure](#) and should be reviewed by the consultant if they are not the author.

Conduct the interview

The DCP case worker should only conduct an interview with the child or young person if a prescribed interview is not required to be conducted by Child Protection Services or SAPOL.

Interviews with the child or young person must always be guided by the best interests of the child or young person and be tailored to the specific child protection concerns raised and the child or young person's circumstances, age and developmental status. See the [Conducting interviews with children and young people to assess their safety Practice Paper](#) for more guidance about best practice approaches when conducting an interview.

The DCP case worker must be aware that not all information may emerge in one interview with the child or young person and several interviews may be required.

If an interview raises serious concerns regarding the child or young person's immediate safety, the DCP case worker should consider whether immediate intervention is required, such as emergency removal or the exercise of other child protection officer powers. See [Exercise child protection officer powers](#) in this chapter of the Manual of Practice for further information.

Respond to allegations of criminal offending that arise during an interview

If the child or young person discloses new information during an interview that indicates an interagency response may be required (for example, a criminal offence has been committed), the DCP case worker must consider whether a strategy discussion should be held to discuss agency roles and whether a prescribed interview may be required.

In these circumstances, the DCP case worker should gather only enough information from the child or young person to establish a reasonable suspicion of harm and to informally assess whether the child or young person might be capable of participating in a prescribed interview. If the child or young person begins to provide information about the allegation or other concerns, it is important that the DCP case worker listens, does not interrupt them, and then reassures the child or young person that they have been heard. The DCP



case worker must not ask any additional questions or seek more information from the child or young person at this time as this information should be obtained in the context of a prescribed interview.

The DCP case worker must accurately document, preferably in question and answer format, what the child or young person has disclosed during or as soon as possible after the interview concludes and record this as an investigation note in C3MS. A strategy discussion should be convened to raise the possibility of an interagency response and the allegations should be reported to SAPOL for their consideration. See [Hold a strategy discussion](#) in this chapter of the Manual of Practice for further information.

Refer to the [Conducting interviews with children and young people to assess their safety Practice Paper](#) for detailed guidance about interviewing children and young people.

Consider the need for the child or young person to be examined or assessed

The examination or assessment of the child or young person may be required at any time when a case is open, including during the investigation and assessment or the protective intervention phases.

An examination or assessment may include:

- a forensic medical examination or assessment to document injuries, gather evidence and formulate a forensic opinion (undertaken by Child Protection Services)
- a paediatric health assessment to obtain a medical diagnosis and treatment recommendations which could include toxicology screening.

The DCP case worker in consultation with a supervisor may wish to obtain other types of professional examination or assessment of the child or young person if considered appropriate.

Determine whether an examination or assessment may be required

An examination or assessment may be required at any time during an investigation (including before or after the child or young person has been removed) for the purpose of:

- investigating current injuries, undetermined illnesses, unusual or obscure symptoms, or where the cause of the injury or condition or illness is undetermined, suspicious or vague, and to explore whether the child or young person has experienced harm (including severe neglect)
- investigating allegations of recent or past injuries
- conducting an in-depth health check including blood tests, bone scans and x-rays
- obtaining a medical opinion on the adequacy of the parents, guardians or caregivers' explanation of any physical injuries or illness
- obtaining a medical report on possible causes of injuries or illness, particularly where differing medical opinions exist
- assessment of development
- documentation of injuries, illness and symptoms or developmental concerns
- provision of a report and evidence (including photographic evidence) for Court
- providing recommendations for treatment for injury or illness.

It is likely that forensic medical examination or assessment will be required when concerns have been raised regarding sexual harm, signs of physical injuries or severe neglect (including severe squalor in the household), or where there is a likelihood of a criminal investigation proceeding. In these situations, a strategy discussion must be convened. The strategy discussion will include decisions about what examinations and assessments are required, who will conduct them, from whom consent may need to be obtained and when the examination or assessments are required.



For further information regarding squalor and neglect see the [Working with concerns about neglect, hoarding and squalor Practice Paper](#).

For further information about strategy discussions, refer to [Plan an investigation – Hold a strategy discussion](#) and the [Interagency Code of Practice: Investigation of suspected harm to children and young people](#).

DCP staff should refer to [Transporting children and young people](#) in the Supporting children and young people chapter of the Manual of Practice for guidance if they are required to coordinate or provide transport for the child or young person to attend an examination or assessment.

Engage with the family, child or young person during examination or assessment

Where an examination or assessment is required, the purpose and process of the examination or assessment must be clearly explained to the parents or guardians. The purpose of the examination or assessment must also be explained to the child or young person in a way that reflects their developmental stage and understanding.

To facilitate voluntary attendance for the purpose of examination or assessment, DCP should:

- arrange the appointment with Child Protection Services or other medical professionals
- assist with transport for the child or young person to attend the relevant appointment
- ensure an appropriate person provides support to the child or young person during the examination or assessment.

Considerations for Aboriginal and Torres Strait Islander infants, children and young people when arranging an examination or assessment

Sensitivity and responsiveness must be shown to the cultural factors which can influence Aboriginal and Torres Strait Islander infants, children and young people and their families when engaging with services for examination and assessment. Where appropriate, the DCP case worker should be open and clear with a family about the purpose of an examination or assessment and explore potential supports with the family that could be put in place to support a more positive experience for the infant, child or young person when engaging with an examination or assessment. Principal Aboriginal Consultants and Aboriginal practitioners can provide advice and may be able to co-work with staff as required to support a family's engagement with an examination or assessment. Refer to the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#) for further guidance.

If English is not the first language of a family, additional time and a more flexible approach may be needed to obtain a parent or guardian's consent and support the child or young person's participation in an examination and assessment. All parties must have access to an interpreter or translator as required. Refer to the [South Australian Aboriginal Languages Interpreters and Translators Guide](#) for further information.

Considerations for children and young people from culturally and linguistically diverse (CALD) backgrounds when arranging an examination or assessment

Consideration of the cultural perspectives, beliefs and additional support needs of a family from a culturally and linguistically diverse background should be made when seeking consent for the child or young person to engage in an examination or assessment. Cultural factors that may act as a barrier to a child or young person voluntarily engaging in an examination or assessment should be explored with the family. Concerns may arise with respect to the gender of the relevant examiner, the need for a support person to be in attendance, or a desire for an examination or assessment to be conducted by someone either within, or outside of, the family's cultural group. When engaging with CALD parents who use cultural tradition to defend harm perpetrated against children and young people, the safety of the child or young person must be



emphasised as the paramount consideration of DCP. It is recommended that consultation occur with DCP Multicultural Services to provide advice and support as required.

If English is not the first language of a family, additional time and a more flexible approach may be needed to obtain a parent or guardian's consent and support the child or young person's participation in an examination and assessment. All parties must have access to an interpreter or translator as required. Refer to [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#).

Considerations for children and young people with a disability when arranging an examination or assessment

Care must be taken when communicating with children, young people, parents and guardians with an intellectual disability, acquired brain injury or sensory disabilities which may impact on their understanding of verbal and written information and/or ability to communicate. Consideration must be given to both their understanding of the information presented to them, as well as ensuring that what they are communicating is accurately understood. Additional time and appropriately skilled support people may be required to ensure accurate and effective communication in these situations. Consultation with a regional disability consultant can assist in conveying information to ensure informed consent is provided to a proposed examination or assessment.

All consultations undertaken to support examination and assessment must be recorded in C3MS consistent with the requirements of the [Consult or Decision Record Procedure](#).

Seek consent, issue a Chief Executive direction or apply for a Court order for examination or assessment

Where possible and appropriate, an examination or assessment of the child or young person should be undertaken voluntarily with the consent of parents or, where applicable, with the consent of the child or young person themselves. Where appropriate, the views of significant others who have cultural authority for the child or young person should also be sought and considered. The consent of a parent, guardian, child or young person to an examination or assessment must not be pursued at the expense of the child or young person's physical or emotional safety.

Where it is not possible or appropriate to seek consent for an examination or assessment, a Chief Executive direction, pursuant to section 35 of the CYPS Act should instead be used to direct the examination or assessment of the child or young person.

Voluntary participation

Young people aged 16 years or over are capable of providing their own consent to engage in an examination or assessment unless they suffer from a developmental delay or disability that impacts on their capacity to provide consent. Children and young people under the age of 16 years may also be able to provide their consent to engage in examinations or assessments where the medical practitioner is of the opinion that the child or young person understands the implications of providing consent.



Refusal of consent

If the child or young person is not under the guardianship of the Chief Executive and a parent or guardian is absent or does not voluntarily consent to an examination or assessment, the DCP case worker must assess whether:

- the child or young person is safe and whether removal is required (see [Exercise child protection officer powers](#) in this chapter of the Manual of Practice) and/or
- if it is necessary to issue a direction under section 35 of the CYPs Act to direct an examination or assessment of the child or young person (see 'Section 35 Chief Executive direction requiring examination or assessment' below).

If the child or young person does not consent to an examination, assessment or recommended medical treatment, the legal situation can be complex and consultations must be undertaken with the medical professional and DCP Legal/Crown Solicitor's Office, particularly if declining to undertake an assessment may pose a significant risk to a child or young person's health.

Section 35 Chief Executive direction requiring examination or assessment

Where a parent or guardian refuses or is unable to provide their consent to an examination or assessment (excluding forensic medical examinations) for a child or young person who is not under the guardianship of the Chief Executive, section 35 of the CYPs Act may allow the Chief Executive (or their delegate) to issue a direction requiring the examination or assessment of the child or young person. Supervisors have the delegation to issue a section 35 Chief Executive direction. A young person aged 16 years or older, who is capable of providing informed consent, can provide their own consent to an examination or assessment.

When a direction is issued under section 35(2) of the CYPs Act, section 35(3) of the CYPs Act specifically provides that a DCP employee may take the child or young person to the place specified in the section 35 direction, including admitting them to hospital, for the purpose of professional examination or assessment (and treatment if this is necessary to alleviate any immediate injury or suffering).

A section 35 direction cannot be used to direct a forensic medical examination where a child or young person is only under the custody (as opposed to guardianship) of the Chief Executive. In such circumstances, consent will need to be obtained from the child or young person's next of kin or a senior police officer, depending on the circumstances of a case (see 'Forensic medical procedures where the child or young person is the suspected victim of a crime' in this chapter of the Manual of Practice).

Forensic medical examinations or assessments, paediatric health assessments (medical diagnosis) and toxicology screenings will usually be organised through Child Protection Services. It may be determined in a strategy discussion that a case should be referred to a general practitioner or specialist for less serious medical issues (this may be required in country locations).

To issue a section 35 direction, the DCP case worker must:

- first identify the need for an examination or assessment and then make the appointment with the relevant professional
- complete the [section 35 Examination and assessment of a child or young person direction notice](#) and [section 35 letter to parents or guardians](#)
- have their supervisor (or another delegate of the Chief Executive) approve and sign the direction notice and letter (this is a legal requirement – see the [guide to delegations](#)).



Directing examination or assessment following a section 41 removal

A section 35 direction may also be issued when the child or young person is removed pursuant to section 41 of the CYPS Act (see [Exercise child protection officer powers: Emergency removal – ensure the immediate safety of the child or young person](#) in this chapter of the Manual of Practice). In this circumstance, the DCP case worker must complete the combined [section 41 removal of a child or young person and section 35 examination or assessment of a child or young person notice](#).

The direction notice and letter must be served on the parents or guardians. This should be done in person by the DCP case worker wherever possible. Consideration must be given to whether it is safe and appropriate to include the full appointment details in the direction.

Child Protection Services (or another professional who will be responsible for conducting the examination or assessment) must also be provided with a copy of the section 35 direction, together with any relevant Youth Court orders and a request for a report to be completed as soon as practicable after performing the assessment or examination (as required by section 35(6) of the CYPS Act).

Holding custody for a child or young person following a section 41 removal does not permit DCP to consent to a forensic examination of the child or young person. Consent to a forensic procedure can only come from certain people, depending on the circumstances of a case (see 'Forensic medical procedures where the child or young person is the suspected victim of a crime' for more information).

The section 35 direction must be recorded as an authority in C3MS. Details as to how the direction was served to the relevant professional should also be recorded.

Youth Court Order

Section 53(1)(b) of the CYPS Act allows the Youth Court to make an order authorising or requiring the examination or assessment of the child or young person. Where proceedings are initiated in the Youth Court, the Youth Court may make an order for examination and assessment of its own volition (even where DCP has not requested an order for examination and assessment).

If an order for the examination or assessment of the child or young person is made, a [section 35 Examination and assessment of a child or young person direction notice](#) and a [section 35 letter to parents or guardians](#) should be issued in support of the order.

Forensic medical procedures where the child or young person is the suspected victim of a crime

Forensic procedures are defined under section 3 of the *Criminal Law (Forensic Procedures) Act 2007* and involve forensic examinations carried out by or on behalf of SAPOL for the purposes of gathering evidence. Medical examinations or assessments undertaken for the purposes of medical treatment are not 'forensic procedures.' Consent for a forensic procedure can only be provided by certain people, dependent on the circumstances of an individual case. It is important that consent for a forensic procedure be discussed at the earliest opportunity in the strategy discussion, and an agreement reached as to how consent will be provided.

See the [Consent pathways for examinations and assessments flowchart](#) for an overview of the required consents to support a forensic medical procedure. Appendix 4 Assessments and interviews of the [Interagency Code of Practice: Investigation of suspected harm to children and young people](#) for more information about seeking consent to a forensic procedure.

Under the *Criminal Law (Forensic Procedures) Act 2007*, a child or young person who is physically or mentally incapable of understanding the nature and consequences of a forensic procedure cannot provide consent to



undergo a forensic examination. The child or young person's closest available next of kin can instead provide consent in these circumstances. A child or young person's parents should be approached to provide consent in the first instance, followed by any adult sibling of the child or young person. Where a next of kin or guardian cannot practically be contacted to obtain consent, or where a next of kin or guardian is suspected of having committed a criminal offence to which the forensic procedure relates, SAPOL will need to contact a senior police officer to provide consent. The senior police officer must be satisfied that the carrying out of the procedure is justified in the circumstances of the case. A 'senior police officer' means a police officer of, or above, the rank of inspector.

It is important to note that holding custody for a child or young person does not permit DCP to consent to a forensic procedure.

For information about seeking consent from parents or guardians, refer to 'Obtain consent from the family for actions and information sharing (where safe and appropriate) in the [Engage with the family key step in this chapter of the Manual of Practice](#).

Reports for examination or assessment under a section 35 direction

A person that provides an examination, assessment or treatment arising from a section 35 direction is legally obliged to provide a written report to DCP as soon as practicable following the examination or assessment.

If a professional does not provide the required report and follow up contact is unsuccessful, the supervisor must be consulted to determine appropriate follow up action. The supervisor will consult with the manager and regional director where there is a pattern of non-compliance by a person or organisation. This should include holding formal discussions with counterparts in that organisation, and consultation with DCP Legal.

It is an offence under section 160 of the CYPS Act for any person to hinder or obstruct a child protection officer or any other person in the performance of a function or exercise of a power under the CYPS Act. If a DCP child protection officer or any other person considers they have been hindered or obstructed in undertaking an examination, assessment or treatment directed under section 35, or treatment being provided under section 35(4), advice should be sought from DCP Legal.

Support the examination and assessment

Medical examinations and assessments can be a difficult experience for the child or young person. Adequate planning and preparation is vital to minimise potential distress.

Consideration must be given to involving a support person for the child or young person who can be present throughout the examination or assessment (such as a non-offending parent, guardian, caregiver or other family member).

Where a support person is not available to accompany a child or young person to an examination or assessment, the DCP case worker should be present throughout the appointment in accordance with the child or young person's wishes and needs.

Release of information obtained through an examination or assessment

Information obtained as a result of an examination or assessment may only be shared in accordance with the [Information gathering and sharing chapter](#) of the Manual of Practice. Decisions to share information must be recorded in C3MS.



Routine medical treatment

If during an investigation the child or young person requires routine medical treatment and is under the guardianship of the Chief Executive, the DCP case worker can make arrangements for that treatment for the child or young person pursuant to section 84(1)(g) of the CYPS Act without seeking the consent of the parents or guardians.

If the child or young person requires routine medical treatment and is under the custody of the Chief Executive (such as following a removal pursuant to section 41 of the CYPS Act), parents or guardians should first be approached and consent sought. If the parents or guardians refuse to cooperate to routine medical treatment, the supervisor must consult with DCP Legal.

It should be noted that when urgent medical care is required, section 35(4) of the CYPS Act permits a child or young person under the custody of the Chief Executive to be provided with treatment to alleviate any immediate injury or suffering.

If during an investigation the child or young person is in the custody, or under the guardianship, of the Chief Executive and requires a comprehensive health assessment, section 84(1)(g) provides the authority for the DCP case worker to make these arrangements.

For further information, refer to the [Access health services for the child or young person](#) key step in the Supporting children and young people in care chapter of the Manual of Practice.

4c. Conduct the investigation: Consider and establish immediate safety

In alignment with section 7 of the CYPS Act, the safety of children and young people is the paramount consideration when undertaking all investigation and assessment work.

When undertaking assessments, it is imperative to understand the difference between safety and risk.

- A **safety concern** is a threat of harm to the child or young person that requires an immediate intervention to secure their safety.
- A **risk concern** is a current or historical behaviour, circumstance or characteristic that increases the likelihood that the child or young person will be harmed in the future.

An assessment of safety during an investigation should consider the immediate and ongoing safety of the child or young person and establish whether the child or young person is at risk of future harm (including consideration of cumulative harm).

The [SDM® Safety Assessment Policy and Procedures Manual](#), in conjunction with professional judgement and the considerations outlined in the [DCP Assessment framework for staff](#), should inform an immediate safety assessment. Potential safety decisions that may arise as outcomes of the [SDM® Safety Assessment Policy and Procedures Manual](#) include:

Term	Definition
Safe	No safety threats have been identified for the child or young person or the protective capacities within the home can adequately address any safety threats.
Unsafe	There is a safety concern within the family/home and protective capacities are inadequate to manage the concern. Intervention will be required to ensure the child or young person's safety.



Term	Definition
Conditionally safe	Safety concerns have been identified and temporary, robust interventions have been put in place to mitigate or manage each safety concern.

When safety concerns are identified during an investigation, it is essential to put a plan in place that mitigates these issues and ensures the child or young person's safety. Key actions to assess and establish safety are described below.

Assess the child or young person's safety

Assessing safety is a holistic process that involves the use of the SDM Safety Assessment tool, the Assessment Framework and professional judgement. In addition to considering the child or young person's immediate safety, it is essential that an assessment of the broader family circumstances is undertaken. The domains for the assessment of safety, harm, risk of harm and cumulative harm in the [DCP Assessment framework for staff](#) should be considered when undertaking an assessment of safety.

The child or young person's safety must be considered during every contact with the child, young person and their family when the child or young person remains in the home.

Tools for assessing safety

The DCP case worker must use the [SDM® Safety Assessment Policy and Procedures Manual](#) in conjunction with their professional judgement (informed by the [DCP Assessment Framework for staff](#)) to assess safety.

The DCP case worker must complete the [SDM® Safety Assessment](#) within 24 hours of the first face to face contact with a child or young person the subject of a notification in which an investigation has commenced. The [SDM® Safety Assessment](#) must be repeated whenever there are any changes in circumstance that affect the safety of the child or young person (including but not limited to a new person entering the household, a new safety concern being identified or an existing intervention not working).

DCP staff involved in investigations must be familiar with the items in the [SDM® Safety Assessment Policy and Procedures Manual](#) as well as the [DCP Assessment framework for staff](#), and use these tools when assessing the child or young person and their family.

Refer to the [SDM® Safety Assessment Policies and Procedures Manual](#) for guidance and relevant templates.

Domestic and family violence

Where there has been allegations of domestic and family violence, the DCP case worker should conduct a [Family Safety Framework Domestic Violence Risk Assessment](#) (in addition to the [SDM® Safety Assessment](#), which focuses on the child or young person's safety). The Domestic Violence Risk Assessment is a state wide risk assessment tool that assesses the risk of serious harm or death due to domestic and family violence. If application of the tool indicates that the risk is high (or professional judgement suggests a referral is warranted), a referral must be made for a Family Safety Meeting. Refer to the [Family Safety Framework and Family Safety Meetings Procedure](#) for further information about how to make a referral.



The DCP case worker should complete a new [Domestic Violence Risk Assessment](#) if new information emerges that may impact the risk level (including disclosures of previous perpetrator behaviour) or if there is further acts of violence.

Cumulative harm

Section 18(3) CYPs Act requires DCP to consider not only the current circumstances of the child or young person's care but also the history of their care and the likely cumulative effect of that history, known as cumulative harm. Cumulative harm must be considered when assessing safety.

Cumulative harm is the impact of multiple adverse or harmful circumstances and events in the child or young person's life.

The child or young person's safety may be impacted by the experience of previous adverse or harmful circumstances through increased vulnerability of the child or young person and increased likelihood of immediate harm.

Undertake consultations to inform an assessment of a child or young person's safety

It is strongly recommended that the DCP case worker consult with their supervisor both during and after the completion of an assessment of a child or young person's safety. Consultation with a senior practitioner or practice leader is also recommended. The DCP case worker should discuss holding a consultation to inform the safety assessment with their supervisor in the first instance.

In cases where a child or young person is alleged to be the victim of a crime (including severe neglect), or where an interagency response is required, consultation with interagency partners through a strategy discussion should occur. See [Plan an investigation – 'Hold a strategy discussion'](#) and the [Interagency Code of Practice: Investigation of suspected harm to children and young people](#) for further information about strategy discussions.

For Aboriginal and Torres Strait Islander infants, children and young people, consultation with a Principal Aboriginal Consultant or Aboriginal practitioner is recommended to inform a safety assessment that takes relevant account of strengths in the family and kinship network when undertaking a safety assessment.

For children and young people from culturally and linguistically diverse backgrounds, consultation with DCP Multicultural Services is recommended to inform specific cultural considerations that may impact the safety assessment outcome.

Consultations will inform assessments of safety. However, ultimate decision making related to the assessment of a child or young person's safety will remain the responsibility of the supervisor.

Consultations must be recorded in C3MS consistent with the requirements of the [Consult or Decision Record Procedure](#).

When assessing the safety of infants, refer to the [Working with infants Practice Paper](#) for further information.

Develop a safety plan to address safety concerns while the child or young person remains in the home



Safety planning is a process of continually assessing and responding to circumstances that place the child or young person in danger while they remain in the home and/or in their parents, guardians or caregivers' custody. Safety plans are voluntary agreements that can be revoked by parents, guardians or caregivers at any time. It is therefore essential that parents, guardians or caregivers understand and are committed to the actions agreed within a safety plan.

Safety plans are short-term agreements to achieve the immediate safety of the child or young person. An individual safety plan can only be in force for a maximum of 30 days. Multiple safety plans can only be in force for a total of 60 consecutive days (with the exception of safety plans developed through the DCP Call Centre).

A safety plan must:

- be informed by the [SDM® Safety Assessment Policy and Procedures Manual](#) and the [DCP Assessment framework for staff](#)
- be developed in partnership with a family and other relevant people (such as the responsible third party to the safety plan)
- be used only where safety concerns (rather than risk issues) have been identified
- be used only where the identified safety concerns are capable of being addressed in a short time period and do not require long-term, ongoing intervention
- be voluntarily agreed to by the family, who are capable of understanding and committing to the actions agreed in the plan (the support of an interpreter/translator may be required to ensure the safety plan is explained accurately to the family- see the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#) and [South Australian Aboriginal Languages Interpreters and Translators Guide](#) for more information about engaging an interpreter/translator)
- have a responsible third party identified (such as an extended family member or community leader) who can assist in supporting the family outside of business hours to uphold the plan
- be used where the child or young person is to remain in the home and/or in their parents, guardians or caregivers' custody while the safety plan is in effect or to be placed outside of the home for an agreed and specified period of time.

The [DCP Safety Plan template](#) must be completed with a family to reflect the actions required to achieve safety for the child or young person. All parties to the safety plan must receive a copy of the completed plan. The voice of the child or young person should also be captured in the safety plan wherever possible.

The plan should specify exactly what safety threats have been identified through the [SDM® Safety Assessment](#) and the interventions required to address the safety threats while the child or young person remains in their home or in a private care arrangement.

Safety plans are not a mechanism to address risk issues or to implement interventions that cannot immediately achieve conditional safety over the 30 day period (for example, attending counselling or therapy). Risk factors should be addressed in the course of family preservation work and in relevant case plans. Refer to [Undertake family preservation with or without court action](#) in the Ongoing intervention chapter of the Manual of Practice for further details.

Circumstances that indicate a safety plan is appropriate

Safety plans can be used when all of the following requirements are met:

- parents, guardians or caregivers are willing to engage with DCP, and participate in the development and implementation of the safety plan, and



- parents, guardians or caregivers are assessed as having the capacity to understand, contribute to the development of, implement, and adhere to the safety plan, and
- the safety plan can sufficiently address all safety concerns to create conditional safety, and
- a responsible third party (or parties) has been identified and is willing and able to monitor the implementation of the safety plan.

Examples of when a safety plan may be an appropriate alternative to placing the child or young person outside the home:

- threats to safety can be mitigated by protective factors or actions
- the person posing the threat of danger has moved out of the family home (and agrees to remain out of the home and/or other adults in the home are able to prevent the person posing the threat from returning)
- to establish short-term informal care arrangements (including the child or young person residing out of the home with a safe caregiver identified by the family) while safety concerns are addressed.

The responsible third party (or parties) must be an individual/s, who is involved in the development of the safety plan and is willing and able to implement and monitor the safety plan. The individual/s must be in a position to sight the child or young person regularly. The responsible third party may be a family or community member or a professional supporting the family. It is not appropriate for a service such as a hospital to act as the third party – a third party must be a named individual that can attend to offer direct support to the family in upholding the safety plan. The responsible third party cannot be the DCP case worker, as they are already a party to the safety plan.

Circumstances that indicate a safety plan is not appropriate

Safety plans must not be used when:

- there are no identified safety concerns
- risk issues have been identified that cannot, and should not, be addressed through a safety plan
- a significant timeframe is required to address the identified safety concerns
- the parent, guardian or caregiver does not understand, identify, acknowledge or agree about the safety concerns to the child or young person
- there is no identified responsible third party that can monitor the implementation of the safety plan
- the identified responsible third party does not support the safety plan or has not complied with previous safety plans
- there is a 'non-offending' parent, guardian or caregiver but they are unwilling, or do not have the capacity, to protect the child or young person
- the parent, guardian or caregiver has demonstrated non-compliance with safety plans in the past
- the parent, guardian or caregiver cannot understand the safety plan due to disability, poor mental health, being affected by alcohol or other drugs or is otherwise unable to provide their informed consent (see 'Obtain consent from the family for actions and information sharing' in the [Engage with the family](#) key step in this chapter of the Manual of Practice for more information).

Length of time a safety plan can be in place

Safety plans are not a long-term option for ensuring the safety of the child or young person. The length of time a safety plan can be in place is based on an individual assessment of the child or young person's circumstances.



Individual safety plans cannot exceed 30 days and must be reviewed at every contact with the involved parties to ensure the safety concerns are being addressed.

While a succession of safety plans (not exceeding 60 days in total) may be appropriate in some circumstances, it is essential to consider whether other interventions, such as a family group conference or Youth Court orders, are more appropriate.

Short-term safety plans arranged by the DCP Call Centre are not included in the 60 day maximum period for consecutive safety plans.

Considerations when developing a safety plan

When developing a safety plan the following must be considered:

- What are the identified safety concerns?
- Who are the safe people in contact with the child or young person?
- Who are the unsafe people in contact with the child or young person and how is their behaviour contributing to the child or young person being unsafe?
- Where will the child or young person reside for the duration of the safety plan (at home or in a different care arrangement)?
- What are the actions that need to be undertaken to mitigate the safety concerns and under what circumstances?
- What are the timeframes for the completion of these tasks (for example, frequency, duration, exact times, days and dates)?
- Do the parties to the safety plan understand the purpose of the safety plan and the required actions? Is an interpreter or translator required to assist in explaining the safety planning process? See the [South Australian Aboriginal Languages Interpreters and Translators Guide](#) for information for Aboriginal and Torres Strait Islander services. See the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#) for families from culturally and linguistically diverse backgrounds.
- What will be documented as to the consequences of non-compliance with the safety plan?
- What are the child or young person's views and how have they been included in the safety plan?
- Is the child or young person a protected person on a confirmed DAIO? If so, what are the conditions of the DAIO and are there conditions of no contact with the defendant of the Order?
- Have all elements of the Aboriginal and Torres Strait Islander Child Placement Principle been considered in the formation of the safety plan?
- What cultural considerations and consultation needs to be pursued in the development of the plan?
- What is an appropriate communication strategy between all parties to the safety plan? Is an interpreter or translator required? (This must be considered for Aboriginal and Torres Strait Islander and families from a culturally and linguistically diverse background where it is believed English is not a first language)
- Is the parent, guardian or caregiver vulnerable and does their vulnerability affect their capacity to understand the proposed safety plan? Does the parent, guardian or caregiver require professional independent support to ensure their understanding and ability to adhere to the safety plan?
- Does the child or young person have any special needs related to their development, emotional functioning, a disability or medical condition?
- Do the parents, guardians or caregivers have ready access to the necessary services and how can any barriers be overcome?
- What is the capacity of services to provide an appropriate response to the identified issues?
- How will the safety plan be monitored?



- What is the end date and review date of the safety plan?

Developing and sharing the safety plan

All safety threats identified in the [SDM® Safety Assessment](#) must be incorporated into the safety plan. If further safety threats are identified after the development of the safety plan, the safety plan must be reviewed and amended to reflect this.

Safety plans must be developed in partnership with parents, guardians and caregivers. The voice of the child or young person should also be captured in the safety plan wherever possible.

If a safety plan will alter the primary care of the child or young person and/or if the parent, guardian or caregiver is vulnerable and this may impact their ability to engage with DCP and understand the safety plan, the DCP case worker must consider whether professional independent support for the parent, guardian or caregiver is required while the safety plan is being developed. Professional independent support may include, for example, an appropriate professional who is supporting the family (such as a worker from a non-government organisation or other government agency). Decisions regarding the need for professional independent support and the type of professional independent support provided (where relevant) must be documented in C3MS.

If after making reasonable enquiries, the DCP case worker is unable to locate or arrange an appropriate person to provide professional independent support, they must consult with the supervisor to determine if a safety plan remains the most appropriate response or if further action needs to be taken by DCP to ensure the child or young person's safety. The consultation must be documented in a case note in C3MS in accordance with the [Consult or Decision Record Procedure](#).

Safety plans must incorporate a safe, responsible third party, who has agreed to actively monitor the implementation of the plan and the safety of the child or young person. A responsible third party could be a safe family member, friend or community leader who is involved in developing the safety plan. The responsible third party must be involved in developing the safety plan. The responsible third party should be an independent support to the family that can attend to the family out of business hours if required. The responsible third party cannot be the DCP case worker.

The purpose of the plan and the potential consequences of non-compliance must be explained to all parties to the plan.

Safety plans should primarily be used in the Investigation and Assessment Phase as a short-term strategy to achieve safety. Where longer-term intervention is required, consideration should be given to an alternate intervention such as a family group conference agreement, a Family Preservation case plan, a Voluntary Custody Agreement or Youth Court orders.

Safety plans must use SMART language:

- **Specific** - what is the concern, what must be done, by whom?
- **Measurable** - behavioural tasks need to be tangible and measurable, and specific information about how change will be monitored and measured included
- **Achievable** – the change(s) required need to be possible in light of the history and severity of the concern(s)
- **Realistic** - within the parent, guardian or caregiver's current capacity
- **Time limited** - clearly identified timeframes for each task to be completed.

Safety plans must focus on the behavioural changes, tasks and actions that parents, guardians and caregivers will do or refrain from doing in order to establish safety for the child or young person.



The person responsible for the child protection concern is responsible for the safety plan actions related to this concern. For example, where there are concerns about domestic and family violence, it is the perpetrator's responsibility to address and cease their use of violence. Those experiencing domestic and family violence cannot be required to ensure the relationship is free from violence or ensure the perpetrator ceases their use of violence. The [Domestic and family violence Practice Paper](#) provides further information about approaching issues of domestic and family violence in practice.

If a parent, guardian or caregiver refuses to engage in the development of the safety plan, expresses an intention to refuse to sign the safety plan, or refuses to sign the safety plan, consideration must be given to whether a safety plan is the most appropriate means for ensuring the safety of the child or young person and whether alternate action needs to be taken by DCP (such as [exercising child protection officer powers](#)). The DCP case worker must discuss the matter, and alternative interventions, with their supervisor. The discussion must be recorded in a case note in C3MS in accordance with the [Consult or Decision Record Procedure](#).

Parents, guardians, caregivers, third parties with responsibilities for implementing safety plans and services working with the family must all be provided with a copy of the safety plan. Safety actions cannot be assigned to a person or agency who has not been involved in the development of the safety plan.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Safety planning during an investigation is a critical opportunity to engage in family led decision making and attempt to avoid the need for further statutory child protection involvement. Effective safety planning requires the participation of the child or young person, family, extended family and relevant support persons from the kinship network. The safety plan should consider and draw upon supports available in the extended family and kinship network to ensure all active efforts have been made to preserve Aboriginal and Torres Strait Islander infants, children and young people with their family.

Review the safety plan

Safety plans must be reviewed on a regular basis, including during every interaction with the family. The safety plan must be amended or a new plan developed if new safety concerns are identified (such as via a Familial New Allegation or during assessment).

If there is a change in safety status or new safety threats arise, a new [SDM® Safety Assessment](#) should be completed immediately, and the safety plan reviewed and amended.

It is also essential to consider whether a safety plan continues to be an adequate way to manage the safety concerns.

Subsequent to a review, a new safety plan can be agreed to and implemented for up to 30 days (noting that the period in which the safety plans are in place must not exceed 60 days in total – excluding safety plans implemented by DCP Call Centre).

Responding to non-compliance with a safety plan

If the safety plan is not complied with, an immediate assessment is required to establish whether the child or young person is safe and whether any additional interventions are required to ensure their safety.



When there is non-compliance with a safety plan, it is essential to develop an understanding of why the safety plan has been breached. Consider:

- What is the explanation for the non-compliance?
- Is the safety plan realistic?
- Is the parent, guardian or caregiver committed, willing and able to adhere to a safety plan?
- Is the safety plan clear and written in SMART (Specific, Measurable, Achievable, Realistic, Time limited) language?
- Does the parent, guardian or caregiver understand the safety plan?
- Does the safety plan need to be refined?
- Is the third party supporting the safety plan appropriate and capable of undertaking this role?
- Have circumstances changed such that a safety plan is no longer adequate to ensure the safety of the child or young person?

An assessment must be undertaken to determine whether it is appropriate to amend the safety plan, develop a new safety plan or whether a different intervention (such as a family group conference agreement, Voluntary Custody Agreement, exercising [child protection officer powers](#) and/or applying for Youth Court orders) is required to ensure the safety of the child or young person. Refer to [Undertake assessment and case conceptualisation, and determine the case direction](#) in the Ongoing intervention chapter of the Manual of Practice for more information.

Develop a safety plan to address concerns while the child or young person resides outside of the home in a private care arrangement

Where it is assessed that the child or young person cannot safely remain in the family home pursuant to a safety plan, it may be appropriate to negotiate with the parents, guardians or caregivers for the child or young person to temporarily reside outside of the family home while further assessments are undertaken. Temporary private care arrangements (such as the child or young person temporarily residing with a suitable relative or friend) can be developed by a family and documented in a safety plan. For Aboriginal and Torres Strait Islander families and those from culturally and linguistically diverse backgrounds, a suitable person for the child or young person to reside with may include kin and community members.

Timely consultation with a Principal Aboriginal Consultant or DCP Multicultural Services can assist in identifying family and kinship networks that may be able to offer support when safety planning. Consultation with a practice leader should also be considered when engaging in safety planning. Consultations must be recorded in C3MS consistent with the requirements of the [Consult or Decision Record Procedure](#) and should be reviewed by the consultant.

If a safety plan will alter the primary care of the child or young person and/or if the parent, guardian or caregiver is vulnerable and this may impact their ability to engage with DCP and understand the safety plan, the DCP case worker must also consider whether professional independent support for the parent, guardian or caregiver is required. This support may include, for example, an appropriate professional who is supporting the family (such as a worker from a non-government organisation or other government agency). Refer to 'Develop a safety plan to address concerns while the child or young person remains in the home' in this section of the Manual of Practice for more information.

A private care arrangement under a safety plan for the child or young person can only occur for a total of 60 days, noting that a single safety plan cannot exceed 30 days. This excludes safety plans implemented by the DCP Call Centre, which are excluded from the maximum 60 day consecutive safety plan period.



If private care arrangements are required to continue for more than 60 days, consideration must be given to an alternate intervention such as a family group conference, Voluntary Custody Agreement (VCA) or Youth Court orders.

For information about the appropriate circumstances under which a Family Group Conference Agreement, Voluntary Custody Agreement, or Youth Court order can be sought see the [Ongoing Intervention](#) chapter of the Manual of Practice.

If the DCP case worker is required to support a private care arrangement through coordinating or providing transport refer to the [Transporting children and young people](#) key step in the Supporting children and young people chapter of the Manual of Practice.

Support the immediate safety of children and young people with a disability

In some circumstances the DCP case worker may assess that there are no current risks or safety concerns present that warrant DCP intervention relating to a parent, guardian or caregiver's behaviour toward the child or young person. However, there may be circumstances where:

- the child or young person has significant complex behaviours related to their disability that place themselves and/or other family members at risk; and/or
- the child or young person has complex or high health or disability needs; and/or
- the parent, guardian or caregiver advises DCP that they can no longer manage the day-to-day care of the child or young person.

In such cases the Manager, Regional Disability Support must be consulted as the NDIA may have a role in providing support for the care of the child or young person.

Consider whether Domestic Abuse Intervention Orders (DAIO) or family law orders can enhance safety

In cases where domestic and family violence is a concern, the DCP case worker in collaboration with the parent experiencing violence, the family and wider kinship network, should consider whether a Domestic Abuse Intervention Order (DAIO) could increase safety for the child or young person and/or those experiencing violence in the household. In some circumstances supporting a parent that is experiencing violence to seek or alter a DAIO may enhance safety. Consideration should be given to supporting a parent to apply for a DAIO alongside broader safety and/or case planning to address the child protection concerns.

It is important to understand that DAIOs may not provide adequate protection to parents, children and young people experiencing family violence in all situations. An assessment of whether a DAIO is likely to enhance safety needs to be completed in collaboration with the victim parent. See the [Domestic and family violence Practice Paper](#) for further guidance.

Where there is a protective parent, safety may be established or enhanced by this parent applying for, or applying to vary, an existing Family Law Court order (for example, ordering that the perpetrator has only supervised access, or ceasing access if this is unsafe for the child or young person). In some cases, a protective family member such as a grandparent may be able and willing to apply for a family court order.

If the DCP case worker assesses such an order can create or enhance safety, they should consult with their supervisor regarding how they can support the victim parent, guardian or caregiver to make an application for a family court order. The DCP Court Services and Liaison team can provide consultation and support in navigating the interface between the DCP and the Family Law system (refer to the [Family Law Matters Procedure](#) for further information).



Explore supports to enhance safety

Domestic and family violence is a significant issue impacting child protection (see the [Domestic and family violence Practice Paper](#) for further information). Intervention should focus on addressing the behaviour and risk posed by the people perpetrating family violence and support those experiencing violence to care for the children and young people safely.

This can include the following intervention and/or supports:

Intervention pathway	Consider
Domestic Abuse Intervention Orders	<ul style="list-style-type: none"> • Is there a Domestic Abuse Intervention Order (DAIO) in place? If so, when was it issued, who is/are the protected person(s), is the DAIO final or interim, what are the DAIO conditions and is there a history of breaches by the defendant? • Has the DAIO been varied/revoked? If so, what are the conditions? • Have there been any previous DAIOs? Has this been updated in the case plan? • If there is a DAIO, did the protected person suffer any repercussions from the defendant as a result of the DAIO being issued? If so, what steps can be taken to further ensure safety? • If there is no DAIO, is this something the victim parent wants to pursue? If not, what are the reasons for this? What steps can be taken to further ensure safety for children, young people and victim parent if the victim parent chooses not to pursue a DAIO? • Is the perpetrator/defendant listed on other DAIOs in C3MS relating to other protected people? • How can the parent that has experienced violence be supported to apply for a DAIO? (Note that a DAIO alone may not ensure safety especially if the perpetrator has previously breached a DAIO and/or if infants, children or young people are not included on the order). For Aboriginal and Torres Strait Islander families, consider the use of Aboriginal Community Controlled Organisations (ACCOs) to support those experiencing violence to apply for a DAIO.
Other legal orders and Chief Executive directives	<ul style="list-style-type: none"> • Is there a current Family Law Court order? If so, what are the conditions? • If there is no Family Law Court order, could supporting the victim to seek or vary Family Law Court orders improve safety? • Could Youth Court orders or Chief Executive directions be used to contribute to safety and achieve change by compelling perpetrators to engage in services (for example drug and alcohol services or Men's Behaviour Change programs)? • Could a written direction be issued to mitigate threats to safety, by directing a specified person not to communicate, harbour or conceal the child or young person subject to custody or guardianship orders? Refer to 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 for further information.
Partnership and collaboration	<ul style="list-style-type: none"> • What other services may be able to work with the family to achieve safety and address risks for the family (this may include SAPOL, housing and DFV services)? • Should a referral to a Family Safety Meeting be submitted? Family Safety Meetings can assist in information sharing and collaborative practice to increase the safety of victims (refer to the Family Safety Framework and Family Safety Meeting Procedure for further information). • What culturally responsive and informed services could support the family and broader kinship structure? For example, engaging Aboriginal Community Controlled Organisations (ACCO's) to support the family, or exploring the kinship network to identify protective and senior kin?
Partnering with safe family members	<ul style="list-style-type: none"> • Where possible, partner with safe members of the family and/or kinship network to support them to safely care for the child or young person, while placing responsibility for ceasing the use of violence on those perpetrating violence. • What services can support victims (such as specialist DFV services, SAPOL, parenting supports and financial support services)? • What culturally responsive and informed service can support the victims and kinship network as a whole? Consider the use of Aboriginal Community Controlled Organisations to offer a culturally responsive service for Aboriginal and Torres Strait Islander families. • Have all Multi-Agency Protection Service (MAPS) documents in C3MS been reviewed (if relevant)?

Consider the presence of any Domestic Abuse Intervention Orders (DAIO)

DGP case workers often work with families where there is an active Domestic Abuse Intervention Order (DAIO) in effect. A DAIO may be issued by SAPOL or a Magistrates Court with conditions imposed on the defendant (perpetrator) that they must legally abide by, pursuant to the *Intervention Orders (Prevention of Abuse) Act 2009*. Breaching the conditions of the DAIO is a criminal offence.

SAPOL is responsible for supporting the application for a DAIO, and the protected person/s, through the process of the application being heard in the Magistrate's Court. If the matter is contested by the defendant, there may be several hearings and interim DAIOs will be issued until the final DAIO is confirmed.

Only the Magistrates Court may confirm, vary or revoke the conditions of a DAIO.

A DAIO comes into effect once it is formally served on the defendant. A DAIO can prohibit, or limit, the contact a defendant can have with other family members, children and young people, but they do not always cover both. A DAIO may also not cover all children and young people in the family depending on when and why the DAIO was issued. It is vital that the DGP case worker check the conditions of any existing DAIO so that the conditions are upheld when working with a family where a DAIO is in effect.



Record information about DAIOs

All confirmed DAIOs will be uploaded into C3MS by the Subpoena and Information Management Team, and an alert is created centrally on both the defendant and all the protected persons. The DCP case worker will be made aware of DAIOs via their C3MS worklist and a copy of the DAIO and its conditions can be accessed through the alert link. Information about DAIOs should also be included in the child or young person's case plan and updated as necessary (for example, if the DAIO is varied or revoked) to inform case planning and decision making.

Enforcement of DAIOs

The conditions of a DAIO take precedence over an order made by the Youth Court under the CYPs Act where there is any inconsistency between the two orders. The DCP case worker should be aware of any DAIO conditions and ensure that they do not make arrangements for the defendant or protected person/s that would mean they breach these conditions. This includes in relation to meeting with the family and contact arrangements.

A Family Law Court Order will take precedence over a DAIO where there is an inconsistency between the two orders. In the rare circumstance that a DAIO (or an interim Police Issued Intervention Order) is issued for a child or young person where a Family Law Court order is in place, the protected victim parent should be encouraged to seek legal advice from a Family Law expert. For Aboriginal and Torres Strait Islander people the use of culturally specific services or ACCOs is encouraged (for example, Aboriginal Legal Rights Movement) to ensure a culturally safe service.

Intervention Orders issued after 25 November 2017 are nationally recognised and their conditions are enforceable across Australia. A DAIO will generally state that it is a 'Nationally Recognised Domestic Violence order (DVO)'. The equivalent of a DAIO issued in another jurisdiction is enforceable in South Australia. It is important to check with SAPOL if there are existing Nationally Recognised DVOs in place, particularly when working with a family that has previously resided interstate.

SAPOL may issue Police Interim Intervention Orders (PIIO) which can be served and are enforceable immediately (for example, if SAPOL attend a DFV incident as part of their duties). If a PIIO is issued, it also serves as a summons and the matter is heard in the Magistrates Court at a later date (usually within eight days of the PIIO being issued). The Magistrates Court will then issue an interim or confirmed DAIO at the first hearing. Once a Magistrate has confirmed a DAIO it does not have an end date. The protected person (or their representative) or SAPOL can apply to the Magistrates Court to vary or revoke confirmed DAIOs.

For further information about Intervention Orders, refer to the [SAPOL website](#).

Remove a child or young person in danger

In the event that all practicable options to create safety while the child or young person remains at home have been exhausted, the DCP case worker must consult with the supervisor to consider the need for an emergency removal of the child or young person, pursuant to section 41 CYPs Act.

Refer to [Exercise child protection officer powers](#) for further information.

Remove an infant from hospital



On occasion, it will be necessary for an infant to be removed upon birth and placed into care to ensure their safety. Where this is required, the DCP case worker must work consistently with the requirements of the [Collaborative Case Management of High Risk Infants in Hospitals Policy Guideline](#).

Make a planned application for custody or guardianship to the Youth Court

During the investigation, it may be assessed that the only viable option for ensuring safety of the child or young person and to prevent harm is through a planned application to the Youth Court for custody or guardianship. Refer to [Make an application for care and protection orders](#) in the Ongoing intervention chapter of the Manual of Practice for more information.

Issue a temporary instrument of guardianship or restraining notice

Temporary instruments of guardianship and restraining notices are special orders legislated by sections 45 and 46 CYPS Act. When the preconditions for each type of order are met, DCP must apply for either a temporary instrument of guardianship or restraining notice (depending on the circumstances of a case). DCP does not have the discretion to refuse to apply for an order of this type where the relevant preconditions are met but may seek to have an order later revoked by the Court.

Temporary instrument of guardianship

If DCP becomes aware that a child born on, or after, 22 October 2018 is residing with a parent of the child or young person who has been found guilty of a 'qualifying offence', the Chief Executive must issue a temporary instrument of guardianship pursuant to section 45(1) CYPS Act.

The instrument of guardianship places the child or young person under the guardianship of the Chief Executive for a period of 60 days (or for a longer period as allowed by the Youth Court), in the expectation that an assessment of the child or young person's safety will occur in this time. See 'Determine whether the grounds to issue a temporary instrument of guardianship or restraining notice are met' in this section for further information.

Restraining notice

If DCP becomes aware that a child or young person is residing, or is about to reside, with a person (not being a parent of the child or young person) who has been found guilty of a qualifying offence, the Chief Executive must issue a restraining notice under section 46 CYPS Act. This may include a person who is married to or a de facto partner of the child or young person's parent, or a member of their family.

A restraining notice may prohibit the offender from residing at the same premises, coming within a specified distance or having any contact with the child or young person during the 60 day restraining notice period.

The requirement to issue a restraining notice is mandatory unless the Chief Executive is of the opinion that it is inappropriate to do so in the circumstances.



Determine whether the grounds to issue a temporary instrument of guardianship or restraining notice are met

A qualifying offence (whether committed before or after the 22 October 2018) arises where the victim of the offending was a child or young person and the offender was their parent or guardian, and the offender has been found guilty of:

- murder
- manslaughter
- criminal neglect
- causing serious harm
- acts endangering life or creating risk of serious harm
- an attempt to commit an offence referred to above
- an equivalent offence in another jurisdiction (interstate or overseas).

DCP may be informed that a person has been found guilty of a qualifying offence by a Court (pursuant to section 48 of the CYPs Act), on receipt of a notification or in the course of case management.

If a Court finds a person guilty of a qualifying offence, they will ensure the prescribed information is provided to the Chief Executive as soon as practicable after the person is found guilty.

If DCP becomes aware, upon receipt of a notification or in the course of case management, that a person may be guilty of a qualifying offence, the DCP case worker must contact SAPOL to verify the exact offence/s for which the person has been found guilty.

In addition to verifying the exact offence/s, the DCP case worker must:

- undertake a search of DCP child protection records
- confirm that the child or young person resides with the person found guilty of the relevant offence (a newborn child who has not yet been discharged from hospital will be taken to be residing with a person if the child is likely to reside with the person upon being discharged)
- confirm that the child was born on or after 22 October 2018 (for temporary instruments of guardianship).

Once the DCP case worker confirms the exact offences for which the person has been found guilty, DCP Legal must be consulted to provide advice as to whether the criteria for a qualifying offence are established. If SAPOL is unable to provide the required information (for example, if the alleged offence occurred overseas), the DCP case worker must consult with DCP Legal regarding the next steps.

In planned cases, when DCP is aware in advance of the impending arrival of an unborn child of a parent who has been found guilty of a qualifying offence, the DCP case worker must also contact the Court's Administration Authority (CAA) to receive a certificate of record of the conviction. In all other cases, this certificate must be obtained during the 60 day guardianship or restraining notice period.

Undertake consultations

Upon confirmation from DCP Legal that the criteria for a qualifying offence has been established, it is recommended that the DCP case worker consult:

- a practice leader
- a Principal Aboriginal Consultant 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 culturally or linguistically diverse background.



For temporary instruments of guardianship, the consultation should consider the current circumstances of the child or young person and the offending parent. It should also consider what arrangements should be made for the care of the child or young person (including arrangements for the child or young person's immediate removal upon the issue of an instrument of guardianship - see also [Exercise child protection officer powers](#)).

For restraining notices, the consultation should consider whether a restraining notice should be issued and, if so, the behaviour of the offending person that is to be prohibited. Examples of behaviour that can be prohibited through a restraining notice include:

- residing in the same premises as the child or young person
- coming within a specified distance of the child or young person's residence
- having any contact with the child or young person (except in the presence of a specified person or class of person), or
- having any contact at all with the child or young person.

If a decision is made that it is not appropriate to issue a restraining notice in the circumstances, the DCP case worker is required to prepare an internal memorandum to be emailed from the supervisor to the regional director for approval outlining the circumstances of the case.

Consultations must be recorded in C3MS consistent with the requirements of the [Consult or Decision Record Procedure](#) and should be reviewed by the consultant.

Issue the temporary instrument of guardianship or restraining notice

Upon a decision to issue a temporary instrument of guardianship or restraining notice, the DCP case worker must complete the:

- [instrument of guardianship and cover sheet template](#) or
- [restraining notice and cover sheet template](#).

When preparing these documents, the DCP case worker must:

- include all aliases of the child or young person, parent and/or offending person being issued with the instrument of guardianship or restraining notice
- check that all information is correct and consistent, including spelling of names, addresses and dates
- contact the Crown Solicitor's Office to advise of the impending application and send the instrument of guardianship or restraining notice and cover sheet to the allocated solicitor by email for legal review
- prepare an internal memorandum that includes brief details about the child or young person, offending person and qualifying offence
- provide the internal memorandum via email and the draft instrument of guardianship or restraining notice to the most senior person reasonably available (in order of the Chief Executive, Deputy Chief Executive, Executive Director, Service Delivery and Practice or regional director).

Approval will generally be required on the day it is requested. A reasonable attempt to obtain the approval of the Chief Executive, Deputy Chief Executive or Executive Director, Service Delivery and Practice must be made and documented. If that approval cannot be obtained, the documents must be signed by a regional director, who is the lowest delegated authority to issue an instrument of guardianship or restraining notice.

Once approved:

- the signed memorandum and instrument or notice will be returned to the requesting DCP case worker and supervisor



- a copy of the signed memorandum and instrument or notice must be scanned and uploaded to C3MS by the DCP case worker
- the DCP case worker must make arrangements for in person service of the signed temporary instrument of guardianship or restraining notice and cover letter on the offending person as soon as is practicable.

Serve the temporary instrument of guardianship or restraining notice

Service must be undertaken in accordance with the service provisions in section 168 of the CYPS Act. Where possible, instruments of guardianship or restraining notices should be served in person.

The DCP case worker must make arrangements for the service of a copy of the signed temporary instrument of guardianship or restraining notice as soon as practicable after the issue of the order:

- on the person subject of the instrument of guardianship or restraining notice
- on each parent of the child or young person
- on each custodian or guardian of the child or young person (in circumstances where the child or young person is under the custody or guardianship of another person who is not a parent of the child or young person).

Where possible, any person being served the temporary instrument of guardianship or restraining notice who is under the age of 18 years should be personally served in the presence of a person over 18 years of age.

If, after multiple attempts, the temporary instrument of guardianship or restraining notice cannot be served on the offending parent in person, the DCP case worker must contact the Crown Solicitor's Office for advice. This may include a discussion about whether steps should be taken to proceed with lodging the temporary instrument of guardianship or restraining notice in the Court, prior to serving the instrument of guardianship on the parent (section 45(4)(b)) or serving the restraining notice on the relevant person (section 46(4)(b)).

The DCP case worker must complete the [Affidavit of Service](#) and ensure the information contained in this document is accurate and consistent with the other documents. The completed Affidavit of Service must be scanned and uploaded to C3MS.

Provide documents to the Crown Solicitor's Office and lodging documents with the Court

Once the temporary instrument of guardianship or restraining notice has been served, the DCP case worker must immediately forward the following documents to the allocated solicitor at the Crown Solicitor's Office:

- copy of internal memorandum
- cover sheet
- signed temporary instrument of guardianship or restraining notice
- signed Affidavit of Service.

The Crown Solicitor's Office will lodge the required documents with the Youth Court.



Assess or investigate after issuing of a temporary instrument of guardianship or restraining notice

The 60 day guardianship or restraining notice period commences at the time the temporary instrument of guardianship or restraining notice is served on the offending parent or lodged with the Youth Court (whichever occurs first).

During the 60 day guardianship or restraining notice period, the Chief Executive must:

- cause an assessment of or investigation into the circumstances of the child or young person pursuant to section 34(2) of the CYPS Act
- make an application to the Youth Court for a care and protection order (under section 53 CYPS Act, as required by section 50(1) CYPS Act). Where applicable, this may include an application for the temporary instrument of guardianship to be revoked (section 53(1)(l)) or any other order pursuant to section 53 (refer to [Make an application for care and protection orders](#) in the Ongoing intervention chapter of the Manual of Practice).

Where it is not possible to proceed with an investigation and/or assessment with the cooperation of the parents, guardians or caregivers, powers of investigation and assessment under the CYPS Act may be used. The delegated authority:

- may direct that the child or young person be examined and assessed (see [Respond to the child or young person](#))
- may direct that a person undergo certain assessments (see [Conduct additional assessments and interventions relating to parents, guardians and caregivers](#))
- may [exercise the powers of the child protection officer](#) (where authorised to do so).

If additional time is required, DCP may apply to the Youth Court for an extension of the period of the instrument of guardianship or restraining notice (section 47 CYPS Act).

It is essential that the DCP case worker keep detailed and accurate records of all conversations, notices, and written communications relating to instruments of guardianship or restraining notices. This may include where a person refuses or fails to comply with a lawful direction under the CYPS Act.

Breach of a restraining notice

A person who contravenes or fails to comply with a restraining notice is guilty of an offence. The maximum penalty is imprisonment for two years (section 46(5) CYPS Act).

Section 46(6) CYPS Act provides that a person does not commit an offence in respect of an act or omission unless the person knew that the act or omission constituted a contravention of, or failure to comply with, the notice or was reckless as to that fact. In other words, a person must be aware of the conditions of a restraining notice in order to be liable for committing a breach.

Whenever the DCP case worker becomes aware that a person has breached the conditions of a restraining notice, they must:

- discuss the safety of the child or young person with their supervisor and consider what action is necessary
- contact DCP Legal to inform them of the breach and discuss whether any other legal response is required, such as referral to the Crown Solicitor's Office (for prosecution) or SAPOL.



Document an assessment of safety

Clear documentation of the safety assessment and a supporting rationale is an essential part of accountable, transparent practice. Accurate, detailed records of decisions made are also essential for:

- evidencing the rationale made at that point in time based on the available and known information for a family
- enabling children, young people and families to access information regarding the rationale in the future
- responding to reviews or complaints
- supporting future workers to understand the child or young person and family's history.

A rationale for decision making will include facts and an analysis of the facts into a narrative that explains the logical basis for the decision. Rationales and assessment outcomes must be recorded in C3MS in a case note titled in a way that makes them readily identifiable.

Refer to the [DCP Assessment framework for staff](#) (especially part 8 – case conceptualisation) for more information.

4d. Conduct the investigation: Gather additional information

During a child protection investigation, the DCP child protection officer may identify a range of people and services who may hold important information that can contribute to an assessment of a child or young person's safety and risk of harm. This may include (but is not limited to):

- government and non-government schools (including information about attendance and persistent absenteeism)
- doctors, psychologists and health services
- SAPOL
- drug and alcohol services, mental health services and family violence services
- other professionals, or agency or support service staff who know the child or family.

Gathering good quality information is a critical part of the investigation and assessment process.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

When working with Aboriginal and Torres Strait Islander infants, children, young people and families, contact Aboriginal and Torres Strait Islander service providers, such as Aboriginal Community Controlled Organisations (ACCOs), who are or have been involved with the family to gather relevant information.

Where safe and possible to do so, it is good practice to obtain the consent from the person about whom the information is being sought.

See [Gather information to assess and manage risk](#) in the [Information gathering and sharing chapter](#) of the Manual of Practice for detailed guidance about information gathering, including section 152 templates to request information from key partner agencies or to issue a section 150 notice.

Identify agencies that may have relevant information

It is important to enquire about services with whom the family are currently working or have previously worked with and to obtain relevant information from these services. Services that a family may be working with include (but are not limited to):



- drug and/or alcohol services
- mental health services
- other government agencies such as the Department for Human Services or SA Health
- children's centres and schools
- Aboriginal Community Controlled Organisations
- settlement agencies such as the Australian Refugee Association
- non-government organisations.

Wherever possible, seek the family's consent to obtain information from these services using the [Consent to share information](#) form. The DCP case worker must upload the completed consent form to the 'Notes and documents' tab in C3MS.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Seek assistance from Aboriginal Community Controlled Organisations or agencies involved with the infant, child, young person or family as they may be able to provide important insight into previous or current family engagement with culturally appropriate services. They may also have important information about who may be best placed given a pre-existing relationship to support the family to address concerns.

Enquiring about the family's perception and experience of working with services provides useful information regarding their willingness to further engage to address identified safety concerns and risks.

It is important that requests for information are well targeted and purposeful. Refer to the [Information gathering and sharing chapter](#) of the Manual of Practice for further information about obtaining information from other agencies.

If the family advises there are family law orders or current family law proceedings in place, the DCP Courts Services and Liaison team should be contacted. The Courts Services and Liaison team can liaise with the Family Law Courts to gather relevant information, such as any psychological reports or other assessments obtained through family law proceedings. Contact the Courts Services and Liaison team to discuss the process for making a request by telephone on 8226 2961 or by email at DCPFamilyLawInterface@sa.gov.au.

4e. Conduct the investigation: Seek additional assessments and interventions

Assessments and interventions of children or young people, parents, guardians and caregivers should be integrated into the investigation to consider the ability of the parent, guardian or caregiver to offer safe care for their child or young person and inform decision making about the child or young person's future care arrangements. Assessments and interventions might include:

- parenting capacity assessments
- alcohol and/or other drug assessments
- alcohol and/or other drug testing
- alcohol and/or other drug rehabilitation programs
- referrals to support services (including domestic and family violence services for perpetrators and victims)
- supporting a parent, guardian or caregiver to seek or vary a Domestic Abuse Intervention Order (DAIO) or Family Law Court order.



Wherever possible and appropriate, the DCP case worker should engage with parents, guardians and caregivers and encourage them to work voluntarily with DCP and relevant services. This includes seeking their informed consent to proceed with the assessment or intervention (see '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 for more information).

In the event that the parent, guardian or caregiver is unwilling or unable to work voluntarily with DCP and relevant services (for example individuals who are unable to provide informed consent due to a disability or being affected by alcohol and/or other drugs), a number of options can be pursued under the CYPS Act to support intervention- such as the use of Chief Executive directions or seeking Youth Court orders.

Detailed, accurate and timely records of all written and verbal communications, consultations, Chief Executive direction notices, and appointment times and dates must be kept.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Ensure Aboriginal and Torres Strait Islander identity is accurately recorded to enable Aboriginal and Torres Strait Islander families to be referred to culturally relevant alcohol and/or other drug services, which may include Aboriginal Community Controlled Organisations. Aboriginal and Torres Strait Islander families should be provided with active assistance to support families to access necessary services, such as support with making appointments, follow up telephone calls and addressing transport needs.

Consider the need for a cognitive assessment

Where a parent, guardian or caregiver presents with indicators of impaired intellectual functioning, a cognitive assessment should be sought. A cognitive assessment can assist in both measuring functioning, as well as informing the best approach in working with a parent, guardian or caregiver.

Consultation with DCP Psychological Services can assist in determining if a cognitive assessment is required.

Consider the need for a parenting capacity assessment

A parenting capacity assessment (PCA) can assist the DCP case worker to understand the ability of a parent, guardian or other person with caregiving responsibility to safely care for and meet the unique needs of the child or young person. A parenting capacity assessment can be invaluable in assessing a parent, guardian or caregiver's ability to improve their parenting capacity and identify the most appropriate targeted interventions for a family.

Parenting capacity assessments often provide information about the:

- nature of the child or young person's relationship with their parent, guardian or caregiver
- current impact/s of trauma on children and young people and guidance regarding interventions that could address this impact
- factors that negatively affect the parent, guardian or caregiver's capacity to provide adequate care for the child or young person
- parent, guardian or caregiver's ability to improve their parenting in a timeframe consistent with the child or young person's developmental need for stability and permanency
- recommendations for future care and contact arrangements.



A parenting capacity assessment can assist in determining the following:

- whether the child or young person is safe in their parent, guardian or caregiver's care
- whether a child or young person will need to be placed outside of the care of the parent, guardian or caregiver while reunification is pursued
- the viability of reunification in the child or young person's developmental timeframe
- interventions and/or supports required to improve parenting capacity and to support the child or young person
- recommendations about contact arrangements to best meet a child or young person's needs.

A parenting capacity assessment involves interviews with the child or young person, the parents, guardians and/or caregivers, the carer (if required) and professionals or services involved with the family. Observations of the child or young person interacting with their parents, guardians and/or caregivers are also undertaken as part of the parenting capacity assessment.

Parenting capacity assessments include consideration of (but are not limited to) the following:

The child or young person	<ul style="list-style-type: none"> • the impact of harm on the child or young person • the risk of harm to the child or young person • the child or young person's unique needs (including emotional, physical, psychological, disability and development needs) • the child or young person's cultural identity and connection to culture • strengths or the child or young person's key relationships and factors that enhance their safety and wellbeing • supports required to help the child or young person to recover psychologically from harm.
The parent, guardian or caregiver	<ul style="list-style-type: none"> • perception of, and relationship with, the child or young person • feelings of satisfaction and mastery with parenting • insight and attitude towards the child protection concerns • understanding of the child or young person's needs • practical parenting skills • insight into, and motivation to improve, their parenting • mental health • family history • cultural identity and connection- for Aboriginal and Torres Strait Islander parents, guardians and caregivers, consultation with a Principal Aboriginal Consultant is recommended to ensure assessments are culturally informed and appropriate • current and past relationships • substance use • anger management • sources of stress • support networks • intellectual and cognitive functioning • willingness and ability to work with services to address the child protection concerns within the child or young person's timeframes.



Service involvement	<ul style="list-style-type: none"> • the family’s previous involvement with DCP • history of other service involvement, including factors that contributed to the success or failure of past interventions • willingness and ability to engage with services.
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Determine whether a parenting capacity assessment is required

A parent, guardian or caregiver can be referred for a parenting capacity assessment if there is a reasonable suspicion that the child or young person has been harmed or is at risk of harm due to lack of parenting capacity.

The DCP case worker should consult with the supervisor to determine whether a parenting capacity assessment is required and what purpose it will serve. Consultation with a practice leader should also occur depending on the complexity of the case. Consultations must be recorded in C3MS consistent with the requirements of the [Consult or Decision Record Procedure](#) and should be reviewed by the consultant.

The following table provides guidance about when a parenting capacity assessment may or may not be required during an investigation and assessment.

Circumstances where a PCA is required/may be considered appropriate	Circumstances where PCA a may not be required/may not be appropriate.
<p>It is assessed by the DCP case worker that long-term orders may be a possible outcome (either before or after a short-term order) and further information is required and all or some of the following apply:</p> <ul style="list-style-type: none"> • the child or young person has high or complex needs • a parent, guardian or caregiver has chronic or severe issues that affect their parenting (such as mental health issues, alcohol and/or other drug use, limited cognitive capacity and/or violent behaviour and serious offending) • the parents, guardians or caregivers have demonstrated an inability, or a limited ability, to benefit from previously offered interventions. <p>There is a psychological aspect to the case that is unclear (for example the child or young person’s attachment relationships or needs and the parent, guardian or caregiver’s capacity to change, significant mental health difficulties or disability affecting their intellectual capacity) and that aspect has the potential to impact case direction. This may include recommendations about contact.</p>	<p>A long-term order is not being considered because any or some of the following apply:</p> <ul style="list-style-type: none"> • a chronic history of child protection concerns is not present (for example there have been minimal notifications and those notifications related to concerns that are considered resolvable) • the parents, guardian or caregivers’ issues are not chronic or severe and there is good prognosis for these issues • the parents, guardians or caregivers are willing and have the capacity to work on the child protection issues • previous intervention has not been offered (and therefore the parent, guardian or caregivers’ ability to change has not been tested) • the child or young person does not have high or complex needs • the timeframes for pursuing reunification are consistent with the child or young person’s developmental needs for stability and permanence • the DCP case worker’s assessment and other evidence suggests the parent, guardian or caregivers’ have capacity to achieve change and meet the needs of the child or young person



A PCA has been recommended by professionals involved in the matter. For example, when CPS is conducting a prescribed (forensic) interview.

- when a parent, guardian or caregiver is experiencing an acute mental health episode
- when there has been a previous parenting capacity assessment and the circumstances have not changed.

DCP Psychological Services can support the DCP case worker to analyse available relevant information and consider the necessity of a parenting capacity assessment. It is recommended that the DCP case worker consult with DCP Psychological Services before a full referral for a parenting capacity assessment is submitted. Consultations must be recorded in C3MS consistent with the requirements of the [Consult or Decision Record Procedure](#).

Where a parenting capacity assessment relates to a parent, guardian or caregiver who is Aboriginal and Torres Strait Islander, it is recommended that the DCP case worker should consult with a Principal Aboriginal Consultant to inform the assessment and explore if there are additional cultural and Aboriginal or Torres Strait Islander child rearing practices that should also be considered as part of a holistic assessment. Consultation with a Principal Aboriginal Consultant should also consider cultural considerations to support the engagement of Aboriginal and Torres Strait Islander families in the parenting assessment process.

Consultation and support from the DCP Multicultural Services team should also be considered where a parenting capacity assessment relates to a parent, guardian or caregiver who is from a culturally and linguistically diverse background. The engagement of the DCP Multicultural Services team as part of a parenting capacity assessment can assist in both supporting a family's engagement with the assessment and building an understanding of the family's cultural context and lived experiences.

Determine the appropriate means for seeking a parenting capacity assessment

If it is assessed that a parenting capacity assessment is required, it can be undertaken voluntarily (this is the preferred method where appropriate), via a Chief Executive direction or by Youth Court order.

Voluntary participation

Parents, guardians and caregivers should be strongly encouraged to participate in a parenting capacity assessment voluntarily where possible.

The DCP case worker must explain the purpose, process and need for a parenting capacity assessment referral with the parents, guardians, caregivers and other assessment participants to determine their willingness to participate. This is best achieved via a face-to-face discussion to ensure the information is understood. If a parent, guardian or caregiver is incarcerated, a decision is made on a case-by-case basis about whether that parent, guardian or caregiver should be included in the parenting capacity assessment.

Informed consent for voluntary participation

A parent, guardian or caregiver that is voluntarily engaging in a parenting capacity assessment must be capable of providing informed consent. This will require the parent, guardian or caregiver to understand the nature of the assessment and the potential uses of the completed assessment (for example, understanding that the parenting capacity assessment report may be filed in Court proceedings).

The DCP case worker must be aware of, and sensitive to, the cultural factors that can influence communication with Aboriginal and Torres Strait Islander families in achieving informed consent for a parenting capacity assessment. A Principal Aboriginal Consultant or Aboriginal practitioner can provide



advice and may be able to assist in engaging the family. Refer to the [South Australian Aboriginal Languages Interpreters and Translators Guide](#) for guidance about using an interpreter or a translator if required.

Sensitivity and awareness of cultural issues must also be shown when engaging with families from a culturally and linguistically diverse (CALD) background to achieve informed consent for a parenting capacity assessment. DCP Multicultural Services may be able to assist in engaging with the family, explaining the purpose of the assessment and providing cultural recommendations as to how the assessment should be facilitated. Consideration must be given to the need for engaging an interpreter or translator to assist in explaining the assessment process – refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#).

Care must be taken to communicate clearly with children, young people, parents, guardians or caregivers with intellectual disability, acquired brain injury or sensory disabilities which may impact both their ability to provide informed consent to a parenting capacity assessment, or to fairly engage in the assessment process itself. Consideration must be given to ensure those with a disability that may impact their communication or understanding are being supported to accurately understand and convey their views throughout an assessment. It may be appropriate to engage an appropriately skilled support person to be present during discussions (such as a support coordinator, disability worker or disability advocate). Refer to [Engage with the family](#) in this chapter of the Manual of Practice for more information about working with parents, guardians and caregivers with disabilities and seeking informed consent.

Parenting Capacity Assessment directed by the Chief Executive

Where a parent, guardian or caregiver refuses to participate voluntarily in a parenting capacity assessment or is assessed as unable to provide informed consent for such an assessment, consideration should be given to issuing a Chief Executive direction pursuant to section 36(2) of the CYPS Act. Supervisors have the delegation to issue a Chief Executive direction.

A parenting capacity assessment directed by the Chief Executive must be conducted in accordance with the criteria and process set out at pages 2 and 3 in [Gazette notice 57, 27 September 2018 pp. 3510-3511](#).

A Chief Executive direction can be issued when the Chief Executive (or their delegate) reasonably suspects that the child or young person is at risk as a result of a lack of parenting capacity and:

- a parent, guardian or caregiver refuses to participate in a parenting capacity assessment voluntarily, or is unable to consent to the assessment, and
- there are no Youth Court orders in place directing a parenting capacity assessment, or
- there is an intention to apply for Youth Court orders directing a parenting capacity assessment, but a Chief Executive direction is deemed necessary to commence the assessment as soon as possible.

Prior to issuing a Chief Executive direction for a parenting capacity assessment, the supervisor or senior practitioner must confirm that the service provider has agreed to accept the referral (see 'Make and support a referral for a parenting capacity assessment' in this section).

The supervisor must complete the direction template in full. For assessments to be conducted by DCP Psychological Services the [CE direction PCA notice template](#) must be used. For assessments to be conducted by external services the [CE direction - PCA External agency template](#) must be used.

The completed Chief Executive direction must be served on the parent, guardian or caregiver. Wherever possible, the DCP case worker should personally serve the direction. The content of the Chief Executive direction and the consequences of non-compliance must be explained to the parent, guardian or caregiver.



All reasonable attempts must be made to ensure that the parent, guardian or caregiver who is the subject of the assessment is provided with the required information and support to attend all appointments and engage in the assessment.

Chief Executive directions should have a maximum expiry date of six months from the date of the notice and the expiry date must be included in the notice. It should be noted that the expiry date of the notice does not mean that the parties have until that date to comply. A Chief Executive direction can be revoked at any time if a decision is made that a parenting capacity assessment is no longer required.

A Chief Executive direction must be recorded as an authority in C3MS by the DCP case worker. Detailed, accurate records of all conversations, notices and written communications relating to the parenting capacity assessment must be recorded in C3MS.

Court ordered parenting capacity assessment

Section 53(1)(c) CYPS Act allows the Youth Court to make an order authorising or directing a parenting assessment of a parent, guardian or caregiver, to determine the capacity of that person to care for the child or young person. If it is deemed necessary to apply for a Court ordered parenting capacity assessment, consultation must take place with a service provider to confirm the acceptance of the referral before an application for the Court order is made.

If the matter is before the Court, the Court may make an order for a parenting capacity assessment of its own volition (even where DCP has not requested an order for a parenting capacity assessment).

Make and support a referral for parenting capacity assessment

The DCP case worker can decide to seek a parenting capacity assessment from DCP Psychological Services (to be completed by a DCP psychologist or outsourced to an external psychologist) or the appropriate Child Protection Service for their region. The DCP case worker must not approach private psychologists directly regarding parenting capacity assessments.

When a decision is made to refer a parent, guardian or caregiver for a parenting capacity assessment, a consultation with the preferred provider including the supervisor and/or senior practitioner, must be arranged before the referral is made. Sufficient information must be provided for the clinician to determine if they agree that a parenting capacity assessment is warranted. If a referral will not be pursued, the DCP case worker will inform the relevant service provider via email and record this in C3MS.

All referrals to DCP Psychological Services for parenting capacity assessments must be submitted via the referral tab in C3MS - Assessment, Psychological – parenting capacity and Psychological Services.

The C3MS referral must:

- include confirmation that the service provider has agreed to accept the referral
- include confirmation that the assessment process has been explained to the parents, guardians, caregivers and other parties involved
- identify all children, young people, parents, guardians, caregivers and other parties who are to participate in the parenting capacity assessment
- where relevant, attach the Chief Executive direction or Youth Court order directing the parenting capacity assessment.

To make a referral to Child Protection Services for a parenting capacity assessment, the DCP case worker should first contact the relevant Child Protection Services (NALHN, SALHN or WCHN). The information



required to facilitate the referral and how it should be provided will then be determined by the relevant Child Protection Service.

Where there is information to suggest one or more of the child or young person's parents, guardians or caregivers may have a disability that impacts their intellectual functioning, it is important to note this on the referral form to ensure the assessor can consider this within their assessment.

Consider the need for an alcohol and/or other drug assessment

Where available information suggests that the child or young person has been harmed or is at risk as a result of alcohol and/or other drug use by a parent, guardian or caregiver a specialist, external alcohol and/or other drug assessment should be undertaken.

An alcohol and/or other drug assessment is carried out by a specialist worker. It includes an interview designed to gather information about a person's current and historical alcohol and/or other drug use, triggers for use, impact on functioning, and interventions or treatments previously undertaken to assist in identifying appropriate future treatment.

An alcohol and/or other drug assessment does not assess parenting capacity but can contribute to the assessment of the child or young person's safety and risk of harm by identifying:

- a parent, guardian or caregiver's alcohol and/or other drug use
- the extent to which this is impacting upon the provision of safe, emotionally responsive care for the child or young person
- the parent, guardian or caregiver's capacity and willingness to address their alcohol and/or other drug use.

Determine whether an alcohol and/or other drug assessment is required

Prior to making a referral for an alcohol and/or other drug assessment, the DCP case worker should attempt to complete the [Alcohol, Smoking and Substance Involvement Screening Test](#) (ASSIST) tool with the parent, guardian or caregiver. The ASSIST results should be clearly labelled and recorded as a note in C3MS.

However, if it has not been possible to complete the ASSIST, DCP can proceed with a Chief Executive directed or Youth Court ordered referral for alcohol and/or other drug assessment based on other available evidence of the parent, guardian or caregiver's current alcohol and/or other drug use.

To make a referral for an alcohol and/or other drug assessment, the DCP case worker must have a reasonable suspicion that the parent, guardian or caregiver has, or is using, alcohol and/or other drugs (within the last three months) and that their alcohol and/or other drug use may be impacting their parenting.

A reasonable suspicion can be based on:

- the parent, guardian or caregiver's self-reported alcohol and/or other drug use
- evidence of alcohol and/or other drug use (including notifications to CARL, SAPOL reports, reports from other services, or implements for drug use being observed in the home)
- one or more positive alcohol and/or other drug test results in the previous three months
- information obtained from other services (such as DASSA or medical professionals).

Where a reasonable suspicion of recent alcohol and/or other drug use is formed, the impact of the alcohol and/or other drug use upon the parent, guardian or caregiver's behaviour, functioning and parenting capacity will need to be evidenced (this could include observations of the DCP case worker).



Attempts should be made to have a parent, guardian or caregiver voluntarily engage in an alcohol and/or other drug assessment in the first instance. Where this is not possible and a 'high' ASSIST score has been recorded, or other information indicates that alcohol and/or other drug use is a risk factor, a Chief Executive direction or Court order should be considered to compel an assessment.

Determine the appropriate means for seeking an alcohol and/or other drug assessment

If it is assessed that an alcohol and/or other drug assessment is required, the assessment can be conducted through voluntary participation (the preferred method), via a Chief Executive direction or by a Youth Court order.

Voluntary participation

The DCP case worker must engage with the parent, guardian or caregiver to determine their willingness to attend an alcohol and/or other drug assessment. Voluntary engagement in the assessment is preferred to issuing a Chief Executive direction or applying for a Youth Court order. It is essential that the purpose, process and potential outcomes of the assessment are made clear to the parent, guardian or caregiver to ensure any voluntary involvement is based on informed consent. If a parent, guardian or caregiver is alcohol and/or other drug affected or has a disability that impacts their capacity to understand information and/or capacity to communicate, consideration must be given to whether they have the capacity to voluntarily consent to the assessment (refer to 'Obtain consent from the family for actions and information sharing' in the [Engage with the family](#) key step in this chapter of the Manual of Practice.)

If the parent, guardian or caregiver does not (or is unable to) provide consent to take part in the assessment, they must be informed that DCP has the option to issue a Chief Executive direction or apply for a Youth Court order directing the person to undergo an alcohol and/or other drug assessment.

In the event that the parent, guardian or caregiver does not agree to voluntarily engage in an alcohol and/or other drug assessment, the following should be undertaken based on the ASSIST score:

ASSIST score	Action that can be taken
High	Chief Executive direction or application for an order in the Youth Court requiring the parent, guardian or caregiver to undergo an alcohol and/or other drug assessment.
Moderate or Low	Make attempts to engage with the parent, guardian or caregiver to discuss the effects of their alcohol and/or other drug use on their parenting.

Where the ASSIST score is Moderate or Low and there is information suggesting evidence that the parent, guardian or caregiver is under reporting their alcohol and/or other drug use, the DCP case worker must consult with their supervisor and consideration must be given to seeking a Chief Executive directed or Youth Court ordered alcohol and/or other drug assessment.

If the parent, guardian or caregiver is already engaged with an alcohol and/or other drug service, a drug and alcohol assessment would have already been undertaken by the service. In these cases, a further assessment is not required. The DCP case worker must request information from the service provider regarding the parent, guardian or caregiver's progress in relation to their alcohol and/or other drug use.



Informed consent for voluntary participation

A parent, guardian or caregiver that is voluntarily engaging in an alcohol and/or other drug assessment must be capable of providing informed consent. This will require the parent, guardian or caregiver to understand the nature of the assessment and the potential uses of the completed assessment (for example, understanding that the assessment report may be filed in Court proceedings).

The DCP case worker must be aware of, and sensitive to, the cultural factors that can influence communication with Aboriginal families in achieving informed consent for an alcohol and/or other drug assessment. A Principal Aboriginal Consultant or Aboriginal practitioner can provide advice and may be able to assist in engaging the family. Refer to the [South Australian Aboriginal Languages Interpreters and Translators Guide](#) for guidance about using an interpreter or a translator if required.

Sensitivity and awareness of cultural issues must also be shown when engaging with families from a culturally and linguistically diverse background to achieve informed consent. DCP Multicultural Services may be able to assist in engaging with the family, explaining the purpose of the assessment and providing cultural recommendations as to how the assessment should be facilitated. Consideration must be given to the need for engaging an interpreter or translator to assist in explaining the assessment process – refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#).

Care must be taken to communicate clearly with children, young people, parents, guardians or caregivers with intellectual disability, acquired brain injury or sensory disabilities which may impact both their ability to provide informed consent to an alcohol and/or other drug assessment, or to fairly engage in the assessment process itself. Consideration must be given to ensure those with a disability that may impact their communication or understanding are being supported to accurately understand and convey their views throughout an assessment. It may be appropriate to engage an appropriately skilled support person to be present during discussions (such as a support coordinator, disability worker or disability advocate). Refer to [Engage with the family](#) in this chapter of the Manual of Practice for more information regarding working with parents, guardians and caregivers with disabilities and seeking informed consent.

Chief Executive direction

Where a parent, guardian or caregiver refuses to participate voluntarily in an alcohol and/or other drug assessment and there are no Youth Court orders directing alcohol and/or other drug assessment in place, consideration should be given to issuing a Chief Executive direction pursuant to section 36(1) of the CYPs Act. Supervisors have the delegation to issue a Chief Executive direction.

The Chief Executive can direct a parent, guardian or caregiver to undergo an approved alcohol and/or other drug assessment if the Chief Executive reasonably suspects that the child or young person is at risk as a result of alcohol and/or other drug use by that parent, guardian or caregiver.

The [Direction to attend an alcohol and/or other drug assessment](#) template must be completed where a Chief Executive direction is made. The Chief Executive direction should include details of the assessment appointment (as arranged between DCP and the service provider) and be personally served on the parent, guardian or caregiver wherever possible. The content of the Chief Executive direction and the consequences of non-compliance must be explained to the parent, guardian or caregiver.

Once the parent, guardian or caregiver has been served, the DCP case worker must provide a copy of the Chief Executive direction to the assessment provider.

A Chief Executive direction can be revoked if the decision is made that the parent, guardian or caregiver is no longer required to undergo alcohol and/or other drug assessment. The parent, guardian or caregiver should be advised that the Chief Executive direction has been revoked.



The Chief Executive direction must be recorded as an authority in C3MS by the DCP case worker. Detailed, accurate records of all conversations, notices and written communications relating to the alcohol and/or other drug assessment must be recorded in C3MS.

Youth Court order

An application for an alcohol and/or other drug assessment orders can be made in the Youth Court in consultation with the Crown Solicitor's Office (section 53(1)(c) CYPS Act). Orders for alcohol and/or other drug assessments can be sought alongside any care and protection orders.

Before applying for an alcohol and/or other drug assessment order, the DCP case worker must consult with DASSA (via the Alcohol and Drug Information Service on 1300 131 340) to ascertain if an alcohol and/or other drug assessment has already occurred.

If the matter is before the Court, the Court may make an order for an alcohol and/or other drug assessment of its own volition (even where DCP has not requested an order for a parenting capacity assessment).

Make and support a referral for an alcohol and/or other drug assessment

An approved alcohol and/or other drug assessment can only be provided by, or on behalf of, DASSA or an agency recognised by DASSA.

If the parent, guardian or caregiver agrees to voluntarily participate in the assessment, they must be advised to contact the Alcohol and Drug Information Service on 1300 131 340 to be matched with an appropriate provider.

Where a Chief Executive direction or Youth Court order is used to compel an alcohol and/or other drug assessment, the DCP case worker must:

- consult with DASSA (via the Alcohol and Drug Information Service on 1300 131 340) before submitting a referral to ascertain if an alcohol and/or other drug assessment has already occurred
- complete the [DASSA assessment referral form](#) (unless a provider other than DASSA will undertake the assessment). If another provider is used, the DCP case worker should ascertain the referral requirements for that provider
- provide all information required on the referral form including evidence of current alcohol and/or other drug use, how this is impacting on parenting capacity and results of any previous alcohol and/or other drug tests (if relevant)
- email the [DASSA assessment referral form](#) to the central DASSA email inbox Health.DASSAClinicalRecordsRequestforInformation@sa.gov.au with the Chief Executive direction or Youth Court order attached.

When DASSA receives the completed referral, they will make an appointment and email the DCP case worker with the appointment details.

Where an appointment time needs to be rescheduled, the DCP case worker will consult with the supervisor and email Health.DASSAClinicalRecordsRequestforInformation@sa.gov.au to request a new appointment time.

The DCP case worker must make all reasonable attempts to ensure that the parent, guardian or caregiver is provided with the required information and is supported to attend the assessment. In rural and remote areas, a video conference may be required to undertake the assessment. The DCP case worker is responsible for working with the service provider and the parent, guardian or caregiver to set up a video conference assessment.



Consider the need for alcohol and/or other drug testing

When a parent, guardian or caregiver's alcohol and/or other drug use may be impacting on the safety and wellbeing of the child or young person, alcohol and/or other drug testing can be a useful tool to contribute to a holistic assessment of the child or young person's safety and risk. The results of alcohol and/or other drug testing are part of a broad range of information that will be required to determine the type, use and impact this may have upon parenting capacity. Alcohol and/or other drug testing is not an intervention in its own right. As the timeframes for substances to be detected vary and may be relatively short for some substances, alcohol and/or other drug testing should not be the sole source of evidence in determining the pattern of substance use.

The DCP case worker must establish a clear purpose for undertaking alcohol and/or other drug testing and this must be discussed with the supervisor. Alcohol and/or other drug testing must only be used when it has been assessed that there is a reasonable suspicion that the alcohol and/or other drug use of a parent, guardian or caregiver poses a risk to the child or young person. Refer to 'Determining whether to refer for an alcohol and/or other drug assessment for information' above on what constitutes a reasonable suspicion of alcohol and/or other drug use.

If the parent, guardian or caregiver is, or will be, engaged with drug and/or alcohol services for assessment or treatment, the DCP case worker should discuss the proposed use of alcohol and/or other drug testing with that service provider.

Determine the appropriate means for seeking alcohol and/or other drug testing

If it is assessed that alcohol and/or other drug testing is required, it can be conducted through voluntary participation (this is the preferred method), via Chief Executive direction or by Youth Court order.

Voluntary participation

Wherever possible, DCP should work with the parent, guardian or caregiver in an effort to obtain their cooperation to voluntarily participate in alcohol and/or other drug testing.

Informed consent for voluntary participation

The DCP case worker must discuss the purpose and need for alcohol and/or other drug testing with the parent, guardian or caregiver to ensure they understand the reason for testing and the potential outcomes. This is essential to ensure the parent, guardian or caregiver is providing informed consent to engage in alcohol and/or other drug testing.

The DCP case worker must be aware of, and sensitive to, the cultural factors that can influence communication with Aboriginal families in achieving informed consent for alcohol and/or other drug testing. A Principal Aboriginal Consultant or Aboriginal practitioner can provide advice and may be able to assist in engaging the family. Refer to the [South Australian Aboriginal Languages Interpreters and Translators Guide](#) for guidance about using an interpreter or a translator if required.

Sensitivity and awareness of cultural issues must also be shown when engaging with culturally and linguistically diverse (CALD) families to achieve informed consent. DCP Multicultural Services may be able to assist in engaging with the family, explaining the purpose of testing and providing cultural recommendations as to how the testing should be facilitated. Consideration must be given to the need for engaging an



interpreter or translator to assist in explaining the assessment process – refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#).

Where a parent, guardian or caregiver has a disability that impacts their capacity to provide informed consent, supports should be engaged to assist in explaining the necessary information. Consideration should be given as to whether a parent, guardian or caregiver is capable of providing informed consent to engage in alcohol and/or other drug testing or whether another authority will be required to compel testing.

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 for more information about obtaining informed consent.

Chief Executive direction

Where a parent, guardian or caregiver does not (or cannot) consent to voluntary testing, testing can also occur pursuant to a Chief Executive direction under section 37 of the CYPS Act and regulation 14 of the CYPS Regulations. The supervisor is the delegate for issuing a Chief Executive direction, and must issue the direction by completing the [Notice for testing](#) template.

The Chief Executive can only direct a person to undergo alcohol and/or other drug testing where:

- the person has been directed by the Chief Executive to undergo an approved alcohol and/or other drug assessment within the previous five years under section 36(1) CYPS Act (this can be served at the same time as the direction for alcohol and/or other drug testing); or
- the person has been ordered by the Youth Court (under Chapter 2, Part 6 of the CYPS Act) to undergo alcohol and/or other drug assessment within the previous five years.

The period for Chief Executive directed alcohol and/or other drug testing can be up to three calendar months from the date the first sample is taken. A further Chief Executive direction notice can be issued if testing is required beyond these dates.

The Chief Executive direction notice must be in writing (using the [Notice for testing](#) template) and served on the parent, guardian or caregiver the subject of the notice. A copy of the notice must also be provided to the testing provider.

The Chief Executive direction should be issued by completing the [Notice for testing](#) template, which must include:

- the type of forensic material to be collected
- where and by whom it will be collected
- who will contact the parent, guardian or caregiver with instructions regarding when to attend for collection of forensic material
- how the parent, guardian or caregiver will be required to verify their identity
- the period of time the parent, guardian or caregiver must undergo random alcohol and/or other drug testing
- the penalty for non-compliance.

The details of the direction and the consequences of non-compliance must be explained to the parent, guardian or caregiver when the notice is served.

If a decision is made that the parent, guardian or caregiver is no longer required to undergo alcohol and/or other drug testing, the parent, guardian or caregiver and service provider must be informed that the Chief Executive direction has been revoked.



The Chief Executive direction notice must be recorded as an administrative authority in C3MS (see [Administrative Authorities- recording and ending – C3MS Guide](#)). Referrals for alcohol and/or other drug testing must be recorded in accordance with the [C3MS Guide: Referrals – Drug and alcohol assessment and testing](#).

Detailed, accurate records of all conversations, notices and written communications relating to the alcohol and/or other drug testing must also be recorded in C3MS.

Youth Court order

Where care and protection orders are being sought, consideration can be given to requesting orders directing alcohol and/or other drug testing rather than issuing a Chief Executive direction. This decision should be made in consultation with the Crown Solicitor's Office.

Method of testing

Urine, hair, blood, saliva or breath may be tested for alcohol and/or other drugs. A Chief Executive [Notice for testing](#) can only be issued for the testing of urine, hair, blood or saliva.

For the detection of alcohol and/or other drugs, a urine screen is the preferred method of testing. If a material other than urine is selected to be tested, the DCP case worker must record a clear rationale for the choice. Refer to [Method of drug and alcohol testing fact sheet](#) for further information.

In general, the DCP case worker will request that the service provider conducts a full toxicology screen including cannabinoids and ethanol (to detect marijuana and alcohol respectively), and request a report be provided back to DCP. It must be noted that alcohol and/or other drug testing does not routinely detect all substances. Where a specific drug is of interest, the DCP case worker must specify this to the service provider to ensure that the relevant drugs are screened. Where screening for additional drugs is requested, an additional cost is likely to be incurred.

Random testing involves the parent, guardian or caregiver not being aware of the dates and times for testing until shortly before they are required to undergo testing. Random testing reduces the possibility of the parent, guardian or caregiver concealing their alcohol and/or other drug use.

It is noted that there may be cultural reasons why some sample types may not be appropriate (for example, hair samples). The DCP case worker should consult with a Principal Aboriginal Consultant or an Aboriginal practitioner when working with Aboriginal and Torres Strait Islander families to determine whether there are cultural issues related to the method of testing. When working with families from culturally and linguistically diverse backgrounds, it is recommended that the DCP case worker consult with DCP Multicultural Services.

Nature and frequency of testing

Careful consideration must be given to the frequency of testing. Depending on the sample material being tested (for example, urine) a series of tests will be more likely to detect use than a single test, unless alcohol and/or other drug use is infrequent. Refer to the [Urine drug and alcohol detection timeframes fact sheet](#) for further information.

Alcohol and/or other drugs can be present in the body for varying periods. It is essential that staff are aware of the information in the [Urine drug and alcohol detection timeframes fact sheet](#) to assist in determining an appropriate testing schedule. It is important to ensure that alcohol and/or other drug testing is not undertaken unnecessarily. For example, a person who is believed to be a heavy cannabis user will likely have detectable levels of cannabis in their system for three to eleven weeks. The frequency of testing should



therefore be adjusted in accordance with the known use of a parent, guardian or caregiver. In addition, where a parent, guardian or caregiver discloses that they are currently using alcohol and/or other drugs careful consideration needs to be given to whether testing is appropriate or required.

Where a parent, guardian or caregiver is engaged with another agency (such as the Department for Correctional Services) and alcohol and/or other drug testing is being undertaken by that agency, the DCP case worker should request testing information from the relevant agency. Refer to [Gather information to assess and manage risk](#) for more information in relation to information gathering. Ordering alcohol and/or other drug tests that will not provide useful information (or where information can be gathered in other ways) is not an effective use of resources and is potentially unfair and punitive.

It is recommended that the use and frequency of alcohol and/or other drug testing be reviewed at least every three months. Testing should only continue where:

- testing assists in an assessment of risk and parenting capacity, and
- there is no other means of obtaining accurate information about a parent, guardian or caregiver's pattern of alcohol and/or other drug use, or
- where a Youth Court order requires testing.

Arranging a collection

DCP has a Memorandum of Understanding with SA Pathology for the collection of biological material for the provision of urine screens to detect alcohol and/or other drug use. All screens and any subsequent confirmations undertaken by SA Pathology will meet the Australian Standard (AS/NZS 4308).

Urine screens undertaken by SA Pathology will include screening for amphetamine type substances, benzodiazepines, cannabis metabolites, cocaine metabolites and opiates as listed in the AS/NZS 4308 and will additionally include methadone, buprenorphine and ethanol (alcohol). If there is a specific drug of interest not listed, this should be discussed at the time of booking. An additional cost for testing may apply.

The DCP case worker should organise a sample collection at an identified SA Pathology toxicology collection centre. Hours of appointments will vary depending on the location. Refer to [SA Pathology toxicology collection centres](#) for a list of accredited toxicology collection centres. Appointments must be made prior to a parent, guardian or caregiver presenting at a collection site.

When making an appointment for a sample collection with SA Pathology the DCP case worker must:

- contact the SA Pathology call centre on 8222 3000 to make an appointment and press 1 to access the priority service line
- identify that they are from DCP and the location of the toxicology collection centre they would like to book (SA Pathology call centre staff will book appointments for collection centres in metropolitan Adelaide, except Flinders Medical Centre and the Lyell McEwin Hospital, or will transfer direct to the relevant collection centre to make a booking)
- complete the SA Pathology request form relevant to the DCP office location (a copy of the unique form has been provided to each DCP office to ensure correct billing, request forms are also available by emailing Health.SAPathologyMarketing@sa.gov.au).
- email the SA Pathology request form to Health.SAPathologyCallCentre@sa.gov.au (include the DCP office location, SA Pathology collection centre and date of collection in the email subject line). Case workers should send one email per client. Multiple forms for the same client can be attached in one email but case workers must not send multiple forms for different clients in the same email.

Refer to [SA Pathology toxicology request form](#) for an example of a completed request form. The DCP case worker should provide the C3MS ID of the child or young person as the reference number and include an



email address in the 'Copy to' section as results will be delivered via secure email directly to the DCP case worker. Results will be delivered via secure email directly to the DCP case worker.

IPath online results portal

SA Pathology has an online system which can be used to access results online. Once case workers complete the IPath registration process, they can access the results at <https://ipath.sapathology.sa.gov.au/>. Results can be accessed online in 5 to 7 business days from the date of the drug test being undertaken but results may take longer in some instances.

Case workers can contact the SA Pathology call centre on 8222 3000 if they experience any problems accessing the results online.

Business Managers can assist case workers with the IPath registration process. To set up individual IPath accounts for case workers complete the [IPath registration form](#). Send the completed form along with individual case worker's details such as name, email address, mobile phone number (required for the 2 step verification process for log in) and their DCP work location to SA Pathology at Health.SAPathologyMarketing@sa.gov.au.

The DCP case worker must also:

- advise the parent, guardian or caregiver of the day and time of the sample collection, with no more advance notice of the appointment than the person reasonably requires to comply (for example, on the morning of the appointment rather than the week before)
- advise the parent, guardian or caregiver that photo identification must be provided on presentation at the collection centre
- make all reasonable attempts to ensure that the parent, guardian or caregiver is provided with the required information and support to attend the testing
- keep accurate and timely records of communications (verbal and in writing) regarding testing
- record in C3MS testing dates, times, attendance and results for each scheduled appointment (including non-attendance). Refer to [C3MS Guide - Referrals - Drug and Alcohol Assessment and Testing](#) for further information on recording testing in C3MS.

If a parent, guardian or caregiver advises that they do not have photo identification, the DCP case worker is able to confirm the identity of the parent, guardian or caregiver by providing a certified photograph of the parent, guardian or caregiver to SA Pathology. The photograph can be taken by the DCP case worker or provided by the parent, guardian or caregiver to the DCP case worker. The DCP case worker should ensure that the photograph has the whole face visible and is unfiltered with good lighting, so that the parent, guardian or caregiver can be easily identified when they attend the SA Pathology collection centre.

The DCP case worker should complete the [SA Pathology Identity Certification Template](#) and forward this via email to SA Pathology at Health.SAPathologyCallCentre@sa.gov.au with the SA Pathology request form. The Identity Certification Template must not to be given to the parent, guardian or caregiver.

In exceptional circumstances, such as where material other than urine is being tested, an alternative provider will need to be sought. The selected provider should collect and test in a manner that ensures the integrity of the sample.

The DCP case worker must seek their manager's approval to engage a provider other than SA Pathology to undertake alcohol and/or other drug testing.

Where an alternative provider has been identified, the DCP case worker must:

- contact the provider and ascertain the required referral forms to be completed
- clarify whether supervised sample collection is provided or can be negotiated



- specify the sample material to be collected
- specify the substance/s the sample will be tested for (usual practice is to request a full toxicology screen including cannabinoids and ethanol)
- request a report be provided.

The DCP case worker must ensure timely record keeping in C3MS for all communications with alternative service providers and test results.

Interpreting urine screen results

Interpreting urine screens can be complex. The DCP case worker can contact SA Pathology chemical pathologists or clinical scientists on 8222 3444 if they require additional support in interpreting urine screen results for screens undertaken by SA Pathology. Alternative service providers should be contacted directly to assist in explaining test results.

Consider the need for alcohol and/or other drug treatment

An alcohol and/or other drug rehabilitation program is a therapeutic intervention aimed at addressing problems associated with alcohol and/or other drug use. Where it has been identified that a parent, guardian or caregiver's use is impacting on their capacity to safely parent the child or young person, DCP must explore their willingness to undertake alcohol and/or other drug rehabilitation. DCP staff should consult with DASSA and use their professional judgement to decide whether a referral for an alcohol and/or other drug rehabilitation program is appropriate.

When determining whether to refer a parent, guardian or caregiver for alcohol and/or other drug rehabilitation, the following must be considered:

- whether alcohol and/or other drug use is affecting the safety of the child or young person or creating risk of harm for the child or young person and/or is impacting on parenting capacity
- whether a current alcohol and/or other drug assessment indicates readiness for rehabilitation
- whether an appropriate rehabilitation program is available
- whether the alcohol and/or other drug rehabilitation program will contribute to improving parenting capacity and increase the child or young person's safety, or reduce risk to the child or young person
- whether the parent, guardian or caregiver is open to engaging in a rehabilitation program to address their alcohol and/or other drug use.

An alcohol and/or other drug assessment must have been undertaken in the previous three months prior to referring a parent, guardian or caregiver for rehabilitation. Refer to 'Consider the need for an alcohol and/or other drug assessment' in this section for information about referring for an assessment.

A parent, guardian or caregiver's participation in an alcohol and/or other drug rehabilitation, or successful achievement of alcohol and/or other drug rehabilitation goals, must not be considered as the sole indicator of their ability to provide safe care for the child or young person.

Determine the appropriate means for seeking alcohol and/or other drug rehabilitation

If it is assessed that alcohol and/or other drug rehabilitation is required, it can occur through voluntary participation (this is the preferred method), via a Chief Executive direction or by Youth Court order.



Voluntary participation

It is always preferable for DCP to work with the parent, guardian or caregiver to obtain their cooperation to voluntarily participate in alcohol and/or other drug rehabilitation. Given the nature of rehabilitation programs, a level of insight and willingness to address identified alcohol and/or other drug concerns is required for successful engagement. Consideration and consultation with practice leaders, Principal Aboriginal Consultants (where relevant) and the Crown Solicitor's Office should occur when considering if it is appropriate to compel attendance at an alcohol and/or drug rehabilitation program through a Chief Executive direction or Court order.

Informed consent for voluntary participation

The DCP case worker must discuss the purpose and need for alcohol and/or other drug rehabilitation with the parent, guardian or caregiver to ensure they understand the reason for their attendance and the potential outcomes. This is essential to ensure the parent, guardian or caregiver is providing informed consent to engage in a rehabilitation program.

The DCP case worker must be aware of, and sensitive to, the cultural factors that can influence communication with Aboriginal and Torres Strait Islander families in achieving informed consent for involvement in alcohol and/or other drug rehabilitation. Culturally specific rehabilitation programs should be identified wherever possible. A Principal Aboriginal Consultant or Aboriginal practitioner can provide advice and may be able to assist in engaging the family. Refer to the [South Australian Aboriginal Languages Interpreters and Translators Guide](#) for guidance about using an interpreter or a translator if required.

Sensitivity and awareness of cultural issues must also be shown when engaging with families from a culturally and linguistically diverse background to achieve informed consent. DCP Multicultural Services may be able to assist in engaging with the family, explaining the purpose of the proposed rehabilitation program and providing cultural recommendations as to service providers for a rehabilitation program. Consideration must be given to the need for engaging an interpreter or translator to assist in explaining the rehabilitation program's process. Refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#).

Where a parent, guardian or caregiver has a disability that impacts their capacity to provide informed consent, supports should be engaged to assist in explaining the necessary information. Consideration should be given as to whether a parent, guardian or caregiver is capable of providing informed consent to engage in an alcohol and/or other drug rehabilitation program.

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 for more information about obtaining informed consent.

Chief Executive direction

Where a parent, guardian or caregiver does not consent to voluntarily engage with a rehabilitation program, a Chief Executive direction can be issued under section 38(1) CYPs Act to compel attendance. The supervisor is the delegate for issuing a Chief Executive direction notice.

The Chief Executive can only direct a person to undertake an approved alcohol and/or other drug rehabilitation program where:



- the person has been directed by the Chief Executive to undergo an approved alcohol and/or other drug assessment within the previous five years under section 36(1) CYPS Act, or
- the person has been ordered to undergo alcohol and/or other drug assessment within the previous five years.

The DCP case worker must receive confirmation from the service provider that the referral will be accepted prior to issuing a Chief Executive direction notice requiring attendance at a rehabilitation program.

The Chief Executive direction must be in writing (in the form of the [Notice for rehabilitation template](#)) and served on the relevant parent, guardian or caregiver. The content of the direction must be explained when served, as well as the consequences for non-compliance.

If a decision is made that alcohol and/or other drug rehabilitation is no longer required, the parent, guardian or caregiver and service provider must be informed.

The Chief Executive direction must be recorded as an administrative authority in C3MS (see [Administrative Authorities- recording and ending – C3MS Guide](#)). Referrals for alcohol and/or other drug rehabilitation must be recorded in accordance with the [C3MS Guide: Referrals for service – recording in C3MS](#).

Detailed, accurate records of all conversations, notices and written communications relating to the alcohol and/or other drug rehabilitation program must be recorded in C3MS and should be reviewed by the consultant.

Youth Court order

Where care and protection orders are being sought, consideration can be given to requesting orders directing alcohol and/or other drug rehabilitation rather than issuing a Chief Executive direction. This decision should be made in consultation with the Crown Solicitor's Office.

Identify and refer to an approved rehabilitation program

An approved alcohol and/or other drug rehabilitation program is a program provided:

- by or on behalf of SA Health or Drug and Alcohol Services South Australia (DASSA)
- by an agency recognised by SA Health or DASSA as a provider of alcohol and/or other drug rehabilitation programs (for example, those listed on the [SA Health Know Your Options website](#))
- by other service provider/s registered with the Australian Health Practitioner Regulation Agency (AHPRA) and recognised by SA Health, with alcohol and/or other drug rehabilitation knowledge and expertise to deliver evidence based alcohol and/or other drug interventions.

Rehabilitation programs can be identified through:

- SA Health- <https://www.knowyouroptions.sa.gov.au/>
- the Alcohol and Drug Information Service (ADIS) on 1300 131 340.

If a parent, guardian or caregiver suggests a program and it is unclear whether it is an approved program, contact should be made with ADIS to determine whether the program is approved.

Once an approved alcohol and/or other drug rehabilitation program appropriate for the parent, guardian or caregiver is identified, the DCP case worker will contact the service provider and discuss:

- the alcohol and/or other drug assessment recommendations
- service availability
- referral process and information to be provided



- appropriate alcohol and/or other drug rehabilitation for the parent, guardian or caregiver
- a possible rehabilitation plan
- the compliance requirements (where attendance in the rehabilitation program is the result of a Chief Executive direction or Youth Court order)
- DCP reporting requirements and authorisation to require information (for example, information required covering attendance, engagement and progress)
- cost of reporting for a non-government provider where reporting to DCP is a requirement above program funding
- cost and fee for service where a private provider is engaged.

The DCP case worker will confirm with the program provider the time, date and place of the first appointment so that these can be included in any Chief Executive direction notice (if this is to be issued).

Parent, guardian or caregivers already involved in a rehabilitation program

If a parent, guardian or caregiver advises DCP that they are currently participating in an alcohol and/or other drug rehabilitation program, the DCP case worker must seek information confirming their participation, and the details of the program from the service provider. DASSA can be consulted to determine whether the identified program is appropriate to address the child protection and alcohol and/or other drug rehabilitation goals for the parent, guardian or caregiver.

Record keeping

Detailed, accurate and timely records of all written and verbal communications, consultations, Chief Executive direction notices, and appointment times and dates must be kept in C3MS.

Respond if a parent, guardian or caregiver does not comply to a referral for an assessment or intervention

The commitment to undergo and comply with requirements of an assessment, testing or rehabilitation program contributes to an overall assessment of the parent, guardian or caregiver's capacity to acknowledge and address the identified child protection concerns, as well as their willingness to work cooperatively with DCP to change their alcohol and/or other drug use or improve their parenting capacity.

If a parent, guardian or caregiver is non-compliant with any agreed voluntary involvement, Chief Executive direction or Youth Court order, the DCP case worker must discuss the reasons for non-compliance with the parent, guardian or caregiver.

Where children and young people remain in the home and a parent, guardian or caregiver is non-compliant with a proposed assessment or intervention, an assessment of safety and risk must be undertaken without delay (see [Assess and establish immediate safety](#) in this chapter of the Manual of Practice). The DCP case worker must consider appropriate measures to secure the safety and wellbeing of the child or young person, including applying for relevant Court orders necessary to achieve safety.

Where the parent, guardian or caregiver has failed to comply with a Chief Executive direction or Youth Court order without reasonable excuse, the supervisor should contact DCP Legal to explore further options, including the possibility of prosecution. Failure to comply with a Chief Executive direction or Youth Court order without reasonable excuse carries penalties, that can be pursued in accordance with the advice of the Crown Solicitor's Office.



In all cases, the failure of a parent, guardian or caregiver to willingly and proactively engage in an identified assessment or intervention should inform an overarching assessment of their insight and capacity to address the identified child protection concerns within the child or young person's timeframes.

See the [DCP Assessment framework for staff](#) for more information.

5. Exercise child protection officer powers

Child protection officers include DCP staff authorised by the DCP Chief Executive and SAPOL officers.

The primary function of authorised child protection officers under the CYPS Act is to exercise their powers for the purpose of removing children and young people from situations in which they are at risk of harm.

In addition, child protection officers may exercise their powers as may reasonably be required in the administration, operation or enforcement of the CYPS Act.

Before exercising powers, child protection officers must always seek the cooperation of a family (see [Engage with the family](#) in this chapter). A child protection officer may only invoke and exercise their formal powers if family members do not, or are unable to, voluntarily cooperate with a request.

When exercising the powers of a child protection officer, the safety of children and young people is the paramount consideration.

All child protection officer powers must be exercised in accordance with section 149 of the CYPS Act and regulation 38 of the CYPS Regulations.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

It is critical that child protection officer powers are exercised with respect and compassion for the family. Child protection officers should acknowledge the feelings of powerlessness and intergenerational trauma experienced by Aboriginal and Torres Strait Islander infants, children, young people and families when in contact with the child protection system and only resort to exercising their powers as a last resort to ensure a child or young person's safety.

Ensure child protection officer is authorised with an appropriate identity card

DCP employees who exercise the powers of a child protection officer must be authorised pursuant to section 147 of the CYPS Act. They must be able to show an identity card issued by DCP that states their name and includes a photograph and states that they are a child protection officer under the CYPS Act. If there are any limitations on the officer's authority, the card must state those limitations.

Only certain positions within DCP can be authorised as child protection officers – refer to the [list of eligible positions](#).

To authorise an employee, the Chief Executive or their delegate (usually the regional director) must complete and sign an instrument of authorisation. The regional director can name more than one employee on a single instrument of authorisation if there is more than one employee to authorise.

The regional director (or other delegate) may sign the instrument of delegation manually or they may use an electronic signature. Where an electronic signature is used, the regional director (or their executive assistant) must forward an email to the relevant business manager or other staff member responsible for processing the identity card request with the completed and signed instrument of authorisation attached.



The completed and signed instrument (and accompanying email from the regional director or their executive assistant, if signed electronically) must be provided to the Assets Facilities – Security team in PDF format along with a completed [Security Access form](#) for each employee authorised.

For new DCP employees, authorisation occurs as part of the [induction](#) process. The employee is then issued an identification card by DCP Facilities and Assets that states the employee’s authority pursuant to section 147(1)(c) of the CYPS Act.

For existing DCP employees moving into, or returning to, a role that requires them to be authorised as a child protection officer, their new work location must ensure the [Security Access form](#) and [instrument of authorisation](#) are completed and emailed to the Assets Facilities – Security team. The Assets Facilities – Security team will then issue a sticker (to be affixed to the back of the access card) confirming the employee’s authority as a child protection officer.

All DCP child protection officers intending to exercise their powers must produce their identity card or other evidence of their authority for inspection at the request of the person against whom they intend to exercise their powers.

Revoking an authorisation

If an authorised child protection officer ceases to be employed by DCP or moves into a role that is not eligible for authorisation, their authorisation must be revoked.

For continuing employees who are no longer eligible for authorisation, a manager or business manager at their work location must advise the Assets Facilities – Security team by email of the date the employee will cease to be an authorised officer. The security team will remove the employee from the register of authorised child protection officers. If the employee’s access card has a child protection officer skin sticker, the manager or business manager must also remove the plastic cover and remove (peel off) the sticker. If the access card is in one piece, the manager or business manager must submit an online form from the DCP security website and the Assets Facilities – Security team will arrange for a replacement identity card (minus the sticker) to be issued.

When an authorised child protection officer concludes their employment with DCP, the revocation forms part of the exit procedure. A manager or business manager must complete the relevant online form, reclaim the employee’s identification card and return it to the Assets Facilities – Security team. The Assets Facilities – Security team will remove the employee from the register of authorised child protection officers.

Refer to the [Assets Facilities – Security team intranet page](#) for more information.

Consider whether SAPOL assistance is required to assist in exercising child protection officer powers

The DCP child protection officer, in consultation with their supervisor, must consider whether to seek SAPOL assistance when planning the investigation and at any other point during the investigation where there are concerns regarding worker safety or where exercising powers may threaten the safety of the child, young person or a family member.

It is critical to involve SAPOL if:

- force may be required to break into or open any part, or anything in or on a premises (section 149(1)(c))
- items (such as the child or young person’s passport) may need to be seized (section 149(1)(d)(f))



- the exercise of powers of removal under sections 41(1) (emergency removal) or 149(3) (removal of a child or young person under a Youth Court order) may require the use of force
- information suggests there may be a risk to the safety of a worker, child, young person or family member
- a criminal offence may have been committed.

It is important to note that the use of forced entry is a role for SAPOL and is not the role of a DCP child protection officer (although a DCP child protection officer can assist SAPOL during this process).

Only in the most extreme and critical circumstances might a DCP child protection officer consider executing forced entry to premises to remove the child or young person. Supervisor approval must be obtained unless there is such immediate and critical risk to the child or young person's safety that the delay involved in seeking approval would be likely to result in the death or serious injury of the child or young person.

DCP child protection officers must negotiate roles and responsibilities with attending SAPOL officers prior to exercising any powers, including removing the child or young person where necessary. This may occur during a strategy discussion and must form part of the investigation plan (refer to [Plan an investigation](#) in this chapter of the Manual of Practice).

DCP child protection officers should not exercise powers under section 149(4) to apply for a warrant. If a child protection officer considers that force needs to be used to enter premises in any circumstances other than those described above, they must obtain the approval of their supervisor and engage SAPOL's assistance.

Undertake an emergency removal of a child or young person (section 41)

A DCP child protection officer may determine that it is necessary to remove the child or young person from the care of their parents, guardians or caregivers where no reasonable alternative course of action exists to protect the child or young person from serious harm (section 41(1) CYPS Act). Approval from a supervisor or higher classification is required to affect a removal.

A section 41 removal should only occur in the most serious circumstances where there are no other reasonable means available to secure the safety of the child or young person.

To exercise powers to remove the child or young person, a DCP authorised officer must follow the steps as outlined below.

Conduct a safety assessment

The DCP child protection officer must complete a safety assessment to identify safety concerns and inform the appropriate intervention to ameliorate those safety concerns.

See [Assess and establish immediate safety](#) in this chapter, the [DCP Assessment framework for staff](#) and the [SDM® Safety Assessment Policy and Procedures Manual](#) for more information about conducting safety assessments.

Determine whether the grounds for removal have been met

Before removing a child or young person, the DCP child protection officer must ensure that the requirements of section 41(1) of the CYPS Act are met.

Section 41(1) authorises child protection officers to exercise their power to remove a child or young person when they *believe on reasonable grounds* that:



- (a) a child or young person has suffered, or there is a significant possibility that a child or young person will suffer, serious harm; and
- (b) it is necessary to remove the child or young person from that situation in order to protect them from suffering serious harm or further serious harm; and
- (c) there is no *reasonably practicable alternative* to removing the child or young person in the circumstances.

A belief on 'reasonable grounds' is a subjective standard that requires a degree of confidence greater than a suspicion. To form a belief, the DCP child protection officer does not require proof and does not need to conduct a full investigation of the circumstances, but they must have made appropriate enquiries so they can make an *informed decision*.

The DCP child protection officer must also consider whether the grounds for the belief are *reasonable*. A belief is considered 'reasonable' based on the plausibility or trustworthiness of that information, such that any reasonable person would form a similar opinion.

What is *reasonably practicable* in the circumstances is a judgement based on an assessment of:

- the urgency of the risk, and
- the time, effort and cost of taking particular measures to ameliorate that risk.

In practice, the assessment of what is reasonably practicable requires working with the family to seek information and to undertake safety planning and/or case planning to create safety (see 'Work with the family to explore alternatives to exercising a section 41 removal' in this section).

Work with the family to explore alternatives to exercising a section 41 removal

Wherever possible, the DCP child protection officer should work with the family to seek information and undertake safety planning and case management tasks to create safety. All reasonably practicable alternatives to create safety that do not involve removal should be explored.

The views of the child, young person and their family should be sought and considered. This should include ascertaining the wishes of the family, identifying the immediate needs of the child or young person, identifying placement options, considering possible contact arrangements and planning to ensure the child or young person's connections with their kin and community are maintained.

Where possible, the genogram and/or ecomap should be developed with the child or young person's family to identify strengths and protective factors within the family's personal and professional networks that could be utilised to avoid the need for removal. The genogram and/or ecomap should explore:

- possible family and community resources to create safety within the home
- the possibility of the child or young person temporarily residing in a safe environment with extended family, kin or informal helpers
- an alleged perpetrator temporarily leaving the home
- moving the child or young person and the non-offending parent, guardian or caregiver to a safe environment.

Any alternative agreement made with the family to secure the immediate safety of the child or young person should be reflected in a safety plan. See [Assess and establish immediate safety](#) in this chapter of the Manual of Practice for more information about safety planning. The Principal Aboriginal Consultant or Aboriginal practitioner may be able to assist in working with Aboriginal and Torres Strait Islander families to map potential family and kinship supports. Consideration should also be made to referring the family for a family group conference to support family led decision making that may avoid the need for a section 41 removal.



See [Refer for a family group conference](#) in the Ongoing intervention chapter of the Manual of Practice for more information.

In all cases, children, young people and their families should be provided with information about the process, their rights and responsibilities and supports available. Talk to the child or young person about what has happened, where they will be going, when they will see their parents, guardians or caregivers, and the next steps to help prepare them for what is about to happen. Children and young people should be informed of their right to access support and advocacy from the Guardian for Children and Young People, and the Commissioner for Aboriginal Children and Young People. See [Support the child or young person to understand their rights](#) in the supporting children and young people in care chapter of the Manual of Practice for more information.

Consult and seek approval from the delegated decision maker

The decision to remove the child or young person pursuant to section 41(1) of the CYPS Act is a significant decision, requiring the approval of the Chief Executive or their delegate (usually the supervisor). Refer to [Delegations by legislative provision](#) for information about the appropriate delegation for the removal of a child or young person pursuant to section 41 of the CYPS Act.

The delegate approving the decision to remove must be a different person from the child protection officer who forms the belief that the removal is required. This means that if the supervisor is the DCP child protection officer who has formed the reasonable belief that removal is required, then they must seek approval from another delegate at the same or higher classification.

The decision, rationale and name of the delegate who approved the removal must be clearly documented in C3MS as soon as possible and no later than one business day following removal.

The requirement to seek approval from an appropriate delegate does not apply if the DCP child protection officer believes on reasonable grounds that the delay in seeking prior approval would significantly increase the risk of serious harm or further serious harm being caused to child or young person. In these circumstances, the appropriate delegate must be informed at the earliest opportunity and the decision and rationale for removing the child or young person without prior approval from a delegate must be clearly documented in C3MS as soon as possible and no later than one business day following removal.

Before removing the child or young person, it is strongly recommended that the DCP child protection officer consult with a practice leader to explore potential alternatives to removal and make relevant considerations for the child or young person where a removal is planned to occur.

For Aboriginal and Torres Strait Islander infants, children and young people, consultation must take place with a Principal Aboriginal Consultant and a practice leader before exercising a power of removal unless the delay involved in consulting would prejudice the child or young person's safety (this is a mandatory condition of the delegation).

For families from a culturally and linguistically diverse background, consultation with DCP Multicultural Services should be considered to inform an accurate assessment and explore alternative supports.

Exercise powers of removal

Wherever possible, the DCP child protection officer should seek the voluntary cooperation of the parents, guardians or caregivers before exercising powers of removal.

However, section 41(1) of the CYPS Act provides that a child protection officer may remove a child or young person from any premises or place using such force as is reasonably necessary for the purpose, including breaking into the premises or place, if a child protection officer believes on reasonable grounds that the legal basis for removal is met. In these circumstances, SAPOL assistance should be sought (see 'Consider whether SAPOL assistance is required' above).



Upon exercising powers of emergency removal, the DCP child protection officer must explain the legal authority to the parent, guardian or caregiver and provide them with notice in writing by completing the [Section 41 removal of a child or young person notice template](#). Information for parents, guardians and caregivers is provided at the end of the template under the 'What happens now?' information sheet, which outlines the Court process, contact arrangements and placement of a child or young person following removal. Importantly, the information also provides contact details for legal services that parents, guardians and caregivers should be encouraged to consider, noting the importance of engaging a lawyer prior to any first Youth Court hearing. The notice further includes the option to direct the child or young person to an examination or assessment under a section 35 direction if required (see [Respond to the child or young person](#) in this chapter of the Manual of Practice for information about section 35 notices).

The Crown Solicitor's Office should be contacted as soon as possible (and at least on the day of removal) to advise that a removal has occurred and a Youth Court date may be required.

Care should be taken in planning how a removal will be undertaken, including where the removal will occur and how the child or young person will be transported. DCP staff should ensure they have the required car seats to transport a child or young person following a section 41 removal. Refer to [Transporting children and young people](#) in the Supporting children and young people chapter of the Manual of Practice for further guidance about providing and coordinating transport.

Ensure case management tasks following removal are completed

Once the child or young person is removed, the Chief Executive has custody of the child or young person until the child or young person is returned to the custody of their parent/s, guardian/s or caregiver/s or the end of the fifth business day following the day of removal.

Following the removal, DCP may:

- make an application to the Youth Court for custody or guardianship (see [Make an application for care and protection orders](#) in the Ongoing intervention chapter of the Manual of Practice) or
- make an alternative arrangement to secure safe arrangements for the child or young person (such as a voluntary custody agreement) or
- return the child or young person to the custody of their parents, guardians or caregivers.

During this period, it is the responsibility of the DCP case worker to ensure all relevant case management tasks are completed. This includes (where applicable) making an application to the Youth Court, identifying and supporting the child or young person's placement, undertaking home visits, arranging a family group conference, case planning, considering contact arrangements, scheduling [care team meetings](#) and informing key services of the change to custody and carer details. For further guidance regarding 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.

The Crown Solicitor's Office should be informed as soon as possible following a removal (and at least on the day of the removal) to ensure a Court hearing can be secured within the required timeframes.

The supervisor should contact the Crown Solicitor's Office by telephone on 7322 7002 to advise of the emergency removal, providing details of:

- the child or young person's name
- the date of the removal
- any other information required by the Crown Solicitor's Office to allocate the matter and prepare for the application for care and protection orders (for example, if the matter is complex or likely to attract media attention).



It is also essential that the DCP case worker undertakes appropriate consultation to inform their assessment and case management.

Consultation with a Recognised Aboriginal Organisation and a Principal Aboriginal Consultant (if the child or young person is Aboriginal or Torres Strait Islander) should occur to inform future case management tasks. Consultation with a Recognised Aboriginal Organisation must occur where reasonably practicable prior to placing an Aboriginal or Torres Strait Islander infant, child or young person in care. See [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 for further guidance.

Consultation should also occur with the DCP Disability and Development Services team if the child or young person has or is suspected to have a disability and DCP Multicultural Services if the child or young person is from a culturally and linguistically diverse background.

Remove a child or young person following a custody or guardianship order being granted by the Youth Court

Section 149(3) of the CYPS Act provides that for the purpose of enforcing an order of the Youth Court, child protection officers may use reasonable force (without a warrant) to remove a child or young person from any premises, place, vehicle, or vessel. The child protection officer may use such force as is reasonably necessary to achieve enforcement of the order.

A child protection officer can therefore remove a child or young person who is made the subject of an order of custody or guardianship to DCP where the family will not voluntarily facilitate the transition of the child or young person into the Chief Executive's care.

Where forced entry is likely to be required or other aspects of the situation indicate that there may be a risk to worker safety in enforcing an order, the DCP child protection officer must in consultation with their supervisor consider whether to seek SAPOL's assistance to remove the child or young person (see 'Consider whether SAPOL assistance is required' in this section). In these circumstances, the use of force to remove a child or young person must be exercised by SAPOL, although a DCP child protection officer can assist during this process.

Only in the most extreme and critical circumstances might a DCP child protection officer consider executing forced entry to premises to remove a child or young person. Supervisor approval must be obtained unless there is such immediate and critical risk to the child or young person's safety that the delay involved in seeking approval would be likely to result in the death or serious injury of the child or young person.

DCP child protection officers should consult with DCP Legal if in any doubt about the legal position in relation to exercising section 149(3) powers.

A family may fail to comply with an order of custody or guardianship by harbouring or concealing a child or young person. See [Support the safety of a 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 for more information.

Exercise other powers as a DCP child protection officer

In addition to the primary function of removing children and young people from situations of harm, a DCP child protection officer may exercise their powers as may reasonably be required in the administration, operation or enforcement of the CYPS Act.



Child protection officer powers are commonly used during investigation and assessment. The powers may also be exercised during the protective intervention phase if concerns are raised.

In all cases, child protection officer powers must be exercised respectfully and in anticipation of continuing a working relationship. Before exercising powers, DCP child protection officers must always make attempts to seek the cooperation of a family. Refer to [Engage with the family](#) in this chapter of the Manual of Practice for guidance about working with families, with specific considerations for working with Aboriginal and Torres Strait Islander families, families from culturally and linguistically diverse backgrounds and families living with disabilities.

At any time, if the DCP child protection officer identifies risks or threats to their safety, they must leave the premises/location immediately. In these circumstances, a plan must be developed in consultation with the supervisor to follow up with the child or young person if they remain with their family (see 'Consider worker safety' in the [Plan an investigation](#) key step of this chapter).

Be clear about the power to be exercised and the purpose for doing so

When exercising a child protection officer power or powers, it is very important that the DCP child protection officer is clear about the power/s being exercised and the purpose of doing so. Refer to 'Exercise child protection officer powers' in this section for a description of each power and the circumstances where it may be exercised.

Child protection officers should explain the legal authority for exercising their powers (the CYPS Act) to the family.

The DCP child protection officers should consult with DCP Legal if in any doubt about their legal position in exercising a power.

Exercise child protection officer powers

The powers of a child protection officer are described below.

It is important that when exercising any of these powers, the DCP child protection officer show their identification, refer to the relevant legislation and explain to the relevant family member the reason the power is being used.

DCP Legal should be consulted if there is any uncertainty in the exercise of a child protection officer power.

Power to enter and remain on any premises, place, vehicle or vessel (and for that purpose require a vehicle or vessel to stop (section 149(1)(a) of the CYPS Act)

In the course of their work, a DCP child protection officer will need to enter a house.

If a family allows the DCP child protection officer to enter the home, their consent is implied and no child protection officer power needs to be used.

If a family does not allow the DCP child protection officer to enter the home, the DCP child protection officer may explain that they are authorised to enter the home pursuant to the CYPS Act. This power does not authorise the child protection officer to enter by force.

SAPOL assistance must be engaged if forced entry to a home is required or if there are concerns for worker safety in entering a home. See 'Consider whether SAPOL assistance is required in exercising child protection officer powers' in this section for more information.



Power to inspect any premises, place, vehicle or vessel (section 149(1)(b) of the CYPS Act)

In the course of their work, a DCP child protection officer will need to inspect the yard or inside of a house to make an informed assessment.

If a family allows the DCP child protection officer to inspect the yard or inside of the house, consent is implied and no child protection officer power needs to be used.

If a family does not allow the DCP child protection officer to enter to inspect a property, the DCP child protection officer may explain that they are authorised to do so pursuant to the CYPS Act. This power does not authorise the DCP child protection officer to use force when inspecting and the assistance of SAPOL must instead be engaged if force is likely to be required to inspect a premises (or if there are concerns as to worker safety). See 'Consider whether SAPOL assistance is required in exercising child protection officer powers' above for more information.

Power to use reasonable force to break into or open any part of, or anything in or on that premises, place, vehicle or vessel (section 149(1)(c) of the CYPS Act)

Once the DCP child protection officer is in the home, a family may prevent access to a certain part of the home or yard, or attempt to conceal item/s in the home which could potentially cause harm to the child or young person. In these cases, it is open to the DCP child protection officer with the prior approval of a supervisor to use reasonable force to break into something (such as the door to a room, or a locked box or cupboard).

The DCP child protection officer must only use this power if it is safe to do so. In the case of any uncertainty, or if force is required to break into anything which might be relevant to criminal proceedings, the DCP child protection officer must contact SAPOL. See 'Consider whether SAPOL assistance is required in exercising child protection officer powers' above for more information.

Power to seize and retain the passport of a child or young person (section 149(1)(d) of the CYPS Act)

If a DCP child protection officer believes on reasonable grounds that the child or young person is at risk of removal from South Australia for the purposes of undergoing a genital mutilation procedure or a marriage that would not be legal in Australia, the child protection officer must immediately notify SAPOL. SAPOL have established protocols with the Australian Government and the Australian Federal Police to create the necessary border alerts and identify whether the child or young person has a passport.

The supervisor, senior practitioner and/or DCP child protection officer must hold a strategy discussion with DCP Legal and SAPOL to develop a plan to keep the child or young person safe in these circumstances and to agree upon roles and responsibilities between agencies (refer to 'Hold a strategy discussion' in the [Plan an investigation](#) key step of this chapter).

Generally, SAPOL will be responsible for seizing and retaining the passport for evidentiary purposes given that removal of a child or young person for genital mutilation or marriage is a criminal offence.

However, it is open to the DCP child protection officer to exercise the power to seize and retain the passport of the child or young person if SAPOL is not available to do so. In this situation the child protection officer must obtain the approval of a supervisor (or more senior DCP employee) to seize the passport.

In these circumstances, it is recommended that the child protection officer provide the seized passport to SAPOL for storage. If this is not possible, the supervisor (or other [delegate](#)) is responsible for storing the



passport in a lockable cupboard. The passport can be retained for a period of no longer than three months without a Court order authorising a longer period.

The DCP child protection officer must notify the parents, guardians or caregivers in writing if DCP seizes a passport using the [Seizure of child or young person's passport notice template](#). The child protection officer must also inform the Australian Passport Office in writing that the passport has been seized (passports are technically the property of the Australian Government). The Australian Passport Office can be contacted on:

The Manager
Australian Passport Office
GPO Box 9807
Adelaide SA 5001

The necessary authority for retaining the passport and copies of the written notice provided to the parents, guardians, or caregivers and Australian Passport Office must be recorded in C3MS.

Power to take photographs, video or other recordings (section 149(1)(e) of the CYPs Act)

Photographs, video or other recordings are a powerful type of evidence and it may be appropriate for child protection officers to take photographs, video or other recordings when undertaking investigations (for example in relation to environmental neglect or physical harm).

Where SAPOL is also involved or an interagency response is required, decisions about which agency will take photographs, video or recordings should be made during a strategy discussion. This discussion will establish whether DCP, Child Protection Services or SAPOL crime scene investigators should take the photos and/or whether photographing is necessary and/or appropriate in the circumstances.

If the photographs, video or recordings are taken for evidentiary purposes for criminal proceedings, SAPOL will usually take responsibility for recording these. If the photographs, video or recordings are to be provided as part of an application to the Youth Court or to support a child protection investigation or assessment, the DCP child protection officer will usually take responsibility for recording these. DCP child protection officers may also email photographic images of suspected injuries to non-sensitive areas of a child or young person's body to Child Protection Services clinicians as part of an initial consultation. Detailed photographing of a child or young person's suspected injuries (including in sensitive areas) should be undertaken by Child Protection Service clinicians as part of a forensic medical examination.

Where DCP is responsible for taking photographs, video or other recordings, the DCP child protection officer must inform the family of the intention to take the photographs, video or recordings and inform them that they may be used as evidence in Court proceedings and/or provided to other agencies to inform their response.

DCP child protection officers must be aware and respectful of any cultural implications associated with the taking of photographs. It is recommended that consultation occur with a Principal Aboriginal Consultant before taking photographs or voice recordings of Aboriginal and Torres Strait Islander infants, children, young people or their families. Consultation with DCP Multicultural services should be considered where there may be cultural issues raised in photographing or recording a family or their household.

All photographs, video or other recordings must only be taken using work mobile phones or cameras.

When taking photographs, video or other recordings, the DCP child protection officer must take careful notes of the home environment to document:

- observations including odours, mould or animal faeces sighted in the home
- notes of any inaccessible rooms and the reason for inaccessibility



- any health or safety hazards the home environment may present
- the state of bedding
- available food in the home
- those present within the home
- details to identify the exact location the photos were taken.

These notes must be recorded in C3MS as an investigation note as soon as practicable and no later than the next business day.

The photographs, videos or other recordings must be stored on a labelled storage device (such as a USB) in a locked cupboard.

For information about practice considerations when working with issues of neglect and squalor, see the [Working with concerns about neglect, hoarding and squalor](#) Practice Paper.

Seize and retain anything that the child protection officer believes may constitute evidence of an offence against the CYPS Act (section 149(1)(f) of the CYPS Act)

The power to seize and retain evidence is limited to circumstances where the DCP child protection officer reasonably suspects that an item may constitute evidence of an offence against the CYPS Act. This includes evidence related to offences such as (but not limited to) a breach of written direction, hindering an authorised child protection officer, or harbouring and/or concealing a child or young person in a state care placement.

This power **may not** be used to seize evidence for child protection proceedings (such as evidence of neglect).

If SAPOL advises a DCP child protection officer that an item is not to be removed, DCP child protection officers must follow these instructions. Incorrect removal of items could make evidence inadmissible in Court and negatively impact on criminal proceedings.

If SAPOL is present, they will seize and store the items for evidentiary purposes in criminal proceedings. If SAPOL is not present and a DCP child protection officer considers they need to remove an item, approval must be sought from a supervisor or more senior DCP employee. In this situation, the item must be provided to SAPOL as soon as possible.

Require a person who is reasonably suspected of committing an offence against the CYPS Act to provide their full name and place of residence, and to produce evidence of their identity (section 149(1)(g) of the CYPS Act)

It may be appropriate for a DCP child protection officer to exercise this power to ask a person to provide their full name, place of residence and to produce evidence of their identity if it is suspected that the person may be committing an offence against the CYPS Act.

For example, if a child or young person is found to be in the presence of a person who has a written direction issued against them, the child protection officer may request this person to produce evidence of their identification.



Give such directions as may be reasonably required for a purpose related to the administration, operation and enforcement of the CYPS Act (section 149(1)(h) of the CYPS Act)

In circumstances where a person may be hindering the authorised child protection officer in the course of their role and duty, for example during a removal of a child or young person, the child protection officer may give directions as necessary (such as asking a person to give the child or young person to the child protection officer).

SAPOL assistance should be engaged if there are any concerns as to the safety of the worker or others present.

Power to inspect licensed children's residential facilities (section 109 of the CYPS Act)

In rare circumstances, it may be appropriate for a DCP case worker who is an authorised child protection officer to exercise the power to inspect a licensed children's residential facility and issue related directions under section 109 of the CYPS Act. This could occur, for example, in a remote area or after hours where it is impractical for a contract manager or licencing officer to carry out an inspection of a facility within a reasonable period.

The DCP case worker should consult the Manager, Service Contracts and Licensing and seek approval of a supervisor before exercising this power. They must provide a report to the Manager, Service Contracts and Licensing following inspection.

If a DCP child protection officer has serious concerns about a child or young person in a children's residential facility, it is not appropriate to exercise the section 109 inspection power but instead the child protection officer must immediately raise a care concern (see [Raise a Care Concern Referral](#) in the Raising and responding to care concerns chapter of the Manual of Practice) and contact SAPOL to seek urgent attendance at the placement to ensure the child or young person's safety.

Record the exercise of power in C3MS

The use of a power must be appropriately recorded in C3MS as soon as practicable or by the end of the next business day.

The case notes must include consultations, discussions and observations, as well as the powers and functions that have been exercised (including approval from a supervisor or a senior DCP staff member to exercise these powers).

Where a strategy discussion has been held, and/or other agencies (such as SAPOL) are involved in the exercise of a child protection officer power, communication and contact with relevant agencies must also be recorded in C3MS.

Respond where a parent, guardian or caregiver does not comply with a requirement or direction

It is an offence for a person to:

- without reasonable excuse, refuse or fail to comply with a requirement or direction under the section 149 provisions relating to child protection officer powers (maximum penalty imprisonment for one year) or



- hinder or obstruct a child protection officer in the exercise of a power under the CYPS Act (maximum fine \$10,000).

If a DCP child protection officer considers a person has failed to comply with a requirement or direction, or otherwise hindered or obstructed them in the exercise of a power, the officer must record detailed, accurate records of all conversations and actions in C3MS and consult with the supervisor about the appropriate follow up action. Consultation should occur with DCP Legal to consider the possibility of prosecution.

6. Manage new allegations arising during an investigation

Familial New Allegations (FNA) are previously unreported allegations or risks that are identified in an existing child protection case.

These may be reported directly to the DCP Call Centre or received by the DCP case worker in the course of an investigation.

When new allegations are received by the DCP case worker, the processes outlined under key step [Receive and respond to intakes received outside of DCP Call Centre](#) in this chapter of the Manual of Practice should be followed.

When a new notification is raised during an investigation, the DCP case worker and supervisor will receive a notification on their work list advising that a FNA has been raised. The supervisor is responsible for determining whether the FNA should be merged with the existing investigation or addressed separately.

Merge FNA with existing investigation

Wherever it is appropriate and possible to do so, the supervisor or senior practitioner must merge the FNA with the existing investigation.

Where a FNA is merged with an existing investigation:

- the investigation and assessment must take into consideration the additional information and concerns raised in the FNA
- the DCP case worker must complete the [SDM® Safety Assessment](#) for the original and new harm and risk grounds
- the grounds (with alleged dates) recorded in FNA should be merged with the existing investigation in C3MS
- the adequacy of any safety planning in place must be reviewed in light of the new allegations and subsequent safety assessment.

For further details, refer to [FNA Quick Reference Guide C3MS](#).

Investigate FNA separately

The supervisor or senior practitioner may approve the FNA being investigated separately if it is not appropriate or possible to merge the FNA with the existing investigation.

An FNA may be addressed separately where the following circumstances are met:

- the original investigation is close to being finalised; and
- the FNA requires a 10 day response, as opposed to a 24 hour response (which would require an urgent response that should be addressed as part of the ongoing investigation)



- the FNA does not include concerns that would need to be assessed and resolved before the initial investigation is finalised to ensure the safety of the child or young person.

The decision to address the new allegations separately must be recorded as a note on the child or young person's C3MS record.

A new [SDM® Safety Assessment](#) must be conducted within 24 hours of the first face to face contact with a child or young person the subject of a notification in which an investigation has commenced. At the conclusion of the investigation and substantiation decision an [SDM® Initial Risk assessment](#) must be completed to inform the case continuation decision.

A FNA that is addressed separately as a new investigation will have the usual 42 day timeframe for the investigation to be completed.

Refer to the [Outcome Codes Procedure](#) for information about outcome codes for FNAs.

7. Respond to family law matters during an investigation

The Family Law Courts operate under the *Family Law Act 1975* and make decisions about the best interests of children and young people relating to issues such as parental responsibility, where the child or young person will live and with whom they will spend time.

The Family Law Courts may hear concerns about the welfare of children or young people in the course of their proceedings and may seek the assistance of DCP. The Family Law Courts do not have the power to undertake child protection investigations and therefore may require the assistance of DCP to provide information or intervene in proceedings where there are allegations of risk. This may include circumstances where threats have been made to harm the child or young person during a custody dispute.

In these situations, risks to the child or young person's safety should be assessed thoroughly and appropriate action is taken where there are concerns about the immediate safety of the child or young person. For further guidance about assessing risk of harm, refer to the [DCP Assessment framework for staff](#). Where there is an immediate threat to the child or young person's safety, refer to the [Assess and establish immediate safety](#) key step in this chapter.

All requests by the Family Law Courts for DCP assistance will be sent to the Court Services and Liaison Team in the first instance. The Court Services and Liaison Team will make contact with the allocated office if a request from the Family Law Courts is received in relation to an open DCP matter.

Refer to the [Family Law Matters Procedure](#) for instructions on responding to requests of the Family Law Courts. The Court Services and Liaison team can be contacted on 8226 2961 or DCPFamilyLawInterface@sa.gov.au.

Where family members are advised to seek Family Law Orders after an investigation is closed, the Practice Leader, Court Services and Liaison Team should be consulted. An [Alert Letter Template](#) can be completed when family members have initiated family law proceedings, and must be sent to the Court Services and Liaison team for review and filing with the Family Law Courts. DCP offices should not produce any letter or correspondence in support of a parent for the purposes of Family Law Court proceedings outside of this process. DCP offices are not permitted to communicate directly with the Family Law Court and all correspondence must occur through the Court Services and Liaison team.

8. Determine investigation substantiation decision



All child protection notifications that have proceeded to the Investigation and Assessment Phase must have an investigation substantiation decision recorded.

New harm or likelihood of harm grounds identified over the course of the investigation that were not part of the initial intake/s must also be added to the intake and have a substantiation decision recorded.

A substantiation decision is a determination as to whether, on the balance of probabilities, harm occurred (whether caused by an act or omission) and/or whether risks of harm are identified.

'Balance of probabilities' means a conclusion has been reached that the act or event in question is more likely to have occurred than not.

Substantiation decisions should not be made until the DCP case worker has at a minimum:

- spoken to the parent, guardian or caregiver, including the alleged perpetrator
- sighted the child or young person
- held a discussion with the child or young person
- consulted with their supervisor who has approved the substantiation decision.

There may be exceptional circumstances where the parent, guardian, caregiver, child or young person may not be spoken to but these will be rare. Where the child or young person is preverbal or has limited communication abilities, the DCP case worker should utilise other strategies to gather and reflect on the child or young person's views and best interests, including observing their behaviour and interactions with others.

The substantiation decision should be quality assured by the senior practitioner and must be approved by the supervisor. When making and approving substantiation decisions, it is essential that staff are aware of and apply the definitions of harm and risk in the [SDM® Screening and Response Priority Assessment Policy and Procedures Manual](#).



Participation

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Ensure the substantiation decision includes the views gathered from the participation of the Aboriginal or Torres Strait Islander infant, child or young person, their family and kin throughout the investigation. Ensuring participation and working in partnership with family and Aboriginal practitioners throughout the investigation is critical to ensure the DCP case worker is able to make a substantiation decision that is

culturally informed.

Considerations when determining a substantiation decision

Section 17 of the *Children and Young People (Safety) Act 2017* defines harm as:

"...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...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 DCP case worker in consultation with the supervisor must determine if there is a reasonable belief that harm has occurred to the child or young person and/or the child or young person is at risk of harm (including cumulative harm). For Aboriginal and Torres Strait Islander infants, children and young people, consultation with a Principal Aboriginal Consultant can be considered if there are cultural issues of concern.



When determining a substantiation decision for harm, the DCP case worker must consider the following:

- Did the child or young person experience harm?
- Was the harm of a kind against which a child or young person is ordinarily protected?
- Did the harm occur as the result of an act by a parent, guardian or caregiver (that is, did the parent, guardian or caregiver do something that resulted in the harm)? Or-
- Did the harm occur as the result of parent or caregiver omission (that is, did the harm occur as the result of the parent, guardian or caregiver not doing something, such as not providing for basic care or supervision)?

Harm can only be substantiated where a parent, guardian or caregiver of the child or young person is found to be culpable for causing such harm. The specific harm the parent, guardian or caregiver is determined to be culpable for must be identified by DCP (for example, sexual harm, neglect, failure to protect) and recorded against the relevant parent, guardian or caregiver as the person 'Responsible for Harm' (noting additional ground/s may need to be added).

DCP can substantiate harm even in matters where SAPOL or the Director of Public Prosecutions decline to pursue a criminal prosecution, where criminal charges are dropped or where criminal proceedings are still underway. This is because the standard of proof for proceedings under the CYPs Act is determined on the 'balance of probabilities' rather than the higher criminal standard of 'beyond reasonable doubt.' As a result, even if a matter that involves criminal offending does not proceed to a criminal trial or a verdict of not guilty is returned, the information and evidence collected can still be considered when making a substantiation decision about the safety of a child or young person for the purposes of the CYPs Act.

Substantiation decisions must be based on a thorough assessment of the information and evidence gathered during an investigation. While it is essential to gain an understanding of the context within which harm has occurred, harm or injury to the child or young person must not be discounted because of a parent, guardian or caregiver's alleged intent.

Parents, guardians or caregivers do not need to admit to the alleged harm or risks for DCP to substantiate harm has occurred or risks are present.

The DCP case worker must not be limited by the original allegations made by the notifier and can substantiate other harm or risks on the basis of other evidence of harmful or neglectful behaviour identified during the investigation.

The ultimate responsibility for a substantiation decision lies with DCP.

Determine a substantiation of harm

A determination of 'substantiation of harm' will be made when there are reasonable grounds to believe:

- that the alleged harm or another harm occurred; or
- there is a pattern of behaviour or actions by a parent, guardian or caregiver towards the child or young person; or
- the parent, guardian or caregiver is unable or unwilling to protect the child or young person; and
- the child or young person has experienced harm as a result.

The determination must be based on a thorough assessment of the information and evidence gathered during an investigation.

In most cases, DCP does not substantiate harm against children or young people where other children or young people are considered to be the 'perpetrators' of harm. This includes circumstances where a child or



young person has engaged another child or young person in harmful sexual behaviour. The exception to this is where the parent of a child or young person are themselves under 18 years of age.

Additional considerations for specific harm categories are provided below. When considering each harm category, the definitions of harm and risk in the [SDM® Screening and Response Priority Assessment Policy and Procedures Manual](#) should be used.

Physical harm

Physical harm should be substantiated when injury is inflicted upon the child or young person to the extent that their physical development or emotional wellbeing is jeopardised.

The mere presence of an injury does not necessarily mean that this ground should be substantiated.

The child or young person's explanation for how they received the injury (if they can provide one), the parent, guardian or caregivers' explanation, information from others who were present or have relevant information, the outcome of any forensic medical examination and the plausibility of explanations for the injury must be considered.

In cases of inadequately explained injury in infants who are not independently mobile or older children with limited mobility due to disability, the DCP case worker should be highly alert to the possibility that the injury has been inflicted.

In the majority of circumstances, a forensic medical assessment should be sought and will be required to substantiate physical harm.

Emotional harm

Emotional harm can result from a chronic attitude or behaviour directed towards the child or young person and/or a living environment in which they experience psychological injury detrimental to their development and wellbeing.

Emotional harm is substantiated on the basis of the observed impact on the child or young person.

Exposure to domestic and family violence can result in a substantiation of emotional harm. Refer to the [Domestic and family violence Practice Paper](#) for further information.

Neglect

Neglect is a serious commission or omission (act, or failure to act) by a parent, guardian or caregiver which is detrimental to the child or young person's physical or psychological wellbeing and development.

Neglect can be substantiated in numerous ways but observations of the impact on the child or young person are critical.

Where medical opinion indicates that physical or emotional harm has resulted in a negative impact on the child or young person's health or development, neglect must also be substantiated.

Sexual harm

Sexual harm is any sexual behaviour imposed on a child or young person by an adult or an older child or young person. It can also include exposure to sexual behaviour (such as pornography).



It is not necessary for there to be physical evidence of harm for sexual harm to be substantiated.

If there is reasonable belief that sexual harm has occurred, harm can be automatically assumed even if there are no current signs of physical or emotional harm.

Where the concerns relate to harmful sexual behaviours between children or young people (see below), the purpose of this type of investigation is to identify if an incident or situation occurred, and if the parent, guardian or caregiver had culpability, through act or omission.

Harmful sexual behaviours by or between children and young people

Harmful sexual behaviours mean harmful or concerning sexual behaviour by, or between, children or young people. The [Interagency Code of Practice: Investigation of suspected harm to children and young people](#) recognises that responses to children and young people involved in harmful sexual behaviours must ensure their status as children is properly recognised and respected, and that all children involved in harmful sexual behaviours require support to recover from harm and/or be diverted from harming themselves and others. See also the [Supporting children and young people who display harmful sexual behaviours Practice Paper](#) for information about providing a child focussed response to harmful sexual behaviours.

The Interagency Code of Practice refers to children or young people against whom allegations have been made as 'children who have engaged in serious sexual behaviours.' This is to help prevent the use of misleading and inappropriate labels such as 'offender' or 'perpetrator' being applied to children or young people.

Where harmful sexual behaviour has occurred between children or young people, the child or young person who has undertaken the behaviour must not have sexual harm substantiated against them, nor be recorded as a 'perpetrator'. The focus of DCP's enquiries in these matters will instead be on preventing future harmful sexual behaviour and assessing the protective capacity of the parent, guardian or caregiver.

The 'S01 Sexual act or exploitation' ground captures notifications relating to alleged sexual harm to a child or young person. Consideration should also be given as to whether it is more appropriate to substantiate harm or risk against other grounds with respect to a parent, guardian or caregiver, such as N03 Inadequate supervision or N06 Failure to protect from others.

This ground reflects that based on allegations by the child or young person, witnessed act/s, disclosures, medical opinions, or suspicions formed as a result of indicators consistent with sexual contact (such as pregnancy or the presence of sexually transmitted diseases), one or more of the following has occurred:

- children and young people who are part of the household and/or related were/are engaging in harmful sexual behaviour with each other, and-
- there is a significant age, size or power difference between the child or young person initiating the behaviour and the other child or young person, and-
- the behaviour is not age appropriate.

The purpose for this ground is to trigger an investigation into the parent or caregiver behaviours connected to the alleged sexual harm. This may include an investigation with respect to:

- a lack of appropriate supervision by the parent, guardian or caregiver
- the provision of sexual material to children or young people by the parent, guardian or caregiver
- a parent, guardian or caregiver knowing there was a risk of harmful sexual behaviours and failing to act protectively
- the parent, guardian or caregiver failing to respond appropriately/protectively when made aware of the alleged harmful sexual behaviours.

The substantiation decision is dependent upon:



- whether the harm took place, in accordance with the threshold outlined above
- a consideration of parent, guardian or caregiver culpability for the harm caused as a result of their actions or omissions.

Case example:

A ten year old engages in harmful sexual behaviour with a four year old. Upon inquiry, it is ascertained that the harm did occur and the parent, guardian or caregiver was not aware of any previous sexualised behaviour by the ten year old. The parent, guardian or caregiver was deeply distressed, immediately put protective measures in place in the home, and sought counselling for the children.

In this case, harm must not be substantiated as there is no parent, guardian or caregiver culpability and the parent, guardian or caregiver responded appropriately.

Case example:

A ten year old engages in sexualised behaviours with a four year old. Upon inquiry, it is ascertained that the harm did occur. The parent, guardian or caregiver advised that it had happened before. The parent or caregiver did not attempt to prevent the behaviour occurring again and did not seek therapeutic supports for either child.

In this case, harm should be substantiated as the parent, guardian or caregiver was aware of the concerns and did not put appropriate protections in place or seek therapeutic intervention.

Qualifying offences

Substantiation of these grounds requires that the person:

- has been found guilty of a qualifying offence as per sections 45 or 46 of the CYPs Act and
- the relevant person/parent is residing or about to reside with the child or young person.

See [Assess and establish immediate safety](#) in this chapter for more information about qualifying offences (including issuing a temporary instrument of guardianship or restraining notice).

Determine a substantiation decision for risk of harm

Risk of harm is the likelihood of future harm occurring based on the presence of risk factors.

Risks of harm may be identified in the initial intake. If risks that were not identified at the time of the notification emerge during the investigation, they must be added to the intake.

Determining the risk of future harm requires a consideration of the presence of risk and protective factors. The presence of multiple risk factors heightens the risk of the child or young person experiencing harm. Some factors may not greatly increase the risk of harm in and of themselves, but when combined with other risk factors, risk can significantly intensify. Risk factors can be identified in relation to the child or young person or parents, guardians or caregivers, the family environment and the broader community. Any assessment of the child or young person's safety must include determining if there are risk factors present, in addition to the assessment of any specific allegations of harm. In all cases, the safety of the child or young person must be the paramount consideration.

The DCP case worker must determine if there is sufficient and reliable information to conclude that there was 'a likelihood' that the child or young person would experience harm in the foreseeable future due to the presence of that risk factor.



When considering each risk of harm category the definitions of harm and risk in the [SDM® Screening and Response Priority Assessment Policy and Procedures Manual](#) should be used. Refer to the [DCP Assessment framework for staff](#) more information about assessing risk factors for harm.

The mere presence of a risk factor does not necessarily mean that a ground should be selected as 'risk identified'. This means that risk of harm should not be substantiated if the risk factor is adequately managed (for example, mental health issues are well managed by medication). However, risk of harm should be substantiated if without further intervention, there a reasonable likelihood that the child or young person will be harmed in the foreseeable future or may experience harm due to the cumulative effects of the risk factor.

Identify the person responsible for harm

When substantiating harm, the DCP case worker must identify the 'person responsible for harm'. This is crucial as it allows DCP to identify individuals determined to have harmed children or young people.

This is particularly important as persons responsible for harm may move between families or pose a risk to other children or young people in the community (through seeking child related employment or carer registration).

In cases of domestic and family violence, the person responsible for perpetrating violence is considered to be the person responsible for harm. This requires careful assessment where there are allegations of violence perpetrated by both partners. Refer to the [Domestic and family violence Practice Paper](#) for further information.

A young person may only have a substantiation or 'responsible for harm' recorded against them in very rare circumstances (typically where they are the parent of the child who has been harmed).

Where the concerns relate to sexualised behaviour between children and young people, the children or young person involved must not be determined to be 'responsible for harm'. Rather, consideration needs to be given about whether a person with caregiver/supervisory responsibility for the child or young person through act or omission contributed to the child or young person being harmed. Refer to 'Determine a substantiation decision for harm' in this section for further information.

Substantiation and safety

Failing to substantiate harm or a risk of harm does not definitively determine the child or young person's immediate or ongoing safety. Safety must be continually assessed for the duration of an investigation.

The [SDM® Safety Assessment](#), in conjunction with professional assessment guided by the [DCP Assessment framework for staff](#) will assist in determining the immediate safety of the child or young person.

Refer to [Assess and establish immediate safety](#) in this chapter of the Manual of Practice for more information.

Record the substantiation decision(s)

Cases may present with both harm and risk grounds. Some allegations contained in a notification may be substantiated whilst others may not.



Additional harm or risk grounds must be added if they are identified in the course of the investigation and assessment.

Where new grounds are raised through a Familial New Allegation (FNA), these new concerns will require a substantiation decision. Where the FNA is closed 'merged with existing intake', the new grounds must be manually added to the existing investigation substantiation decision.

A substantiation decision must be recorded against each of the grounds in the intake and any new grounds added during the investigation. See [Manage new allegations arising during an investigation](#) and the [C3MS Guide: Recording Familial New Allegations](#) for information about recording familial new allegations received during the investigation.

Recording a substantiation rationale

For each harm and/or risk ground, the DCP case worker must summarise the credible information gathered during the investigation and assessment that indicates whether or not on the balance of probabilities each of the risk and/or harm grounds were met.

The substantiation rationale must be a comprehensive summary of the evidence for the substantiation decision, including all of the credible information gathered over the course of the investigation and assessment process. This summary forms the substantiation rationale needs to be recorded against each ground identified and will incorporate information regarding the context of the allegations and will describe the chronicity of the circumstances, strengths and any risk factors within the home.

The rationale and substantiation decision must be recorded in C3MS within 42 days of the investigation commencing. A matter can only be extended in the investigation and assessment phase beyond 42 days with the approval of the manager. Refer to the [C3MS Investigation and Assessment guide](#) for additional advice.

Recording the phase outcome in C3MS

Once an investigation and assessment has been completed, a phase outcome must be recorded by the supervisor.

Refer to the [Outcome Codes Procedure](#) for further information.

Informing the family of the outcome of the investigation

The DCP case worker must inform the parents, guardians or caregivers of the outcome of the investigation.

It is best practice to inform the family of the outcome via a meeting or discussion, followed by a letter to ensure the family is afforded procedural fairness. The family should also be informed that they have the right to respond to the substantiation letter and that any information or response they may provide will be recorded in the Department's files. See the [Outcome letter – substantiated](#) and [Outcome letter not substantiated](#) templates.

Avoid the use of jargon with families and clearly explain the reasons for the substantiation decision. If harm or risk of harm is substantiated, this is best explained to parents, guardians or caregivers by describing the harm that has occurred to the child or young person.

If English is not a first language, consideration must be given to using an interpreter and translator to support a discussion about the investigation outcome. For Aboriginal and Torres Strait Islander families, refer



to the [South Australian Aboriginal Languages Interpreters and Translators Guide](#) for further information. If a letter is provided to the family, it should be translated into their first language.

Refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#) for families from culturally and linguistically diverse backgrounds.

If there are concerns that informing a perpetrator of the outcome of an investigation may impact on staff or others safety or may affect criminal proceedings, the DCP case worker should consult with SAPOL. If an alleged perpetrator is not informed of the outcome of the investigation, the rationale for this must be recorded in C3MS.

Consideration should be given to informing the child or young person of the outcome of an investigation if this is developmentally and psychologically appropriate.

In some cases, the DCP case worker in consultation with the supervisor may decide that it is appropriate to advise other protective family or kinship members (such as a grandparent) of the outcome of the investigation. This may be appropriate for example in cases where DCP has not substantiated harm. Advising protective family or kinship members of the concerns and investigation outcome can support them to be alert to any new changes in the child or young person's circumstances following case closure. Refer to [Share information](#) in the Information gathering and sharing chapter of the Manual of Practice for further information about when and how information may be shared.

9. Complete the SDM Initial Risk Assessment

As soon as a substantiation decision is recorded, an [SDM® Initial Risk Assessment](#) must be conducted for all investigations, irrespective of the outcome decision. The [SDM® Initial Risk Assessment](#) informs the case continuation decision.

Risk of harm is the likelihood of future harm occurring based on the presence of substantiated risk factors.

A thorough and holistic assessment of risk of harm requires the analysis of multiple sources of information and consideration of the presence of risk and protective factors. This includes a consideration of:

- current and historical child protection concerns
- the child or young person's current safety, relationships, needs, strengths and views
- the parent, guardian or caregiver's ability to keep the child or young person safe, their strengths and risk factors
- the family, environmental and cultural context.

The [DCP Assessment framework for staff](#) provides guidance regarding assessing risk for harm factors.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Assessment of a risk of harm and family strengths should be informed by the views of the child or young person and family, inclusive of extended family and kinship networks. When assessing risk of harm, DCP workers should reflect on their cultural bias and understanding of the differences in Aboriginal and Torres Strait Islander child rearing practices.



Consultation and initial risk assessment

Consultation with experts such as practice leaders, DCP Multicultural Services and high risk infant workers can provide valuable advice when assessing risks of harm. For Aboriginal and Torres Strait Islander families, consultation with Principal Aboriginal Consultants and/or Aboriginal practitioners is strongly recommended to ensure risk assessments are culturally informed.

The DCP case worker must discuss seeking such consultation with their supervisor.

Consultation is strongly recommended when a case is particularly complex or when cultural issues have been identified.

Consultations must be recorded in C3MS consistent with the requirements of the [Consult or Decision Record Procedure](#) and should be reviewed by the consultant.

Document assessment of risk of harm

Clear documentation of the risk assessment and rationale is an essential part of accountable, transparent practice. Accurate, detailed records of decisions made are essential for:

- enabling children, young people and families to access information regarding the rationale in the future
- supporting future workers to understand the child or young person and family's history
- responding to reviews or complaints.

The rationale in support of a risk assessment must include a comprehensive summary of the evidence, including all of the credible information gathered over the course of the investigation and assessment process. This summary will incorporate information regarding the context of the allegations and will describe the chronicity of the circumstances, strengths and any risk factors within the home.

Rationales and assessment outcomes must be recorded in C3MS in a case note titled in a way that makes them readily identifiable.

Refer to the [DCP Assessment framework for staff](#) (especially part 8 – case conceptualisation) for more information.

10. Determine future intervention required to ensure continued safety

Harm does not need to be substantiated for DCP to continue to work with a family. The presence of risk factors may indicate the need for intervention to reduce risk and prevent harm to the child or young person.

The supervisor and DCP case worker will determine the case continuation decision based on the outcome of the [SDM® Initial Risk assessment](#).

Where harm or risk is identified, careful consideration must be given to determining the most appropriate intervention to:

- ensure the continued safety of the child or young person
- minimise the risk of harm
- support lasting change within the family.



Refer to [Undertake assessment and case conceptualisation](#) and [Determine the case direction](#) in the Ongoing intervention chapter of the Manual of Practice for more information about assessing and determining the most appropriate intervention to respond to risk of harm and safety.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Decisions about future interventions required to ensure the continued safety of the infant, child or young person are significant decisions. The DCP case worker should engage openly and honestly with the child or young person and their family and kinship group, and facilitate their active engagement in the decision making process. The DCP case worker should promote and refer to family led decision making where appropriate, giving the family as much choice regarding the pathway as possible. See the [Family Led Decision Making for Aboriginal families Framework](#) for further information.

11. Determine case continuation, transfer or closure

For information regarding C3MS outcome codes that can be used in the Investigation and Assessment Phase, refer to the [Outcome Codes Procedure](#).

Consider case continuation if required

Within the [SDM® Initial Risk Assessment](#) there is a presumption that cases assessed as high risk will remain open for intervention. High risk cases must remain open until the risk is reduced, noting that some 'high risk' cases may be closed if all available information shows that the risk level is driven solely by historical factors and the parents, guardians or caregivers do not currently have any of the risk-related problems assessed on the risk instrument (such as drug and/or alcohol use, domestic and family violence, parenting skill deficits, or harmful adult relationships). Refer to the [SDM® Initial Risk Assessment for Abuse and Neglect Policy and Procedures Manual](#) for more information.

If the child protection concerns are likely to be resolved or sufficiently mitigated within six weeks, the case can remain in the 'Investigation and Assessment Phase'. In rare circumstances, approval of the manager is required for a case to remain in the 'Investigation and Assessment Phase' beyond 42 days. Case direction consultations with the supervisor will occur every 14 days to ensure timely intervention and decision making. Consultations must be recorded in C3MS consistent with the requirements of the [Consult or Decision Record Procedure](#).

If the timeframe for resolution of the concerns is predicted to exceed six weeks and there are no orders in place, family preservation case management will be required.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Partner with a Principal Aboriginal Consultant during discussions about case direction to ensure a cultural lens is applied to decision making about Aboriginal and Torres Strait Islander infants, children and young people. If a Principal Aboriginal Consultant is not available at the time of discussion, seek advice before or after any meetings to ensure cultural input is included at every opportunity. Culturally specific services, such as Aboriginal Community Controlled Organisations, may be best placed to deliver support and interventions to a family.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

To enable family led decision making, offer Aboriginal and Torres Strait Islander families a referral to Family Group Conferencing. This is an important opportunity to empower families to make their own decisions about responding to concerns with the help of the wider family, and to set goals to continue to keep family together. See the [Family Led Decision Making for Aboriginal families Framework](#) for more information.

Cases that require family preservation case management must meet the following criteria:

- the [SDM® Initial Risk Assessment](#) is high, or
- the [SDM® Safety Assessment](#) indicates the child or young person is safe or conditionally safe and there is:
 - a family group conference agreement in place and a reasonable possibility that family preservation intervention will prevent the child or young person entering care or
 - an open child protection case with no Youth Court order or
 - a care and protection order with written undertakings in place or
 - a care and protection order with an order of custody in place where the child or young person is still residing with at least one of the parents, guardians or caregivers.

Cases that require reunification case management must meet the following criteria:

- a Youth Court order (excluding long-term guardianship orders) or a voluntary custody agreement is in place, or
- a family group conference agreement is in place and the child or young person has been informally placed with another family member or other suitable person but reunification with the parents will be pursued.

It should be noted that a case cannot be transferred from the 'Assessment and Support Phase' to the 'Protective Intervention Phase' unless the case plan (inclusive of the Aboriginal Cultural Identity Support Tool and Culturally and Linguistically Diverse Identity Support Tool) has been developed and a detailed genogram completed. For further information, refer to [Gather information, assess and prepare to develop the case plan](#) in the Case planning, review and annual review chapter of the Manual of Practice.



Connection

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

A detailed genogram (accompanied with an ecomap) can help support the development of a meaningful Aboriginal Cultural Identity Support Tool. Use the process of developing a genogram with the family to collect important cultural information and to identify connections that can support and strengthen the infant, child or young person to be safe and connected with family.

Case closure

A case closure decision must be made within 42 days from the start of the investigation, except in rare circumstances where a matter is approved by the manager to remain in the 'Investigation and assessment' phase beyond this timeframe.

Consider case closure criteria

Prior to closing the case, the DCP case worker must ensure that:

- the investigation and assessment of the child protection concerns has concluded
- all SDM® assessments are approved
- the [SDM® Safety Assessment](#) is safe or conditionally safe
- the [SDM® Initial Risk Assessment](#) is low or moderate
- all service provisions and referrals are accurately recorded in C3MS
- any Youth Court orders have expired or have been revoked.

In circumstances where the case closure criteria are not met and the [SDM® Initial Risk Assessment](#) outcome remains high, an exception can be made to close the case with the approval of the manager. When considering case closure in these circumstances, appropriate weight should be given to:

- the child or young person's current functioning, needs and level of vulnerability (based on factors including but not limited to their age, development, experiences of trauma, health or medical conditions and disability)
- the nature of the identified risks
- previous child protection history and cumulative harm
- the strengths and protective factors within the family
- the family's engagement with supports
- the likelihood of harm to the child or young person in the context of the family's current dynamics, functioning and capacity to respond to the child or young person's needs.

For further guidance about assessment of risk of harm, refer to the [DCP Assessment framework for staff](#).

For complex cases, it is recommended that the DCP case worker and supervisor consult with the practice leader. Consultation with a Principal Aboriginal Consultant should occur for Aboriginal and Torres Strait Islander families. Consultation with the Multicultural Services team should occur for families from culturally and linguistically diverse backgrounds. All consultations regarding a decision to close the case should be recorded in C3MS in accordance with the [Consult or Decision Record Procedure](#) and approved by all parties.



Undertake case closure consultation

Prior to closing a case, the DCP case worker and supervisor must undertake a case closure consultation and consider the above case closure criteria. If the supervisor agrees that closure is appropriate, the case must be closed immediately.

If case closure is being considered in circumstances where the outcome of the [SDM® Initial Risk Assessment](#) is high, consultation must be undertaken with a practice leader, DCP Multicultural Services and Principal Aboriginal Consultant (where relevant). In these circumstances the case closure must be approved by the manager.

Close the case in C3MS

The case closure must be documented in the I&A Details and CP Outcomes page in C3MS. Refer to the [C3MS Guide: Investigation and Assessment Phase](#) for further advice.

Refer to the [Outcome Codes Procedure](#) for information about the closure codes that can be applied for cases that are in the Investigation and Assessment Phase.

Provide the family and other relevant stakeholders with notice of case closure

The DCP case worker should advise the family and any other stakeholders (such as protective family members, community supports or service providers the family are linked with) that DCP will no longer be working with the family at this time. This may be done via face-to-face contact, telephone or email. When advising the family of the case closure, the DCP case worker should ensure that the family are informed of any other parties who have also been provided with advice of case closure.

The DCP case worker should record the date, time and method by which advice of case closure was provided to the family and other stakeholders using a case note in C3MS.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

To actively support prevention and divert Aboriginal and Torres Strait Islander families from future statutory child protection involvement, time should be taken to meaningfully meet and talk with the family about case closure. Use a strengths based approach and ensure the family feels empowered to make decisions to ensure the safety of the infant, child or young person. Consult with a Principal Aboriginal Consultant for advice about how to approach this discussion.

For more information, see the [Strengths based practice Practice Paper](#).

Document control

Reference No./ File No.	
Document Owner	Lead Writer
Directorate/Unit: Quality and Practice	Operational Policy Team, Quality and Practice
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Risk rating	Consequence Rating	Likelihood	Risk Rating
Risk Assessment Matrix	Major	Unlikely	Moderate

REVISION RECORD		
Approval Date	Version	Revision description
13/11/2019	1.0	Final
20/1/2020	2.0	Links to Domestic and Family Violence (DFV) practice paper and text additions relating to DFV. New safety plan template added.
24/01/2020	3.0	Revision and incorporation of alcohol and other drug content from previously linked documents.
24/04/2020	4.0	Changes to reflect new Outcome Codes Practice Guide
5/06/2020	5.0	Changes to reflect the updates to the Safety Plan policy setting
23/06/2020	6.0	Minor amendments to safety plans language
3/07/2020	6.1	Further amendments to safety plans language
17/07/2020	6.2	Additions made regarding high risk infants
21/07/2020	6.3	Hyperlink to new Substantiation Decision Letter
7/08/2020	6.4	Inclusion of the Culturally and Linguistically Diverse Cultural Guide
7/10/2020	6.5	Minor amendments made to update SDM® references
2/10/2020	6.6	Amendments regarding case planning, review and annual reviews
10/12/2020	6.7	Minor amendments regarding change of classification.
15/01/2021	6.8	Amendments regarding the Unborn Child Alert.
19/01/2021	6.9	Minor changes made for consistency in language across all Manual chapters and formatting of the Word version of the Chapter
8/02/2021	6.10	Minor changes to update hyperlinks and references to Outcome Codes Procedure
9/02/2021	6.11	Minor changes to update hyperlinks
30/03/2021	6.12	Minor amendment to include contact details for referring to the Child and Family Support System.
13/04/2021	6.13	Minor changes to clarify requirements for contacting SAPOL and to include hyperlink to SAPOL Child and Family Investigations Contacts list.
30/04/2021	6.14	Minor amendment to include guidance on recording alerts for responding to difficult-to-locate families.
10/08/2021	6.15	Amendments to consultation requirements
6/10/2021	6.16	Hyperlinks to templates added



REVISION RECORD		
Approval Date	Version	Revision description
15/10/2021	6.17	Amendments regarding burden of proof under CYPS Act.
15/10/2021	7	Comprehensive review of the chapter to align with the revised Interagency Code of Practice and policy review cycle review process.
13/12/2021	7.1	Minor updates to incorporate cultural advice and update links to the Reporting a suspicion a child or young person is at risk procedure
14/01/2022	7.2	Minor updates to add requirements for safe sleeping in alignment with the revised Safe Infant Sleeping Policy
21/01/2022	7.3	Minor updates to Safety plan requirements/considerations.
04/02/2022	7.4	Minor amendments for considerations during family custody disputes.
4/02/2022	7.5	Amendment to include procedures for addressing Unborn Child Concerns, titled Pre-birth Intervention.
25/03/2022	7.6	Minor amendment to update Plink references to Pledge.
01/04/2022	7.7	Minor amendment to update links to making an application for care and protection orders and information gathering.
6/05/2022	7.8	Addition of guidance regarding referring children and young people and their parents or guardians for psychological assessment.
19/05/2022	7.9	Minor amendments regarding the use of electronic signatures under exercising child protection officer powers.
20/05/2022	7.10	Minor update to include guidance on responding to threats to the safety of the child or young person in relation to custody disputes.
11/07/2022	7.11	Minor amendments to DCP investigation
03/08/2022	7.12	Minor amendment to update link to When the Department for Child Protection visits you brochure.
11/10/2022	7.13	Minor amendment to include guidance on contacting the Crown Solicitor's Office following emergency removal.
03/11/2022	7.14	Minor amendments to add references to new requirements under the <i>Criminal Law Consolidation Act 1935</i> . Minor amendments to update language regarding interviews with children and young people. Minor amendments to include considerations for contacting DCP After-Hours for urgent after-hours investigations. Minor amendments to update hyperlinks.



REVISION RECORD		
Approval Date	Version	Revision description
14/11/2022	7.15	Minor amendment to update references to practice guidance on working with Aboriginal families.
22/11/2022	7.16	Minor amendment to include considerations for recording of sex and gender identity.
2/12/2022	7.17	Amendment to update guidance on case closure. Amendment to align with update of the DCP Call Centre chapter incorporating several practice guides and other documents, clarify recording and storage of notifications, new requirements under the Criminal Law Consolidation Act 1924 and other amendments. Update to eligibility criteria for family group conference for unborn child concerns and link to further guidance.
9/12/2022	7.18	Amendment to include guidance on response time to 'within 10 days' notifications.
13/01/2023	7.19	Minor amendments to 'alcohol and/or other drug' language and addition of process to arrange sample collection for alcohol and/or other drug testing.
3/2/2023	7.20	Minor amendment to insert a reference to the Intake, investigation and assessment flowchart.
17/02/2023	7.21	Amendment to examination and assessment guidance to clarify consent issues when forensic procedures are being undertaken on a child or young person. Further amendment to strengthen references to Connect for Safety (CAS) information system and the DCP Assessment Framework.
3/2/2023	7.22	Minor amendment to include information about the administration and management of intervention orders pursuant to the Intervention Orders (Prevention of Abuse) Act 2009 .
03/03/2023	7.23	Minor amendment to clarify when an initial safety assessment should occur, amendment of 'treatment' to 'treatment recommendations' in examination and assessment content and amendment to clarify process for arranging alcohol and other drug testing.
15/02/2023	8.0	Amended to incorporate learnings from coronial findings relating to difficult-to-locate families, families who refuse to engage with DCP, parenting capacity assessments, parent/caregiver child protection history, safety of siblings, family law matters, case closure, informing family members and notifiers of assessments and case closure, response times for investigations, responding to chronic



REVISION RECORD		
Approval Date	Version	Revision description
		absenteeism, and referral to a state authority or other agency.
31/03/2023	8.1	Minor amendment to 'Exercise powers of removal' section to reflect new information attached to section 41 removal templates to support parents and caregiver to engage legal representation following a removal. Minor amendment to 'complete an investigation plan template' section to include new investigation plan templates.
2/5/2023	8.2	Minor amendment to Scope section to refer to delegations and authorisations.
16/6/2023	8.3	Minor amendment to Accept case and determine response-pre-birth intervention section with respect to UCC FGC program for Aboriginal families. Amended to reflect expanded program scope.
4/7/2023	8.4	New content to reinforce timeframes for notifying the CSO of a section 41 removal, enhancing guidance around referring severe neglect matters for a forensic medical examination and minor amendment to align guidance with the Interagency Code of Practice when referring for a strategy discussion.
14/08/2023	8.5	Minor amendments to link Manual of Practice content to new 'Working with concerns about neglect, hoarding and squalor Practice Paper'
23/08/2023	8.6	Minor amendment to high risk chronic non-attenders guidance to accord with new MoAA between Department for Education and Department for Child Protection.
6/05/2023	8.7	Minor amendments to add links to the Transporting children and young people guidance.
25/09/2023	8.8	Minor amendments to include process for confirming the identity of a parent, guardian or caregiver attending for alcohol and / or other drug testing in the absence of formal photo identification.
20/12/2023	8.9	Minor amendment to insert new C3MS guides.
19/02/2024	8.10	Minor amendment to detail IPath registration process and clarify requirements when making an appointment with SA Pathology.
01/03/2024	9.0	Full review as per the DCP policy review cycle.



REVISION RECORD		
Approval Date	Version	Revision description
27/03/2024	9.1	Minor amendment to include guidance about care team meetings.
23/04/2024	9.2	Minor amendments to include guidance regarding the new Multicultural Services Service Delivery Model and inclusion of updated references to 'Aboriginal and Torres Strait Islander infants, children and young people'.