



Manual of Practice: DCP Call Centre 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 Department for Child Protection (DCP) accurately assesses and records child protection notifications, and provides essential after-hours child protection services.

Scope

Applies to all DCP Call Centre and After-hours staff.

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

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

Authority

Sections 7, 12, 17, 18, 30, 31, 32, 33, 34, 35, 41, 44-48, 77, 79, 80, 84, 147-148, 149, 163 and 164 of the *Children and Young People (Safety) Act 2017* (CYPs Act)

Regulations 10, 11, 12, 17, 17A, 20, and 41 of the *Children and Young People (Safety) Regulations 2017* (CYPs Regulations)

Sections 11, 12, 19, 23 and 88 of the *Marriage Act 1961* (Cth)

Sections 14, 20A, 23, 29, 64A and 65 of the *Criminal Law Consolidation Act 1935* (CLC Act)

Section 67Z of the *Family Law Act 1975* (Cth)

Section 79A of the *Summary Offences Act 1953* (SO Act)



Sections 6 and 12 of the *Consent to Medical Treatment and Palliative Care Act 1995*

Principles

In accordance with the principles of intervention under sections 7 and 10 of the CYPS Act and the DCP Practice Principles:

- The safety of children and young people is the paramount consideration.
- Respect, compassion and cultural responsiveness underpins engagement.
- Communication and assessment respects cultural diversity, including diversity in parenting practices, whilst maintaining a commitment to 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 children and young people.
- Assessments, decisions and actions are undertaken in a timely manner.

Flowchart

[DCP Call Centre flowchart](#)

Key Steps

1. Receive a notification
2. Record the notification
3. Create an intake report
4. Record a Report on Unborn (Unborn Child Concern)
5. Record and refer a care concern
6. Record and refer an Extrafamilial notification
7. Manage notifications, alerts and warrants from outside of South Australia
8. Allocate or refer the intake
9. DCP After-Hours

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

The assessment of notifications about Aboriginal and/or Torres Strait Islander infants, children and young people and any subsequent intervention is a significant decision.

To ensure a focus on privileging the voices of Aboriginal and/or Torres Strait Islander children and young people, engagement with notifiers and services should focus on asking questions to obtain information to understand the family voice as much as possible, including Aboriginal and/or Torres Strait Islander child rearing practices and how culture features in their family functioning.

For further guidance about working with and providing a response to Aboriginal and/or Torres Strait Islander infants, children, young people and families, refer to the Aboriginal and/or Torres Strait Islander Child



Placement Principle (ATSICPP) active effort prompts throughout this chapter and the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

1. Receive a notification

Sections 30 and 31 of the CYPS Act and regulation 10 of the CYPS Regulations set out mandated notifiers' obligations to report a suspicion that a child or young person may be at risk.

Notifications may be made to the DCP Call Centre through:

- telephone call
- e-CARL
- email
- fax
- letter
- contacting a DCP office (these notifications are forwarded to the DCP Call Centre).

Receive a notification via the Child Abuse Report Line

The DCP Call Centre worker must engage with the notifier to collect detailed information about the notifier's concerns about the child or young person's safety.

Apply communication skills

The DCP Call Centre worker should use positive communication skills to engage the notifier. Concerns about the child or young person must be acknowledged regardless of whether the concerns meet the screening threshold.

Use an interpreter or translator (where required)

The DCP Call Centre worker should engage an interpreter or translator where required (noting that pursuant regulation 42(2) of the CYPS Regulations personal information may be disclosed to an interpreter or translator). For further guidance, refer to the:

- [South Australian Aboriginal Languages Interpreters and Translators Guide](#) (if the notifier is Aboriginal and/or Torres Strait Islander)
- [Interpreting and translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#) (if the notifier is from a CALD background).

Gather information

Seek background information about the child or young person

The DCP Call Centre worker should ensure all required information is collected whilst keeping the call duration to a minimum. This is done by employing a structured approach that includes:

- obtaining details of:
 - the notifier, including:
 - full name



- if a mandated reporter, their job title and agency, the capacity in which they are working with the child, young person or family
- contact telephone number
- relationship to the child or young person
- type and frequency of contact with the child or young person, siblings and their family
- the child or young person, including:
 - their full name (including aliases or other family names used)
 - date of birth, age or year level
 - sex and gender
 - current address and/or contact telephone number
 - what child care facility or school the child or young person attends
- ascertaining whether the child or young person, or their family identify as:
 - Aboriginal and/or Torres Strait Islander (including the Aboriginal and/or Torres Strait Islander Nation or language groups they identify with)
 - being from a culturally and linguistically diverse (CALD) background (including specific background they identify with) and whether they require an interpreter
- the subject of the notification
- the child or young person's family, including any other children and young people living in the household, and extended family
- ascertaining whether the child or young person has a diagnosed developmental delay, disability or medical condition
- obtaining the details of the allegations or concerns, including:
 - whether the child or young person has disclosed harm, including what they said and their emotional presentation
 - details of who saw/heard what, and when
 - description of current and previous injuries (such as shape, colour or location)
 - whether the child or young person has received medical attention (and any known details including the treating doctor or hospital and the date of treatment)
 - the parent or caregiver's response to the child or young person
 - behaviours of concern the child or young person has displayed (including frequency, severity and impact on their health and wellbeing)
 - the child or young person's immediate safety
 - the next time the alleged perpetrator will/is likely to have contact with the child or young person.
- details of the family's current functioning, including:



- relevant health factors (such as serious or chronic physical and/or mental health conditions or disability)
- whether there are domestic or family violence concerns
- alcohol and/or other drug use
- animal cruelty
- criminal behaviour
- political, religious or other forms of extremism
- whether the concerns have been reported to other relevant government agencies (such as SAPOL)
- where the child or young person, parent/caregiver and/or the alleged perpetrator are currently located
- ascertaining what current care arrangements are in place, including:
 - whether parents/caregivers are separated, and if so, whether either parent/caregiver has a new partner
 - whether Federal Circuit and Family Court orders, custody or contact arrangements are in place
- details of other supports and/or services involved with the child or young person and/or their family including:
 - the frequency of their involvement
 - whether the family are actively engaged
 - contact details for workers engaged with the family.

Gathering detailed information from the notifier about the family, including cultural factors, protective factors and resources as well as the concerns assists DCP to undertake a holistic assessment of the immediate safety and vulnerability of the child or young person.

During a notification, the DCP Call Centre worker must not provide the notifier with details of information recorded in C3MS. This includes circumstances where the notifier indicates they have made previous notifications.

For further guidance about information sharing, refer to the [Information sharing flowchart](#).



Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Understanding the perspective and culture of the family is an important aspect of the [DCP Assessment Framework](#). During receipt of notifications, it is important to make an active effort to ask the notifier questions to identify potential strengths and protective factors including connection to their culture.

Seek further information about the reported concerns

When seeking information from the notifier, it is recommended the DCP Call Centre worker encourage the notifier to provide a free narrative of their concerns before seeking clarification and further details.

The DCP Call Centre worker should use open ended questions to obtain further detail. These may include:

- tell me everything about your concerns...
- tell me what happened next...



- tell me more about...
- what else do you know about...



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Take the time to understand, clarify and expand on cultural, community and family information. Explore and develop an understanding of the infant, child or young person's immediate and extended family members, and document accordingly.

The DCP Call Centre worker should ask additional clarifying questions to:

- obtain contextual detail
- elicit further information about the nature of the concerns
- seek clarification about the suspected harm or risk of harm to the child or young person
- seek additional detail about current or previous concerns about other children or young people either inside or outside of the household
- seek additional detail about biological children of carers where there are concerns reported about children or young people currently in their care.

If the DCP Call Centre worker assesses that the child or young person is in immediate danger, they must contact SAPOL on 000 as soon as possible.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Use respectful language when receiving or responding to information about Aboriginal and Torres Strait Islander families. Respectfully ask for information about the family's cultural identity, for example, 'I understand this might be a sensitive question for some people. Is this something you are you able to share with me?' It is important to be aware that this question may potentially be distressing (for example, due to the notifier's experiences of grief and loss) and should be raised with sensitivity and empathy. Clarify the child or young person and both parents' Aboriginal and/or Torres Strait Islander Nation/s and language group/s.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Be conscious of possible [biases](#) and those of notifiers. Biases can affect the information provided by the notifier and recorded by the DCP Call Centre worker. Sensitively explore motivation for reporting as a factor for consideration in assessments. Be curious about the notifier's cultural lens, knowledge and understanding of family and community.

Receive a notification about a child or young person with high disability needs

Some parents or guardians caring for a child or young person with very high disability needs may state that they are no longer able to provide care. Reasons for this can include (but are not limited to):

- the complex disability related needs of the child or young person require constant supervision and support



- challenging behaviours that cause harm or risk of harm to other family members
- the needs of the child or young person have escalated or changed over time (for example, as the young person reaches adolescence, or an increase in behavioural issues)
- the child or young person's needs are resulting in difficulties maintaining the safety and wellbeing of other children in the home
- gaps in disability supports and/or NDIS services
- insufficient funding, or under-utilisation in the child or young person's NDIS plan for therapy, respite and core support
- disability-related stigma, noting that in some cultures this can create feelings of shame or social pressure
- ageing or health of caregivers
- service availability, particularly in regional areas.

Where the concerns do not meet the threshold for statutory child protection intervention, the DCP Call Centre worker should advise the notifier that the appropriate pathway for disability related support is through the NDIS.

Where a parent, guardian or caregiver contacts the DCP Call Centre and states they can no longer provide care for their child, the DCP Call Centre worker should ascertain:

- whether there been recent changes in the family's circumstances which have given rise to the parents, guardians or caregivers seeking respite care for the child or young person, such as:
 - recent changes in the family structure
 - change of school
 - the child or young person entering a new developmental stage
- whether the child or young person currently has a NDIS plan and what services are in place
- whether the NDIS services are adequate to meet the child or young person's needs
- if the child or young person has a NDIS funded support coordinator, and if so, their name and contact details
- whether the child or young person previously accessed respite care and if so, the name and contact details for the respite care agency
- if there is funding for respite in the child or young person's NDIS plan how much funding is still available
- what supports would be required for the caregiver to continue safely caring for the child or young person.



Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Seek to understand how Aboriginal and Torres Strait Islander identity provides the family with strength and support when respite care is needed. Consider whether extended family have a role in parents' or caregivers' support networks. Consider recent changes in the family's circumstances, such as a change in family dynamics or a significant family death.

The DCP Call Centre workers should:



- seek the parent, guardian or caregiver's consent for a DCP Disability Consultant to contact them by telephone
- alert the Manager of the Regional Disability Team
- request that the Regional Disability Team follow up with the parent, guardian or caregiver.

A DCP disability consultant will then be assigned to contact the parent, guardian or caregiver.

If the parent or guardian does not consent for a DCP Disability Consultant to contact them, the DCP Call Centre worker should consult with the senior worker and seek advice about other avenues for follow up from the:

- Regional Disability Team Manager (during office hours), or
- Manager, Disability and Development Program (after hours).



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

For Aboriginal families where English is not their first language or where they may be living in a rural or remote area, consider factors which may contribute to a misunderstanding of the child or young person's disability needs and vulnerabilities (such as limited availability of necessary supports and services).

Conclude the call

Before concluding the call, the DCP Call Centre worker should enquire about:

- what action or support the notifier has provided to the family to address the concerns
- the impact of those actions
- what they are able or willing to do in the future.

The DCP Call Centre worker may also provide the notifier with advice and information about support services that they could connect the family with. For example, the DCP Call Centre worker may provide information about mental health services if there are concerns about the child or young person's mental health and/or suicidal ideation, or parenting supports if the caregiver is experiencing fatigue or difficulties in managing the child or young person's behaviours.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Talk to the notifier about their knowledge of available community resources and supports for the infant, child or young person and their family.

The DCP Call Centre worker should provide the notifier with an opportunity to reflect on whether they have provided all relevant information. Questions may include (but are not limited to):

- is there anything else you wish to say?
- is there anything else that you think I need to know?



It is also important that the DCP Call Centre worker:

- checks whether the notifier has advised the family and/or the child or young person that they would be making a notification
- advises the notifier that they may be contacted by DCP for clarification of the concerns or additional information to support an assessment or investigation
- thanks the notifier.

Where the call has caused the notifier distress, the DCP Call Centre worker should provide the notifier with contact details for appropriate services such as [Lifeline](#), [Beyond Blue](#) or [13YARN](#).

Receive a notification via e-CARL

Non-urgent notifications can be submitted by mandated notifiers through the [online child protection reporting system](#).

For guidance about accessing e-CARL notifications, the DCP Call Centre worker should refer to [C3MS Guide: Child protection notifications - Processing in C3MS \(Call Centre\)](#).

Receive a [redacted] Federal Circuit and Family Court of Australia

The Federal Circuit and Family Court of Australia (FCFCOA) operates under the Commonwealth [Family Law Act 1975](#) as opposed to the CYPS Act.

[redacted] [DCP Call Centre](#).

For further information, refer to the [Family Law Matters Procedure](#).

Receive a [redacted] referral

The Registry Manager at the FCFCOA will [redacted] [DCP Call Centre](#).

The DCP Call Centre worker must assess the concerns in the [redacted], applying the same assessment process as for all other notifications (refer to [Create an intake report](#) in this chapter of the Manual of Practice for further information).

Process the [redacted] referral

To process the [redacted] referral, the DCP Call Centre worker must:

- read the allegations contained in the [redacted] and identify:
 - the applicant or respondent (for example, the mother, father or grandparents)
 - the children or young people who are party to the proceedings and any other children that the concerns may need to be recorded against, and



- where they reside (verifying whether they live in South Australia)
- check C3MS for:
 - child protection history for the child or young person, their family and/or relevant parties to the proceedings
 - whether the allegations have previously been reported (noting that many contain historical information or concerns)
 - the nature of the child protection history and the type of concerns previously recorded, as well as any intake reports that have been substantiated
 - any current open case or intake on the child or young person concerned
- assess the allegations within the context of the child protection history.

Receive a notification by other means

Email or letter

DCP may receive notifications by other means, including:

- interstate notification (received by email)
- Chronic School Non-Attendance reports (received via email)
- letter
- email to the DCP Complaints and Feedback Management Unit or the Office of the Minister for Child Protection.

Photographs and video files

If a notifier sends the DCP Call Centre a photograph or video file, the DCP Call Centre worker should:

- attach the photograph or video file to an email; and
- upload the email to C3MS as a note on the intake record.

Request to raise an intake from a DCP office

All DCP employees must make a notification if they have a suspicion on reasonable grounds that a child or young person is at risk. The only exceptions to this are in circumstances where:

- they believe on reasonable grounds that another person has reported the matter (pursuant to section 31(2)(a) of the CYPS Act)
- the suspicion was due solely to information provided by a police officer or child protection officer acting in the course of their official duties (pursuant to section 31(2)(c) of the CYPS Act); or
- they believe on reasonable grounds that DCP are already aware of all of the information that forms the basis of their suspicion (pursuant to regulation 10 of the CYPS Regulations).

DCP staff who are unable to raise a notification in C3MS must contact the CARL so that the notification can be recorded.

For further guidance, refer to the [Reporting a suspicion a child or young person is at risk Procedure](#).



Receive a notification from interstate

DCP receives child protection concerns from interstate via the [DCP Call Centre referrals](#) inbox about:

- children and young people residing in South Australia
- children and young people residing interstate under South Australian Youth Court orders.

The Interstate Liaison Officer from the notifying state or territory is responsible for forwarding the notification to the DCP Call Centre.

The DCP Call Centre worker must:

- complete an electronic log sheet entry for the notification
- record the notification or alert (refer to [Record the notification](#) in this chapter of the Manual of Practice for further guidance)
- ensure the information and any documents from the sending state are uploaded to and recorded in C3MS.

DCP After-Hours

The senior worker and supervisor should regularly check the [DCP Call Centre referrals](#) inbox for ILU matters that arrive after-hours and allocate for assessment.

Receive a notification from the DCP Redress team

The DCP Redress team may assess that a notification to the CARL is required in relation to a Redress application.

The Redress worker will contact the DCP Call Centre via the internal DC telephone line. The Redress worker will:

- discuss the matter with a senior worker
- email the information to the senior worker.

The senior worker is responsible for allocating the matter for processing. Redress matters should be recorded as care concerns. For further guidance, refer to [Record and refer a care concern](#).

Other concerns that do not meet the definition of a care concern should be recorded and assessed as per [Record the notification](#) in this chapter of the Manual of Practice.

Receive a notification relating to an adoption matter

If a notifier outside of the DCP Adoptions team makes a notification about the birth of an infant where the birthing parent wishes to relinquish the infant for adoption (and where they have voiced this following the birth and not prior), the DCP Call Centre worker should:

- ascertain whether there are any child protection concerns; and
- if no concerns are identified
 - inform the notifier that the birthing parent must contact the DCP Adoptions team to discuss the adoption



- record the notification as a General Practice intake (for further guidance about recording a General Practice intake, refer to [Create an intake report](#))
- if concerns have been identified, assess the concerns as normal (for further guidance about assessing child protection concerns, refer to [Create an intake report](#)).

2. Record the notification

Record the notification on the Electronic log sheet (ELS)

Notifications must be recorded using the Electronic Log Sheet (ELS). The ELS is a daily running account of notifications received by the DCP Call Centre. The ELS is located on the launch page in C3MS under the 'CARL Notifications' tab.

Code the notification

All ELS records are coded to indicate how the notification was received:

Code	Description
P	Telephone call
E	e-CARL
M	Mail
L	Letter
O	Other

The 'P', 'E', 'O', 'M' and 'L' codes on the ELS are required for storage purposes and for ease of retrieval.

The ELS 'P' numbers are also used as a reference number which may be given to the notifier.

Record the notification

Refer to the table below for a summary of how information received by the DCP Call Centre is recorded:

Mode of notification	Recording requirements
Telephone notification to CARL (during business hours and after-hours)	Electronic Log Sheet (ELS) for all calls to CARL. May be recorded as 'Log Sheet Only' (LSO) or migrated to C3MS
e-CARL (received online)	Processed electronically and recorded as LSO or migrated to C3MS
Family Law Court report (received by email)	Recorded as LSO or on the ELS and migrated to C3MS
Interstate notification (received by email)	Recorded as LSO or on the ELS and migrated into C3MS
Chronic School Non-Attendance reports (received via email)	Followed up with a telephone call, recorded on the ELS and migrated to C3MS



Notifications recorded in C3MS by DCP offices	Referred to the DCP Call Centre over the telephone for assessment. The DCP Call Centre worker must transfer the information to the ELS. The ELS may then be closed without migration to C3MS (as the intake already exists in C3MS)
Letter	If sent to a DCP office, should be forwarded to the DCP Call Centre, recorded on the ELS and migrated to C3MS if sufficient information and detail is provided, otherwise saved as LSO.
Email to the DCP Complaints and Feedback Management Unit or the Minister's Office	Forwarded to the Call Centre and recorded on the ELS. These may be migrated to C3MS or saved as LSO if insufficient information or detail is provided and notifier has not provided any contact details.

Record an ELS entry for telephone calls made to CARL

The DCP Call Centre worker should undertake the following when recording an ELS entry:

- click on 'Save' before beginning to record a notification as this records the DCP Call Centre worker's name, date and time on ELS
- enter all the details on the ELS and provide the notifier with the "P" number if they request a reference number
- when complete, select 'Triage Score 2', click on 'Submit and Assess' as this migrates the ELS to the Processing Screen (do not tick "log sheet only" in the ELS).

The DCP Call Centre worker should complete all tabs. For further guidance, refer to the [C3MS Guide: Processing Child Protection notifications C3MS Guide \(Call Centre only\)](#).

If the DCP Call Centre worker responds to a call to CARL and it requires a DCP After-Hours response (for example, a Missing Person Report) and the DCP Call Centre worker had commenced recording an ELS, the DCP Call Centre worker should close the ELS by selecting "entered in error" and revert to recording the information in a Word document or by recording a Missing Person Report (MPR).



Identity

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Be mindful that any information previously gathered about an Aboriginal and/or Torres Strait Islander family may be limited. It is important to clarify and expand on previously collected information such as information related to cultural identity and community connections to build a thorough understanding of the child or young person and their family. Care must be taken not to reveal information about previous notifications to the notifier.

Flag notifications involving a DCP employee

The DCP Call Centre worker must flag notifications involving a known DCP employee in the electronic log sheet (ELS) or the e-CARL as 'sensitive'.

The DCP Call Centre Manager must be advised of all notifications involving DCP employees. This includes:



- all screened in child protection intakes
- notifier concerns
- general practice
- adolescent at risk
- no grounds for intervention
- extra-familial allegations.

The only exception to this requirement is where there is already an open and allocated intake for the sensitive client and:

- the intake is added to, or
- a familial new allegation (FNA) is recorded.

Report allegations of sexual harm where the alleged perpetrator is a DCP employee

Notifications regarding allegations of sexual harm of a child or young person perpetrated by a DCP employee (who is either currently employed by DCP or is alleged to have sexually harmed the child or young person whilst employed by DCP) must be reported to SAPOL. For further guidance, refer to the [Reporting a suspicion that a child or young person is at risk procedure](#).

It is an offence in section 64A of the CLC Act for a DCP employee not to report if they know, suspect, or should have suspected sexual harm of a child or young person under the age of 18 years perpetrated by a current or former DCP employee to SAPOL (maximum penalty imprisonment for three years).

Record a notification as 'Log sheet only'

'Log sheet only' refers to those notifications (made by telephone or by e-CARL) when a decision is made not to record the information in C3MS. The information is retained on the electronic log sheet (ELS) only.

Assess whether a notification should be recorded as 'Log sheet only'

It may be appropriate to record a notification on a 'log sheet only' in the following circumstances:

- the reported concerns meet the screening threshold, but the notifier cannot provide identifying details (such as name/s or an address by which the children or young person or family of concern can be located)
- the reported concerns do not relate to a reasonable suspicion of harm or risk of harm to the child or young person, and
 - the family has no record in C3MS or CIS, or
 - there is a risk of recording inaccurate or incorrect information in C3MS
 - the notifier has contacted the DCP Call Centre for advice and is not making a notification.

The DCP Call Centre worker must ensure that log sheet notes clearly state the nature of the contact and any advice given to the notifier.

A report should not be recorded as 'log sheet only' where:



- there is likely to be further contact from the notifier, even if the identification details are incomplete (noting that a C3MS ID cannot be created for a child or young person cannot not be created where there are no identification details)
- the concerns are about an infant (even if they do not meet the screening threshold)
- there are existing records for the family in C3MS or CIS.

DCP After-Hours

DCP After-Hours workers on night shift must not record any notifications as 'log sheet only'. The only exception to this is if there are no identifying details and no other reasonable means by which this information could be obtained (for example, obtaining the child or young person's name from their school or relatives).

When a DCP After-Hours worker on night shift receives an unidentifiable notification and the reported information is serious, it must be handed over to the next shift. DCP Call Centre workers on the next shift must ascertain whether there the child or young person can be identified.

Consult and seek approval to record as 'Log sheet only'

The DCP Call Centre worker must consult and seek approval from the senior worker or supervisor to record a matter as 'Log sheet only'.

The DCP Call Centre worker must record the rationale for not recording the notification in C3MS on the electronic log sheet.

Re-contact the notifier (if required)

It may be appropriate for the DCP Call Centre worker to re-contact the notifier in circumstances where:

- further information is critical to inform the DCP Call Centre worker's assessment
- additional clarification is required to assess an e-CARL report
- the time of assessment allows for recontacting the notifier
- the senior worker or supervisor requests that the DCP Call Centre worker recontacts the notifier to obtain specified further detail identified as part of the quality assurance process.

The ability to re-contact the notifier for additional information will depend on the time of day that a notification is being assessed. As the Call Centre operates on a 24-hour basis it is not always possible to recontact notifiers.

If it is not possible to re-contact the notifier within a reasonable timeframe, the DCP Call Centre worker should consult with the senior worker or supervisor. The senior worker or supervisor is responsible for the decision to cease efforts to re-contact the notifier.

The DCP Call Centre worker must record all details of consultation and decision making about re-contacting the notifier in the intake note in C3MS.



Contact other parties (if required)

The DCP Call Centre worker may contact other relevant parties for additional information about the current safety and/or functioning of the child or young person and/or their family. Other parties may include:

- school/preschool leadership staff
- a support agency that has been reported to be working with the family
- where there are complex cultural matters requiring additional consideration
 - an Aboriginal family practitioner, Principal Aboriginal Consultant or relevant agencies
 - DCP Multicultural Services for children and young people from CALD backgrounds.

The DCP Call Centre worker must consult with the senior worker or supervisor before contacting a source other than the notifier.

Request child protection information from other jurisdictions

When the DCP Call Centre receives a notification in relation to a family who have resided interstate, it is important to seek child protection information from that jurisdiction.

The DCP Call Centre Worker must check [Connect for Safety](#) (C4S) for families who have resided in another jurisdiction or are transient. The DCP Call Centre worker should also check C4S where there are large periods of time between notifications indicating the family may have resided in another jurisdiction.

To request interstate child protection information, the DCP Call Centre worker should:

- check C3MS to identify whether child protection information was previously sought from that jurisdiction and where child protection information has been sought
- assess whether further detail or more recent information is required
- complete the [Interstate Child Protection Information Request](#) form
- email the completed form to the DCP [Subpoena and Information Release Team](#) (SIRT).

All emails sent to the SIRT must be recorded in C3MS. The SIRT must email the response to the requesting worker, as well as to the [DCP Call Centre mailbox](#). For urgent matters, the DCP Call Centre worker should contact the SIRT by telephone prior to emailing the request.

On receipt of the response email from SIRT the DCP Call Centre worker should undertake the one of the following actions:

No child protection information obtained from other jurisdictions	Upload the email and any attachments to C3MS to a 'follow up' case note to the intake, with the title 'INTERSTATE RESPONSE NO CP HISTORY' (if the SIRT has not already done so).
Child protection information obtained from another jurisdiction	Record the information in the intake (added to the original intake whenever possible) with the history recorded in bullet points. The email and any attachments containing child protection history from other jurisdictions must be uploaded to C3MS.



The DCP Call Centre worker should create an Informational - Interstate CP History alert in C3MS indicating whether child protection history was identified, and where this information is located in C3MS.

Determine the recording type

All reports made to the DCP Call Centre must be assessed pursuant to section 32 of the CYPS Act and regulation 11(1) of the CYPS Regulations. The DCP Call Centre worker must record the notification (unless the concerns have been recorded as 'Log Sheet Only') using one of the following recording types:

Report type	Description
Intake report	Where the reported concerns relate to alleged harm to the child or young person and the alleged perpetrator is a parent, caregiver or guardian, the DCP Call Centre worker should record the concerns as an Intake report. Concerns related to behaviours placing a young person at risk which are not connected to acts or omissions by their parents or caregivers should also be recorded using an Intake report. For further guidance about recording an intake, refer to Create an intake report.
Extrafamilial notification (EXF)	A notification is recorded as an Extrafamilial (EXF) report when alleged harm toward a child or young person has been caused and the alleged perpetrator of harm is a: • friend, visitor, stranger or anyone who may live in the house who does not have responsibility for the care of the child or young person (such as a boarder) • person who may provide care to the child or young person as part of their employment or service delivery role, such as a: ○ teacher ○ child care worker ○ family day care provider ○ school boarding house supervisor. A notification should not be recorded as an EXF if there is no allegation of harm to the child or young person. Refer to Record and refer an Extrafamilial notification.
Care concern	A notification should be recorded as a care concern where the following criteria have been met: a. The child or young person is in care (or was in care at the time of the allegation) pursuant to the CYPS Act AND: b. The concerns relate to the care provided by: i. an approved carer and/or ii. a registered or approved household member; or



	iii. a temporary carer (pursuant to the CYPS Act); or iv. Department of Human Services custodial staff; or v. a Department for Child Protection (DCP) employee or DCP volunteer, providing direct care and/or contracted carer; AND c. There is a reasonable suspicion that: i. the child or young person has been harmed; or ii. there is a risk that the child or young person will suffer harm. For guidance about recording and referring care concerns, refer to Record and refer a care concern. For further guidance about the management of care concerns, refer to the Raising and responding to care concerns chapter of the Manual of Practice for further details
Report on Unborn (ROU) or Unborn Child Concern (UCC)	A person who in the course of their employment suspects on reasonable grounds that the physical or psychological development of an unborn child is at risk, they may (but are not mandated to) make a notification. This is referred to as an Unborn Child Concern (UCC). UCCs are recorded using the ROU report type. For further guidance about recording and referring ROU reports, refer to Record a Report on Unborn (Unborn Child Concern).
Familial New Allegation	Familial New Allegations (FNA) are 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. For guidance about recording intakes including Familial New Allegations, refer to Create an intake report.

Assess whether to record a notification as EXF or CP

A notification may be assessed as EXF, CP or both. A key factor in the assessment of EXF and CP matters is the protectiveness and responsiveness of the parent or caregiver.

A notification may meet the criteria for both CP and EXF where:

- the alleged perpetrator of harm meets the criteria for EXF, and
- there is a corresponding CP concern, such as for example, failure to protect, or inadequate basic care, or
- another CP allegation unrelated to the EXF has been reported about the same child or young person.

In these circumstances, the DCP Call Centre worker should record an Extrafamilial report and an intake report.



For guidance about raising an EXF report, refer to [C3MS Guide: Child protection notifications - Processing in C3MS \(Call Centre\)](#).

3. Create an intake report

Record the intake report

Consider who the intake report relates to

When recording a child protection intake, the DCP Call Centre worker should consider whether the concerns relate to an individual child or to other children or young people in the household.

For care concerns raised for children and young people in care where the carer's biological children also reside in the household, the DCP Call Centre worker should consider whether an intake is also required for the carer's biological children. Refer to the [C3MS Guide: Child protection notifications - Processing in C3MS \(Call Centre\)](#) for further guidance about recording intakes for person groups.

Intake report format

The child protection intake report should be recorded using the following template:

Identify the children or young people to whom the report applies (for example, *'This report relates to siblings Jenny JONES (8y 4m) and John JONES (aged 4y 7m)'*).

When creating an intake report from an e-CARL, document the date and ID number for the e-CARL(s) (for example, *'This notification was submitted via e-CARL [record e-CARL number] on the [date] and recorded on the [date]'*).

All other information should be recorded under the following headings:

BACKGROUND INFORMATION	Identify the child or young person and other family members and highlight critical information regarding the family. Summarise the relevant background information including: • family relationships (names and ages of siblings who are not subject to this report) • name of parent or caregiver's partner • cultural background, language, interpreter • shared care/custody/living arrangements/Intervention orders • name of the child or young person's school • known disability/special needs/substance misuse/mental health issues experienced by the child or young person. • whether there is a Domestic Abuse Intervention Order recorded, and if so, details of: ○ the year or date the order was made
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	○ the defendant's name ○ the protected person/s' name ○ any relevant conditions (such as a 'no contact' order) ○ whether there are any MAPs documents in C3MS. • whether there is an open Child Wellbeing (CWB), General Case (DHS, CFARN) or Youth Justice (YJ) case on C3MS • any relevant alerts in C3MS such as disability or worker safety.
CP HISTORY	Key information from the child or young person's prior child protection history should be recorded to demonstrate how it has been reviewed and considered as part of the DCP Call Centre worker's assessment. This involves highlighting and summarising key points that are relevant to the current notification/family. Some things that may be relevant are: • when the child protection history began and an indication of the volume of notifications that have been received • the nature of the concerns that have been previously reported • patterns of behaviour, significant events (such as substantiations or death of a child or young person) • summary of recent child protection notifications (where relevant to the current assessment) • actions and/or outcomes of previous child protection notifications • if there is interstate child protection history recorded. Child protection history should not be copied directly from the history summary grid. The DCP Call Centre worker must thoroughly check all child protection history and relevant information in C3MS when making their assessment.
ALLEGATIONS/CONCERNS	Record the details of the specific allegations or concerns reported. The DCP Call Centre worker should: • clearly distinguish factual information from the notifier's opinions or assumptions



	• refer to the notifier as 'the notifier' and not by name (except in the appropriate notifier details field) • take reasonable steps to ensure that the identity of the notifier and/or any informants are protected (pursuant to section 163 of the CYPS Act) • where possible, record the concerns as behaviours or incidents and their reported impact on the child or young person. Any response to the concerns made by the notifier can be placed under the sub-heading 'Additional Information'.
ADDITIONAL INFORMATION	This section of the report includes contextual information, such as: • the parents' or caregivers' plan to move to a new address • the notifier's intention to refer the child or young person and their family to a service or intervene directly • the notifier's opinions about family functioning and/or relationships (which are not specifically supported by information provided as part of the notification) • any advice given to the notifier by the DCP Call Centre worker (for example, to call back if they obtain further information) • when the DCP Call Centre worker contacts the notifier back for further information and details of the information obtained. • Police report numbers (SAP/SAI).
AGENCIES/SERVICES/SUPPORTS	This section of the report relates specifically to identifying any agencies, services or supports that are connected to the child or young person and/or family and what interventions they are providing or that they have previously provided, and the outcome of those.

Record an intake for a child or young person identifying as a gender not assigned at birth

Children and young people who do not identify with the gender they were assigned at birth should have the gender, pronouns and name with which they currently identify recorded throughout the intake report. The child or young person's birth name and gender assigned at birth should be referenced at the beginning of an intake report to clarify who the report is referring to, by using the following wording:

*'Please note, for the purposes of this intake report the name, pronouns and gender the young person identifies with will be used. The young person's legal name and gender assigned at birth was **John Smith (male)**, but they now identify as **Stacey Smith (female)**. The young person will be referred to as **Stacey** throughout this intake report.'*



Refer to the [Supporting children and young people who identify as LGBTIQ+ Practice Paper](#) and the [C3MS – Sex and Gender Instructions](#) for further guidance.

Review child protection history and assess cumulative harm

Review and consider child protection history

Child protection history is critical to an assessment of cumulative harm and the likelihood of harm or risk of harm. The DCP Call Centre worker must assess the child or young person's child protection history to identify patterns of concerns and behaviours.

When reviewing and assessing child protection history, the DCP Call Centre worker should consider:

- whether the history is extensive or brief
- the severity of previous concerns or allegations of harm
- whether the notifications have been frequent or sporadic
- whether the current allegations relate to different types of behaviour/events
- whether there is a pattern of chronic parental behaviour
- evidence of cumulative harm
- whether services have previously been involved to achieve safety for a family, and, if the notifier is a service provider who has worked (or is currently working) with the family, any known information about the family's current engagement with such services, and outcomes from previous interventions
- whether the notification relates to the family's disengagement from services, where the presence of such services had previously secured safety for the child or young person
- if the family is Aboriginal, whether the family's cultural context (including cultural child-rearing practices) have been taken into consideration
- if the family is from a culturally and linguistically diverse (CALD) community, whether the family's cultural context (including cultural child rearing practices and religious observances) have been taken into consideration
- the source of the notifications:
 - whether the previous notifiers were professionals
 - whether similar notifications have been received by a variety of notifiers or primarily the same notifier (a variety of notifiers reporting similar concerns tends to add credibility to the notifications)
 - if the notifications have been made primarily by the same notifier, whether the notifier is a professional or the only person in contact with the family, or whether it is possible that the notifications have been prompted by factors other than concern for the child or young person
- whether similar concerns about siblings have been notified in the past
- if the child or young person is or has been in care, whether there is any care concern history relevant to that child or young person and that of any other children or young people in the household (noting that if the DCP Call Centre worker forms a reasonable suspicion of harm or risk of harm to any other child or young person in the carer household, they should also raise an intake for that child or young person)



- whether any family risk factors are indicated by the history (for example, substance misuse or domestic and family violence).

Review child protection history for all children and young people in the household

The child protection history provides context for the DCP Call Centre worker's assessment. To obtain a clear and detailed picture of the concerns and allegations, the DCP Call Centre worker must:

- review and consider the child protection history for all children and young people in the household
- where applicable, review and consider child protection history for the parent, guardian or caregiver's other biological children who may be residing outside the household
- consider the history of the adults involved in the child or young person's life, including concerning or protective behaviours
- consider all notifications, regardless of the screening decision or outcome.

 Identity	Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt Review information gathered relating to Aboriginal and/or Torres Strait Islander identity (including Aboriginal and/or Torres Strait Islander Nation and language groups) to ensure the infant, child or young person's cultural context is taken into account. Consider whether there are gaps and further information is required.
 Partnership	Consult with a DCP Aboriginal practitioner such as a Principal Aboriginal Consultant to gain an enhanced understanding of culturally specific child rearing practices. Aboriginal and/or Torres Strait Islander culture is a protective factor for infants, children and young people. Seek information regarding strengths and protective factors that the family's culture and cultural identity provides them. This includes family supports and community resources the infant, child or young person and family can be connected to in order to prevent further child protection involvement.
 Prevention	

Review interstate child protection history

The DCP Call Centre worker must seek child protection history from other jurisdictions when assessing a notification relating to a family that has recently resided interstate. The DCP Call Centre worker must check for any interstate history through [Connect for Safety](#). This includes circumstances where the current notification does not meet (or is unlikely to meet) the screening threshold.

Assess cumulative harm

Cumulative harm refers to the effects of multiple adverse or harmful circumstances and events in the child or young person's life. The impact of these experiences can be profound and far-reaching, diminishing the child or young person's sense of safety, stability and wellbeing.

Cumulative harm is caused by a series or pattern of harmful events and experiences that may be historical or ongoing. Risk factors are often multiple, inter-related and co-existing over critical developmental periods.



Cumulative harm must be considered for every notification. In circumstances where the current concerns do not meet the screening threshold, additional consideration should be given to the cumulative impact of previous experiences.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Seek to deepen your understanding of cultural parenting practices, address knowledge gaps and reflect on factors that may influence your assessment of a notification.

For notifications about children and young people from culturally and linguistically diverse backgrounds, the DCP Call Centre worker should consider the family's cultural context. Where required, the DCP Call Centre worker should seek advice from DCP Multicultural services.

When assessing cumulative harm, the DCP Call Centre worker must consider the following:

Severity	Has the experience caused or is it likely to cause harm if repeated over a prolonged period?
Frequency	Have there been previous allegations for similar issues?
Type	Are there signs that child or young person has experienced other types of harm or maltreatment in addition to those reported?
Source of harm	Does the current situation make the child or young person more vulnerable to other perpetrators?
Duration	How long have the issues that led to the current involvement been present?

The DCP Call Centre worker must also consider whether any of the following indicators of cumulative harm are present:

- multiple notifications
- multiple notifiers reporting similar concerns
- notifications from professionals
- evidence of children or young people not meeting developmental milestones or concerns being raised about their physical health
- concerns being raised about the child or young person's mental health or behaviour (noting suicidal ideation and suicide attempts amongst young children should be considered very concerning)
- previous substantiations (noting that assessments should not be restricted to screened in notifications or substantiations).

The notification is screened in under the likelihood of harm ground that relates to the current behaviour, circumstance or concern. If an appropriate ground cannot be identified, a discretionary X0 code should be considered.



If during the assessment the DCP Call Centre worker forms a reasonable suspicion of harm or risk of harm to any other child or young person in the carer household, they should also raise an intake for that child or young person.

Complete the Structured Decision Making (SDM®) Screening Assessment

The DCP Call Centre worker must complete the Structured Decision Making (SDM®) Screening Assessment as set out in the [Structured Decision Making \(SDM®\) Screening and Response Priority Assessment Tool Policy and Procedures Manual](#).

Identify which household(s) to assess

SDM® assessments are completed for households. For the definition of household, the DCP Call Centre worker should refer to the [SDM® Screening and Response Priority Assessment Tool Policy and Procedures Manual](#).

The DCP Call Centre worker must consider the wellbeing of all children and young people in the household.

The child or young person may be a member of more than one household if:

- the child or young person's parents do not live together or some other shared care arrangement is in place
- if the child or young person is Aboriginal and/or Torres Strait Islander
- if the child or young person is from a culturally and linguistically diverse (CALD) background where multiple households are involved in their care and protection.

The DCP Call Centre worker must assess the household of the alleged perpetrator. This may be the child or young person's primary residence or the household of a non-custodial parent.

It may be necessary to assess a non-perpetrating household for protectiveness. For example, if the alleged perpetrator is a non-custodial parent, an allegation of 'failure to protect' may be applicable.

Apply professional judgement

DCP Call Centre workers should apply their professional judgement when applying screening grounds, noting that:

- the examples provided in the SDM® Screening and Response Priority Assessment Policy and Procedures Manual are not exhaustive lists
- it is important to consider the impact of cumulative harm experienced by the child or young person
- the child or young person's vulnerability is affected by a range of factors, including (but not limited to) their age, development, health or disability.

For further guidance, refer to the [Structured Decision Making \(SDM®\) Screening and Response Priority Assessment Policies and Procedures Manual](#).

Apply relevant screening considerations

Persistent absenteeism

DCP and the Department for Education (DfE) have established a [Memorandum of Administrative Arrangement \(MOAA\)](#) for High Risk Chronic Non-Attendees (HRCNA).



Under this MOAA, DfE schools are mandated to report persistent absenteeism to DCP. Non-DfE schools are not signatory to the MOAA but are still mandated to notify persistent absenteeism and DCP has a statutory responsibility to assess risk to the child or young person.

Non-DfE schools have an agreement with DfE that they must exhaust all available options to them including:

- counselling
- telephone calls
- meetings
- letters
- home visits.

Once these options are exhausted, non-DfE schools may refer to DfE Support Services for further follow up and to make a notification as agreed by the MOAA.

Notifications about HRCNA must be screened in for a response. These reports may be screened in as 'Chronic absenteeism' or 'Persistent Absenteeism'

The DCP Call Centre worker should select the most appropriate screening ground based on the following criteria and assessment considerations:

Screening ground	Criteria	Assessment considerations
Chronic absenteeism	This ground may apply if the child or young person is of compulsory school age (6-16 years), or compulsory education age (6-17) and their circumstances fulfil the following criteria: • the child or young person has been absent from school for six weeks and • there has been no acceptable explanation from the parent or caregiver for the absence or there has been no response by the parent 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 child or young person's wellbeing.	An "acceptable explanation" means an explanation that: • gives confidence about the child or young person's safety and wellbeing • provides certainty of their return to school at the earliest practicable time. The notifier must provide information that gives confidence that all options available to them to sight the child or young person and to re-engage the family have been exhausted.
Persistent absenteeism	This ground may apply if: • the child or young person exhibits extended patterns of absenteeism, and	• A child or young person who is persistently absent from school is considered to be at risk of harm



	• they do not meet the criteria for Chronic absenteeism, and • the child or young person returns to school sporadically, or • they are sighted periodically and there are still concerns about their safety and wellbeing.	(even if they do not meet the five specific criteria in the protocol) • 'persistently absent' means a pattern of absenteeism that is enduring in nature and does not need to be an extended consecutive period to be considered as an enduring pattern • increased vulnerability of the child or young person due to age, disability or development delays, or physical or mental health concerns • cultural considerations, including obligations to attend family and cultural events, including ceremony, community responsibility to attend a funeral or wedding, or Return to Country • the cumulative educational, psychosocial and physical impact of extended school absence.
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Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Where possible, consult with an Aboriginal practitioner to support understanding of considerations towards cultural obligations for Aboriginal and/or Torres Strait Islander infants, children, young people and their families. As members of the Aboriginal community, they may have important information and advice to add to particular cases regarding community responsibilities occurring at that time.

Children and young people with disability

Children and young people with disability may be more vulnerable to harm. Factors which may increase vulnerability for children and young people with disability include:

- increased dependence on others to meet their basic needs
- increased likelihood of challenging behaviours
- impaired ability to communicate their needs
- impaired ability to remove themselves from harmful situations
- impaired ability to understand or communicate harm they may be experiencing.

When assessing a notification about a child or young person with a disability, the DCP Call Centre worker should explore:



- the nature of the child or young person's disability
- the child or young person's communication skills (for example, verbal, in writing, with a technology aid)
- the child or young person's mobility (including whether their mobility is compromised, whether they use a wheel chair, or are bed-bound)
- the presence of challenging behaviours including
 - behaviours related to the child or young person's disability diagnosis
 - behaviours that increase the risk of exploitation
 - behaviours that result from physical, verbal or emotional harm
- the parent or caregiver's behaviour or attitude towards the child or young person, including
 - the parent or caregiver's acknowledgement of need
 - attribution of behaviours to the disability, or to the child or young person's intention to 'annoy' the parent or caregiver
- the child or young person's visibility in the community (including whether the child or young person is regularly seen at school and in the community, or is geographically or socially isolated)
- service provision to the child or young person and their parent or caregiver, including
 - the presence of support services
- the parent or caregiver's understanding of the service provided (for example, whether they are actually addressing the child or young person's needs and the parent or caregiver's compliance with any treatment plans).

Custody disputes

Notifications about children and young people subject to custody disputes are commonly reported to the CARL. It is important that the DCP Call Centre worker does not dismiss or minimise the notified concerns without careful assessment.

Parental conflict during custody disputes increases a child or young person's risk of harm through:

- chronic exposure to parental conflict
- emotional harm due to:
 - one parent harshly and frequently criticising the other (maternal or paternal alienation), or
 - both parents harshly and frequently criticising each other
- emotional distress associated with frequently moving between two parents or caregivers
- parents' or caregivers' emotional distress in response to the relationship breakdown and its impact on their provision of care and supervision to the child or young person
- physical harm or threats to kill or injure the children and young people, often in the context of domestic and family violence.

When assessing notifications involving custody disputes, the DCP Call Centre worker should:

- focus on the safety of the child or young person, including due consideration of threats that have been made to harm them



- seek specific details about the alleged incidents or behaviours of concerns, including statements that may have been made about any threats to harm the child or young person
- consider the cumulative impact of parental conflict on the child or young person
- consider potential for desensitisation or minimisation of concerns due to the chronicity of notifications.

Notifications from Police relating to criminal charges

If a police officer reports that a parent, guardian or caregiver has been charged with a serious criminal offence against a child or young person, the notification must be screened in if the:

- information suggests that a child or young person has been harmed, or is at risk of, harm, and
- child protection concerns are of an intra-familial nature.

The DCP Call Centre worker must use their professional judgement to assess whether the offence is serious in nature. The types of offences that would be considered serious include (but are not limited to):

- criminal neglect
- causing serious harm
- an act endangering life or creating risk of serious harm
- physical assault against a child or young person
- a sexual offence against a child or young person
- any other offence of a serious nature that may place a child or young person at risk.

This requirement also applies in circumstances where SAPOL advises of a charge or a conviction, including where:

- the information leading to the charge has previously been reported to DCP (regardless of the outcome of the previous notification) and/or
- no new risk information or child protection concerns are reported.

In circumstances where the information suggests the child or young person has been harmed or is at risk of harm, and the SDM® screening recommendation is Screen out: No harm, or likelihood of harm ground, the DCP Call Centre worker must apply a discretionary override to screen the notification in.

Death of a child or young person

SAPOL is responsible for attending the deaths of all infants, children and young people where the cause of death is undetermined.

Under section 3 of the *Coroners Act 2003*, the following are reportable deaths:

- child or young person in the custody or under the guardianship of the Chief Executive
- child or young person in custody (detained).

The death must be reported to SAPOL or the State Coroner, unless it is believed on reasonable grounds that the death has already been reported. For further guidance, refer to the [Significant Incident Reporting Procedure](#).



During the initial investigation, SAPOL will contact the DCP Call Centre to obtain information about child protection history concerning the deceased child or young person and their family.

The DCP Call Centre worker must provide the following information to SAPOL:

- whether there are any child protection records
- the details of the alleged harm or risk factors
- the details of any investigation conducted
- the outcome of the investigation as recorded in C3MS
- the DCP office where the child or young person's case is allocated (where relevant).

The above information should be provided on a 'telephone back' basis to the investigating officer. The investigating officer must provide the information to the pathologist conducting the autopsy.

The DCP Call Centre worker must raise the notification as an intake report to document the death by undertaking the following:

Circumstances of child or young person's death	Recording and reporting requirements
There are no apparent suspicious circumstances at the point of contact by SAPOL.	Record the intake as GP for both the deceased child or young person and any surviving siblings and household members.
There are suspicious circumstances surrounding the death or child protection concerns present at the time which may have contributed to the child or young person's death, and there are no siblings or other children or young people in the household.	Record the intake as 'No Grounds for Intervention' (NGI) and close the case (as there is no need for DCP to intervene if there are no other children or young people assessed as being at risk).
There are suspicious circumstances surrounding the death or child protection concerns present at the time which may have contributed to the child or young person's death, and there are other siblings or children or young people in the household.	Record the intake for the deceased child or young person as NGI. Record an intake for the sibling/other child or young person and assess safety and risk of harm in accordance with the SDM® Screening and Response Priority Assessment.

SAPOL will often record the death as not suspicious unless it is evident that a criminal act has occurred.

Regardless of the outcome of a SAPOL investigation, the DCP Call Centre worker must:

- consult with the senior worker or supervisor
- assess the safety of and risk to any surviving children or young people and make a screening decision
- if the death is suspicious, inform the DCP Call Centre Manager and the [responsible director](#) for the region the child or young person lived in



- determine if the matter is reportable as a significant incident or adverse event and report as required (refer to the [Significant Incident Reporting Procedure](#) and the [Adverse Events Procedure](#) for further guidance).

For further guidance about sharing information with SAPOL and other agencies, refer to the [Information gathering and sharing chapter](#) of the Manual of Practice.

DCP After-Hours

For adverse events occurring after hours, the DCP After-Hours worker must consult with the on-call supervisor to assess safety and risk of harm for any surviving children or young people and make a screening decision.

If the adverse event is a significant incident, the senior worker or supervisor must advise the on-call executive. If the senior worker or supervisor are not on shift, this should be done by the DCP After-Hours worker.

If the adverse event relates to a child or young person in residential care, the senior worker or supervisor should inform the residential care on-call manager (or on-call manager for the NGO service provider).

For guidance about determining whether a matter is reportable as a significant incident, refer to the [Significant Incident Reporting Procedure](#).

The death or serious injury of a child or young person must be reported to the DCP Adverse Events program if:

- the death or serious injury of a child or young person occurred during the delivery of services provided or funded by DCP; or
- child protection / adolescent at risk concerns had been notified to the department within the previous twelve months.

For guidance about referring to the Adverse Events program, refer to the [Adverse Events Procedure](#).

Void marriages

Section 18(1)(c)(ii) of the CYPS Act specifies that a child or young person is to be considered at risk if there is a likelihood they will be removed from the State for the purpose of taking part in a marriage ceremony that would be considered a 'void marriage' under the Commonwealth [Marriage Act 1961](#).

The legal requirements of a marriage are defined under sections 11, 12, 19, 23 and 88 of the *Marriage Act 1961*. Under this Act, the legal age for marriage in Australia is 18 years, with some exceptions. The *Marriage Act 1961* also recognises foreign marriages in certain circumstances and sets out when a foreign marriage is void.

The following screening grounds should be applied if the DCP Call Centre worker assesses that the child or young person is at high risk of harm:

Harm	Ground
The child or young person is identified as being at risk of participating in a void marriage.	



The child or young person has participated in a void marriage.	☐
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Qualifying offences

Chapter 5, part 4 (sections 44–48) of the CYPS Act requires DCP to take certain action when a child or young person resides, or is about to reside, with a person who has been found guilty of a qualifying offence. The SCRT has specific screening grounds and response priority assessment criteria for the assessment of these notifications.

Pursuant to section 44 of the CYPS Act, a qualifying offence means any of the following offences where the victim was a child or young person AND the offender was a parent or guardian of the child or young person:

- murder
- manslaughter
- criminal neglect (pursuant to section 14 of the CLC Act)
- causing serious harm (pursuant to section 23 of the CLC Act)
- acts endangering life or creating risk of serious harm (pursuant to section 29(1) or (2) of the CLC Act)
- an offence constituted of an attempt to commit the abovementioned offences
- an offence prescribed by the CYPS Regulations
- an offence under the law of another jurisdiction that corresponds to an offence referred to above.

To select the most appropriate screening ground, the DCP Call Centre worker must collect the following information:

- confirmation from SAPOL or the Courts Administration Authority (CAA) of the qualifying offence
- the relationship between the offender and the child or young person
- the child or young person's date of birth.

The qualifying offence screening grounds 'QO1' and 'QO2' can be selected based on information from the notifier. The DCP Call Centre worker is not required to establish the veracity of the information provided by the notifier.

A notification about the child or young person must be screened in using the SCRT where there is a reasonable suspicion that:

- QO1: A child or young person is residing with a parent who has been found guilty of a qualifying offence.
- QO2: A child or young person is residing, or about to reside, with a person (not being the child or young person's parent) who has been found guilty of a qualifying offence.

Under section 48 of the CYPS Act, a court which finds an individual guilty of a qualifying offence must inform DCP of the finding of guilt as soon as practicable.

During business hours, the DCP Call Centre worker must obtain information about the qualifying offence from SAPOL. Further advice can be provided by [DCP Legal](#). The DCP Call Centre worker should confirm the:

- exact court finding, including the specific section(s) of the CLC Act under which the offender was convicted



- name, address and date of birth of the person found guilty of the qualifying offence
- relationship between the offender and the victim of the offence
- name, address and date of birth of the victim of the offence.

It is recommended that where practicable the DCP Call Centre worker consult with DCP Legal for advice regarding whether an offence in another jurisdiction corresponds with a qualifying offence in South Australia.

When receiving a notification relating to a qualifying offence from SAPOL the DCP Call Centre worker must:

- create the qualifying offence alert against the offender in C3MS
- incorporate the information gathered from SAPOL to support the creation of the alert and reference any attached documents
- check the 'Relationships' Tab in C3MS and create any children or young people, other parents or other significant people connected to the offender.

Under section 48 of the CYPs Act, a court must provide prescribed information to the Chief Executive as soon as practicable after a person is found guilty of a qualifying offence. Regulation 17A of the CYPs Regulations requires the following 'prescribed information' to be provided about the person:

- their name
- address
- date of birth
- details of each qualifying offence for which they were found guilty.

The Court will send the information directly to DCP using the following process:

- The CAA will send a notification to the [DCP Qualifying Offences](#) inbox alerting DCP to the finding of guilt of a Qualifying Offence.
- The Subpoena and Information Release Team (SIRT) within the DCP Legal Services Directorate must record a qualifying offence alert in C3MS and notify the DCP Call Centre via email [REDACTED]
- If SIRT cannot ascertain whether a finding of guilt was made or if the details of the offence are unclear, they must seek further information from the CAA and forward it to the DCP Call Centre for further assessment.

Upon receiving the email [REDACTED] the receiving senior worker must check C3MS for any children or young people living with the person found guilty of the qualifying offence. If there are children or young people residing with the person found guilty of the qualifying offence, the DCP Call Centre worker must raise an intake report.

If it is assessed that an intake report is not required (as there are no children or young people found living with the person found guilty of offence), no further action is required by the DCP Call Centre.

When a DCP employee becomes aware that a child or young person is residing with a person found guilty of a qualifying offence, the DCP employee must notify the DCP Call Centre. This includes circumstances where there are no other child protection concerns about the child or young person.



Consider whether to apply policy/discretionary overrides

A policy override (X01) may be used to screen in a notification in circumstances where:

- the DCP Call Centre worker is not satisfied the notification meets the screening criteria for the qualifying offences grounds (Q01 or Q02), and
- information from the notifier indicates the parent or caregiver has previously perpetrated serious harm toward the child or young person (or another child or young person)
- the notification is based on a reasonable suspicion.

The DCP Call Centre worker should seek additional information from SAPOL or the Courts Administration Authority as required to support their assessment.

When a record of court findings has been obtained, the DCP Call Centre worker must record a qualifying offence alert in C3MS.

In circumstances where a conviction has not been made and a person is alleged to have committed a qualifying offence, the DCP Call Centre worker must consider any risk of harm to all children and young people in the offender's household.

Seek cultural input

Consider whether a cultural conversation with an Aboriginal practitioner could enhance an assessment

Where an intake about an Aboriginal and/or Torres Strait Islander family relates to the following screening grounds the DCP Call Centre worker should, where practicable, discuss the matter with an Aboriginal practitioner:

- Domestic violence, family violence and community violence – if concerns are received regarding community violence, seek input from an Aboriginal practitioner to assist with determining if need to be assessed as CP or EXF
- – Inadequate Supervision
- – No carer available/willing/able to provide ongoing care
- – Inadequate basic care
- – Homelessness
- – Persistent Absenteeism
- – Mental Health (culture-bound syndromes)
- – Emotional harm (if relating to parentification/obligations)
- – Discretionary override

Discussion with an Aboriginal practitioner may also be considered in circumstances where:

- the family resides in a remote community
- advice is required regarding communication styles and norms (for example, body language or tone of voice)
- scoping for additional services to recommend to the DCP office at allocation



- support is required to undertake family scoping or complete or update a genogram
- further advice is required to assess matters involving Sorry Business, cultural practices, parenting practices, ceremony or lore
- the DCP Call Centre worker otherwise believes that cultural input may add value to their assessment.

The DCP Call Centre worker should also consider, where practicable, whether it may be appropriate to discuss the matter with an Aboriginal practitioner of a particular gender (for example, matters involving Men's Business should be discussed with a male Aboriginal practitioner).

Discussion with an Aboriginal practitioner is also encouraged for intakes with a Response Priority Assessment of 'Within 24 Hours'. This consultation should take place where possible before the intake is allocated to enable the Aboriginal practitioner consider family scoping (where it is likely the infant, child or young person will be removed).

Prepare for a cultural conversation with the Aboriginal practitioner

To support discussions with the Aboriginal practitioner, the DCP Call Centre worker should prepare the following information:

- C3MS numbers for the infant, child or young person of concern
- known information about the family's background information (for example, who is currently in the home, their language group (if known), where the family are currently residing)
- summary of concerns (noting the Aboriginal practitioner may also request to review the intake report)
- the notifier's relationship to the family
- whether the infant, child or young person has a disability or diagnosis
- what language the family speaks at home
- child protection history and previous substantiations
- services involved in the family, and any known information about the family's willingness to engage with those services
- other supports the family have.

Record the outcome of the discussion

Any cultural input provided should be recorded in the 'Additional Information' section of the intake report.

Determine the report type

Child Protection (CP)

An intake that meets any harm or likelihood of harm ground (or is subject to an override) in the SDM® SCRT is recorded as a Child Protection (CP) report.

A notification is considered CP (or Intra-familial) where the alleged perpetrator of harm is a person who is either a:

- parent or guardian (including long-term guardianship (specified person))
- relative of the child or young person, or



- member of the child or young person's household AND has responsibility for care and supervision of the child or young person.

Refer to the [SDM® Screening and Response Priority Assessment Policy and Procedures Manual](#) for further information.

No Grounds for Intervention (NGI)

A matter that meets the screening criteria may be assessed as having No Grounds for Intervention (NGI) in circumstances where the:

- matter has previously been dealt with by DCP or another agency and there is no reason to re-examine the matter
- harm was caused by a person who no longer has contact with the child or young person, and the parents or caregivers are protective
- child or young person is at risk, but another agency is currently dealing appropriately with the matter in relation to the specific concerns.

The DCP Call Centre worker should apply their professional judgement when considering the use of the NGI report type. In circumstances where it is unclear whether the NGI report type is appropriate, the DCP Call Centre worker should consult with a senior worker.

The information in the intake must clearly demonstrate that the child or young person is now safe from further harm. If the involvement of other agencies is required (such as SAPOL or Child Protection Services), the intake must also evidence that this has already occurred.

A matter must be screened in if:

- SAPOL has reported to DCP that serious criminal charges have been laid, and
- the information provided indicates that the child or young person has been, or is at risk of, harm, and
- the concerns are of an intra-familial nature (refer to 'Assess notifications from Police relating to criminal charges' under 'Complete the Structured Decision Making (SDM®) Screening Assessment' in this key step).

Depending on the nature of the alleged concerns, the DCP Call Centre worker may still forward the NGI intake report to SAPOL. It may be appropriate to forward an NGI where there may be some additional information regarding a matter that may assist a current SAPOL investigation.

Assess whether a notification should be assessed as NGI or a Notifier Concern (NC)

When assessing a notification about a historical event only, the DCP Call Centre worker should consider whether, if the notification were received at the time of the alleged incident, it would have met the screening threshold.

If the matter would have met the screening threshold, the information may warrant an assessment of NGI

If the matter would not have met the screening threshold, the notification should be recorded as NC.

Adolescent at Risk (AR)

An Adolescent at Risk report is a matter that:

- does not meet a harm or likelihood of harm ground under the SDM® SCRT



- relates to behaviours placing a young person at risk which are not connected to acts or omissions by their parents or caregivers.

The DCP Call Centre worker must assess the level of risk to the young person by considering the following:

- the severity of the high-risk behaviour
- the frequency of the high-risk behaviour
- the type of harm that is present or likely
- what access, if any, the young person has to a safety and support network
- parental awareness of the issues, and their level of support and protectiveness
- if the notifier indicates that the parent or caregiver is aware of the issues, and has sought professional help, what information (if any) the notifier has that the parents or caregivers are engaging with professional support.

The following codes are applied to AR reports:

AR Code	Criteria
SHM – Self Harm	Relates to all variations of self-harming behaviour or thoughts of self-harm.
SUD – Suicidal Ideation and attempts	Refers to thoughts of suicide, statements about young people wanting to kill themselves and suicide attempts.
DAA – Drug/Alcohol Abuse	Any drug or alcohol use (including inhalants).
RAY – Runaway	Refers to young people frequently absent from home. Assessment must consider the duration of the young person's absence, and the risk of harm they encounter or live in whilst absent from home.
OFC – Other Family Conflict	Refers to serious family conflict which may lead or has led to the young person either leaving home or being forced to leave home by parents. The latter may also be assessed as a child protection intake, depending on the risk of harm to the young person. Also refers to family conflict that leads the young person to engage in high-risk behaviours.
ACA – Accommodation Need	Refers to young people who are homeless or who do not yet have stable accommodation, and the main presenting need is to secure a safe living environment. This includes young people who are 'couch surfing'.
OIA – Other Adolescent Issues	Refers to a variety of other matters that do not fit the above categories. These may include (but are not limited to) issues such as pregnancy, mental health concerns, anti-social behaviour, peer conflict leading to high risk or complex behaviours, or concerns about sexual behaviour.



Assess whether a notification is CP or AR

When assessing whether the concerns are CP or AR, the DCP Call Centre worker must consider the following:

- the age and developmental status of the young person, including their level of independence and decision making rights
- risk factors identified for the child or young person or their family including:
 - domestic and family violence
 - parent-child conflict
 - parental alcohol and other drug use
 - emotional harm
 - neglect
 - parentification, giving regard to cultural differences in child rearing practices
- child protection history for the child or young person and their family, including (but not limited to):
 - previous child protection notifications (regardless of whether or not they were 'screened in')
 - whether the young person has suffered cumulative harm
- whether the young person's behaviour or risk profile is the result of, or exacerbated by acts or omissions of the parent (which are one-off or persistent in nature)
- the capacity of the parent to provide support and protection of the young person.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Give consideration to the differences in Aboriginal and/or Torres Strait Islander child rearing practices, in particular families from rural and remote communities. In these communities, children are encouraged to explore and have independence from a young age. Responsibility for safety is shared with other family members and the local community.

While AR is usually applicable to adolescents aged 15 years or older, it may be appropriate in some circumstances to record an AR intake for a young person as young as 10 years of age in exceptional circumstances.

The DCP Call Centre worker must make a decision about whether:

- the notification requires a DCP response
- another agency can respond, or has already responded
- no response is required at this time.

This decision must be explained in the rationale attached to each intake report.

All intake reports about young people with an allocated DCP case worker auto workflow via C3MS to the allocated DCP case worker. The AR intake must be left open for a case management response.

All AR intake reports closed at intake must be approved by the DCP Call Centre senior worker, or supervisor.



Notifier Concern (NC)

A notification should be recorded as a Notifier Concern (NC) if the DCP Call Centre worker assesses the notification as not meeting the screening threshold.

An assessment of NC may be appropriate in circumstances where the allegations or concerns:

- do not constitute reasonable suspicion of harm or 'at risk' of harm as defined by sections 17 and 18 of the CYPs Act or do not meet the SDM® SCRT screening criteria or grounds, or
- contain information or observations on which the notifier formed their suspicion which do not constitute reasonable grounds for the suspicion, because:
 - there are no clear allegations of harm or risk
 - the reported concerns are too vague or peripheral
 - the information is trivial, vexatious or frivolous in nature.

Important factors for consideration include:

- reviewing the child protection history to determine if there are patterns or trends to indicate cumulative harm (refer to 'Review child protection history and assess cumulative harm' in this key step for further information)
- Aboriginal and/or Torres Strait Islander parenting practices
- cultural parenting practices of families from CALD backgrounds.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Misconceptions can arise from not understanding cultural differences in child rearing practices. Collaborate with an Aboriginal practitioner or Principal Aboriginal Consultant for culturally informed decision regarding the risk of harm for the child or young person.

General Practice (GP)

Notification does not meet the criteria for CP, AR or EXF

A notification may be GP if it does not meet the criteria for CP, AR, or EXF but the information may assist in future assessments. For example:

- a notification is received about an adolescent being exposed to their friend's suicide attempt This may inform future assessments of notifications which may be assessed as AR or CP
- a child expressing suicidal ideation which is not linked to parent, guardian or caregiver behaviour
- children and young people of the same age children displaying age appropriate sexual behaviour.

Information received about these notifications should be recorded to ensure that it is available in the event that further notifications are received.

Concerns about sexualised behaviour

Concerns about sexualised behaviour in children and young people may be assessed as GP. The DCP Call Centre worker's assessment should take into account relevant contextual details about the nature of the behaviour and the child or young person's circumstances.



When assessing the behaviour of the 'instigating' child or young person, the DCP Call Centre worker should consider:

- whether the behaviour is an indicator that the 'instigating' child or young person may have been sexually harmed
- the difference in ages between the children or young people
- whether the behaviour indicates knowledge outside of what is developmentally appropriate for a child or young person of that age
- whether there are indicators that the behaviour is likely to have originated from sexual harm perpetrated by another (unknown) person (for further guidance about potential indicators of sexual abuse, refer to the [Safeguarding Practice Paper](#)).

For additional guidance about developmentally appropriate behaviours, refer to the [Traffic Lights Framework](#).

The instigating child or young person can be recorded as an 'Alleged Perpetrator/Person linked to CP notification', however they cannot be recorded as 'responsible for harm'.

Reports may be made about sexualised behaviours involving two children, or where several children were involved as a group. When receiving the notification, the DCP Call Centre worker should ascertain from the notifier:

- who the primary instigator of the behaviour was, and
- whether others were coerced into participating.

Behaviours assessed as falling within the normal range of sexualised behaviours between young children should be recorded using the General Practice report type (not the Child Protection report type).

The DCP Call Centre worker should record details of the type and frequency of the behaviours in the Allegations/Concerns section. If the notifier (such as a school teacher or student counsellor) has followed up the concerns by discussing them with the child/ren this should be included in the report. Any communication the notifier may have had with the parents regarding the behaviour should also be recorded in the GP report.

The DCP Call Centre worker should also record a GP intake for the child or young person encouraged into the behaviour. This supports future assessments if further reports are received about the child or young person's sexualised behaviour.

Some instigating children or young people may display several episodes of sexualised behaviour over time. This may still be assessed as normal and developmentally appropriate. A chronic pattern of sexualised behaviour, or an escalating pattern may eventually be assessed as a child protection matter as the behaviour cannot be controlled within the school or home setting.

Reports about harmful sexual behaviour

When assessing concerns about harmful sexual behaviour, the DCP Call Centre worker should consider whether the behaviours are age and developmentally appropriate.



Behaviour that is assessed as harmful should be recorded as an intra-familial child protection intake report using the 'S02 Suspicious indicators consistent with sexual harm' ground. If the behaviour is assessed as age or developmentally appropriate, the intake should be recorded as GP.

For further guidance about assessing harmful sexual behaviour, refer to the [Supporting children and young people who display harmful sexual behaviours Practice Paper](#) and the [Traffic Lights Framework](#).

Use policy and discretionary overrides (X01, X02 and Z01)

When no other screening ground applies but there are significant concerns about the safety of the child or young person, a notification can be screened in using the following grounds:

- X01 (Policy Override)
- X02 (Discretionary Override)
- Z01 (Include sibling on intake) where there is information to indicate a high likelihood of harm to a sibling

In circumstances where further information/concerns are received that meet the criteria for a Screening ground (for example, P02 or L05), the DCP Call Centre worker must:

- remove the override ground from the subject line
- deselect the override ground from the intake if further information or concerns meeting the screening criteria are added to the intake
- in the rationale box, record 'X01/X02/Z01 (whichever is applicable) deselected as ground (for example, L05) is met on the basis of.....'

For further details, refer to 'Screening recommendations and overrides' in the [SDM® Screening and Response Priority Assessment Policy and Procedures Manual](#).

Complete a SDM® Response Priority Assessment for CP report types

The DCP Call Centre worker should complete the Response Priority Assessment for all CP report types in accordance with the [SDM® Screening and Response Priority Assessment Policy and Procedures Manual](#).

Determine the response priority assessment for children and young people in hospital

When assessing notifications about children and young people in hospital, the DCP Call Centre worker must consider potential risk of harm to the child or young person. This includes the possibility that the parent or caregiver may:

- refuse to consent to treatment
- potentially cause further injury to the child or young person whilst in hospital
- attempt to remove the child or young person from hospital.

When assessing the immediate safety of children and young people in hospital, the DCP Call Centre worker must consider:

- whether serious harm has been inflicted, and
- whether the alleged perpetrator has access to the child or young person (or will have access to them within 24 hours).



If both of these criteria are met, the DCP Call Centre worker must assess the notification as requiring a 'Within 24 hours' response.

These assessment considerations also apply in circumstances where serious harm has been inflicted but the alleged perpetrator is unknown.



Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

When responding to notifications from hospital staff about an Aboriginal and/or Torres Strait Islander infant, child or young person, explore with the notifier what conversations have occurred with the family. Discuss with the notifier whether they have sought clarification about the concerns. Ask whether the hospital have worked with an Aboriginal liaison officer to support communication with the family.

Determine the response priority for matters involving forensic examination and assessment and/or urgent medical treatment

The DCP Call Centre worker must consider a response priority of 'Within 24 hours' in circumstances where there is:

- any unexplained or suspicious injury (for example, bruising, fracture, burn or bleeding from the nose or mouth) to an infant
- any unexplained or suspicious injury to a non-mobile child or young person, such as children or young people with limited mobility due to disability
- a sexual assault within the last seven days involving likely transfer of DNA (such as the transfer of body fluids including semen, saliva or blood) and/or resulting in injury (including injury evidenced by pain, bleeding, discharge, bruising)
- a medical condition attributable to, or exacerbated by, physical or medical neglect requiring hospital admission or urgent treatment to prevent harm (particularly if the information is provided by a medical professional)
- serious injury where the child or young person has made a clear disclosure or there is a witness statement of an inflicted injury or injuries which in the absence of a clear disclosure are highly specific for inflicted injuries and require same day medical treatment, including:
 - genital bruises (not rashes) and peri-anal bruising
 - chest and abdominal wall bruises
 - bruising to the ear, neck and angle of jaw
 - concerns or suspicion of fabricated or induced illness (for example, through poisoning or obstructed airways) and/or where a CPS paediatrician has recommended the need for urgent intervention.

For further guidance about assessing physical injuries, refer to the [Screening and Response Priority Assessment Policy and Procedures Manual](#).

The DCP Call Centre worker should also consider whether urgent forensic examination may be required in circumstances where the child or young person may not have visible injuries but may have sustained internal injuries (for example, due to choking, suffocation or strangulation).



Other important factors to consider include:

- the child or young person's age and development, noting that for non-verbal children the forensic documentation of their injury may be the only evidence to support either a criminal or DCP investigation
- child protection history and cumulative harm (such as repeated notifications about injuries since a change in the child or young person's care arrangements or household)
- whether there are multiple areas of injury
- use of an object indicated by a pattern to the injury
- patterned bruising (noting that an injury pattern requires urgent photographic documentation before the bruising heals)
- inconsistent or implausible versions of events giving rise to suspicion
- whether the child or young person has in the preceding 48 hours ingested:
 - an illicit drug
 - non-prescribed medication/medication not suitable for children and young people
 - dangerous dosages of medication by parents or caregivers.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

For Aboriginal and/or Torres Strait Islander families where English is not their first language or where they may be living in a rural or remote area, consider factors which may contribute to communication barriers or misunderstanding between the notifier and child or young person and their family. Speak to the notifier about what conversations have occurred with any family or community members to seek clarification.

Further considerations for ingestion of substances include:

- type of substance
- level of impact on child or young person's health/functioning.

When considering the requirement for a same day forensic medical assessment, the DCP Call Centre worker should consider both the current and future safety of the child or young person. Immediate medical or forensic follow up may be required regardless of whether the child or young person is currently in the care of the alleged offending parent.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

For any strategy discussions about an Aboriginal and/or Torres Strait Islander infant, child or young person, partner with a PAC or AFP where possible to advise on cultural considerations and to support culturally safe practice.

The DCP Call Centre worker must consider whether same day forensic assessment is needed where evidence requires preservation for the purpose of criminal investigation and proceedings.



The evidentiary weight given to photographs of the child or young person's injuries is limited in the absence of medical examination.

The DCP Call Centre worker must give due weight to the professional advice of specialists in forensic assessment or medical treatment, including (but not limited to):

- medical practitioners
- SAPOL
- Child Protection Services.

Refer to the [Interagency Code of Practice](#) for further information about forensic assessment.

Response priority assessment for qualifying offences

Notifications that meet the criteria for QO1 or QO2 must be screened in. The SCRT response priority decision requires a response of 'Within 24 hours'.

DCP After-Hours

Intakes screened in with the QO1 or QO2 grounds require a 'Within 24 hours' response priority assessment.

Where the concerns have been verified, the DCP After Hours worker must issue a Temporary Instrument of Guardianship (QO1) or a Restraining Notice (QO2). Refer to 'Issue a temporary instrument of guardianship or restraining order' in the [Intake, investigation and assessment chapter](#) of the Manual of Practice.

DCP After-Hours workers must consult with their supervisor. Each action taken must be clearly and comprehensively documented in C3MS.

The supervisor must consult with the on-call executive regarding actions completed after-hours.

The DCP After-Hours worker must hand over to the DCP Call Centre worker on the Early Early Day (EED) shift to ensure that contact is made with the responsible DCP office regarding the 'Within 24 hours' notification and advise of actions taken after-hours.

Record intake report rationale

The DCP Call Centre worker should use the 'Rationale' section of the intake report to summarise the DCP Call Centre worker's assessment based on factors including, but not limited to:

- the outcome of the SDM® Screening and Response Priority Assessment
- child protection history and the impact of cumulative harm
- the age and/or vulnerability of the child or young person.

The DCP Call Centre worker should provide a clear summary of how the child or young person's circumstances were assessed. This includes:

- whether the matter meets the screening threshold for a statutory response, and if so:



- the rationale for the grounds selected (including screening grounds that were considered but not selected, and the associated rationale)
- policy or discretionary overrides that were applied (where relevant)
- whether the child protection history indicates a pattern of similar concerns or other evidence of cumulative harm
- whether the child or young person is particularly vulnerable due to their age, development or other specific circumstances (such as disability).

Record an intake report

Raise an intake report on a

Following the review of the and assessment of the allegations, the DCP Call Centre worker must consider raising the intake report.

The fields in C3MS must be completed as follows:

Report Information	
Contact mode	'Email –
Reporter Source	'All Other Notifiers'
Reporter Details	
Notifier name	
Type	'Family Law System'
Sub-Type	
Court Details	
Court Location	Select appropriate registry
Legislative Source	Select appropriate – most commonly 'Allegations by party to the proceedings'
Magellan	Select as appropriate
Court Reference #	The file # located on the (for example,)
Informant details	Informant 1 is Informant 2 is
Background Information	Highlight FCFCOA proceedings, and when the next court date is.



CP history	Record any child protection history in standard structure
Allegations and concerns	For intakes closed at the Call Centre record [redacted] [redacted] For intakes screened in for a response (Within 10 days, within 24 hours) record details of the concerns in addition to [redacted] [redacted]
Attachments	Attach an email containing the [redacted] and the Letter with the description '[Court Name] [redacted] [Name of parties] and [Court Name] [redacted]
CP History Summary Box	1 x Notifier [redacted]

The DCP Call Centre worker should attach the email containing the [redacted] and the Letter with the description '[Court Name] [redacted] [Name of parties] and [Court Name] [redacted] ..

The intake summary box should be completed as per the above guidance under 'Record the intake report' in this key step. The DCP Call Centre worker must document that the notification is from the FCFCA (for example, 1 x Notifier [redacted] – Concerns relating to ...).

Raise a [redacted] for children or young people living in another jurisdiction

The DCP Call Centre only raises intakes [redacted] for families who have some connection to South Australia (for example, a parent who lives in South Australia or a child or young person resides in South Australia on a full-time or part-time visitation basis).

When one parent lives in South Australia but the children or young people and the other parent reside in another jurisdiction the DCP Call Centre worker must:

- create the children or young people in C3MS (if required) and record the notification
- advise the FCFCOA that the other parent or guardian and children or young people live outside of South Australia.

The DCP Call Centre worker should re-contact the notifier [redacted] for further clarification if:

- none of the family members live in South Australia, and
- it is unclear why the [redacted] has been sent to South Australia.

In these circumstances, the DCP Call Centre worker should advise the notifier to contact the appropriate state.

Raise an intake to facilitate a Court Services and Liaison Team response

Under section 91B of the *Family Law Act 1975*, the FCFCOA may request DCP intervention in a matter.



The Court Services and Liaison Team should contact the DCP Call Centre senior worker to request that the DCP Call Centre raise a new intake. The Court Services and Liaison Team will email or telephone the details of the children or young people requiring a response and provide relevant information about the concerns.

The DCP Call Centre senior worker should allocate the matter to a DCP Call Centre worker.

The notifier will be identified as [REDACTED]

The allegations/concerns section should state:

"The notifier explained DCP have [REDACTED]"

The DCP Call Centre worker must document and assess the notification using the [SDM® Screening and Response Priority Assessment](#). If no screening grounds are applicable, the DCP Call Centre Worker should use a discretionary override to screen the notification in.

Where a discretionary override has been applied the rationale should state:

"This intake has been assessed as X02 – Discretionary Override. Whilst the information provided doesn't detail concerns, unique circumstances for the family have been identified via the Family Court Process [REDACTED]"

The matter will then be allocated to the Intake supervisor, Court Services and Liaison Team.

In circumstances where there are other children or young people in the home who are not subject to the request to intervene, the Court Services and Liaison Team is responsible for assessing whether a notification should be raised for these children or young people.

Record an intake report for notification received from interstate

When completing the intake report for a notification received from interstate, the DCP Call Centre worker should record the following details:

Contact mode	'Email'
Contact type	'ILO'
Reporter Source	'All Other Notifiers'
Type	'All other government'
Sub-Type	'Interstate counterpart'
Notifier name	[REDACTED]



CP history	Any child protection history from the interstate counterpart as well as any South Australian child protection history in the usual format. If the child protection history provided by the interstate counterpart is not sufficient to make an assessment, the DCP Call Centre worker should consider formally requesting further child protection history. For further guidance, refer to 'Review child protection history and assess cumulative harm' in this key step.
Allegations and concerns	For intakes assessed closed at the Call Centre <i>'Refer to attached Interstate Notification for allegations/concerns'</i> For intakes allocated to a DCP office (W10, W24, AR, UCC) record the details of concerns in addition to <i>'Refer to attached Interstate Notification for detailed allegations/concerns'</i> .
Attachments	Attach email containing the interstate notification and attachments with the description 'Interstate notification'.
CP History Summary Box	1 x Notifier [REDACTED]

The DCP Call Centre worker should upload the interstate notification email to the intake report in C3MS with the description 'Interstate Notification'.

DCP Call Centre worker must document that the notification is from another jurisdiction (for example, 1 x Notifier [REDACTED] – Concerns relating to ...), and if there is a child protection history recorded in the notification.

Request an interstate notification or alert (where required)

Where a notification has been received about a child or young person residing outside of South Australia whose location or address is unknown, it may be appropriate to request to raise a notification or alert in the relevant jurisdiction.

Evidence of efforts made to locate the child or young person must accompany the interstate request. This includes enquiries through Commonwealth agencies via the [Information Sharing Protocol between the Commonwealth and child protection agencies](#).

For further information, including the type of information that may be sought from Commonwealth agencies, refer to the [Requesting information from Commonwealth agencies](#) intranet page.

Consider whether to request an alert or notification

The DCP Call Centre worker should forward interstate matters as follows:

Concern	Recording
The family's address or likely location has been established	Forward a request for an interstate notification to the DCP ILU.



The family's address is unconfirmed	Forward a request for an interstate alert to the DCP ILU.
Concerns regarding an unborn child	Forward a request for an interstate alert to the DCP ILU.

Complete the relevant form to request information from Commonwealth agencies

Where an alert is being raised because the family's location is unknown, the DCP Call Centre worker must seek information from Services Australia by completing the relevant information request form:

- [Centrelink](#)
- [Medicare](#)
- [Child Support Agency](#).

This process only applies to DCP Call Centre staff. All other DCP staff should refer to [Requesting information from Commonwealth agencies](#) for further guidance.

Complete the Request for an interstate notification or alert form

The DCP Call Centre worker should complete the [Request for interstate notification or alert form](#).

This includes requests for notifications for information purposes only where there are no current child protection concerns but new information has been obtained that may be relevant to interstate child protection agencies (such as an updated address).

The DCP case worker forward the Request for interstate notification or alert form, along with any:

- requests to Commonwealth agencies
- intake reports created in C3MS.

For urgent matters during business hours, the DCP Call Centre worker must advise the DCP ILU of the notification by telephone.

DCP After-Hours

For urgent matters, the DCP After-Hours worker must telephone the relevant interstate department's after-hours service to:

- inform them of the request
- obtain an email address to forward the written request.

Refer to the current **ILO contact list** via the Crisis Care Inbox at the DCP Call Centre for contact details for interstate jurisdictions.

The DCP Call Centre worker must record all emails sent to ILO or the [Commonwealth Information Requests](#) inbox in C3MS.

Record an intake to facilitate an Adoptions Team response

An open child protection case is required for the DCP Adoptions team to work with the child or young person's biological family and place the child or young person in care. The Adoptions team member will



contact the DCP Call Centre via the District Centre telephone line and discuss the matter with a senior worker.

The senior worker will allocate the intake to a DCP case worker for processing.

In the Allegations/Concerns section, the DCP Call Centre worker should provide details of the parents' engagement with the DCP Adoptions Team and the rationale for recording the intake.

For example:

ALLEGATIONS/CONCERNS

The notifier reported the following:

A request has been made by the DCP Adoptions team for DCP intervention under Section 25 of the Adoption Act 1988.

[Insert usual birth notification details]

[Insert information relating to plan; for example, "the mother will meet with the DCP Adoptions worker on *DATE* to complete a VCA. This will allow the child to be placed while the adoption process is underway."]

RATIONALE

This intake has been assessed as WITHIN 10 DAYS - X02 Discretionary override.

This intake has been assessed as per request of the DCP Adoptions Team under Section 25 of the Adoption Act 1988 to allow for DCP to facilitate the adoption process.

Forward 'Within 24 hours' notifications relating to suspected criminal offences to the State Crime Assessment Centre

All 'Within 24 hours' intakes where it is suspected that a criminal offence has taken place must be emailed to the State Crime Assessment Centre (SCAC).

It is noted that any choking, suffocation or strangulation of a child or young person in a domestic setting is a criminal offence pursuant to section 20A of the [Criminal Law Consolidation Act 1935](#). These notifications must be forwarded to SAPOL.

The email should be saved as a 'Note' in the Intake Phase of C3MS.

The referral should be forwarded to SAPOL using the following contact details:

- SCAC email: [REDACTED]
- SCAC telephone: [REDACTED]
- State Crime Assessor telephone: [REDACTED]

The SCAC also provides DCP After-Hours support with [strategy discussions](#). Refer to the [DCP After-Hours](#) for more information.

Add additional information to an intake report

The DCP Call Centre may receive additional information in relation to a child or young person with an open intake allocated to the DCP office, that has not yet been allocated to a DCP case worker or closed.



The DCP Call Centre worker should add new information to the intake report, avoiding duplicating background information. For guidance about recording the concerns, refer to the 'Create an intake report' section above.

Screening grounds

Where information is received from a second notifier, the DCP Call Centre worker must:

- review the screening grounds.
- select additional screening grounds as required.
- change the subject heading in C3MS to reflect the new assessment.

No new screening grounds should be selected if the concerns reported by the second notifier duplicate the original concerns. The DCP Call Centre worker should note 'no change to assessment' and provide the associated rationale for this assessment in the outcome rationale.

Response priority assessment

Where a new ground is added or there is any significant additional detail that may affect the initial Response Priority Assessment, the DCP Call Centre worker must:

- complete a new Response Priority Assessment
- add new details to the rationale section as required
- where applicable, change the **subject heading** in C3MS to reflect the new assessment (for example, 'Upgraded' - 'WITHIN 24 HOURS' – N01 – Notifier 2'), or
- note '*no change to assessment*' in the assessment rationale if the response priority assessment remains unchanged and include a rationale for why any new grounds are added or not added/considered.

Reopen an intake report

The DCP Call Centre worker may re-open a closed intake report to record additional information provided by another notifier regarding the same matter. Refer to the [Outcome Codes Procedure](#) for guidance about which intake reports can be re-opened.

There is a six-week timeframe for re-opening intake reports.

New notifications regarding a separate event must be recorded as a new intake report.

Re-open an intake report that has been closed 'not proceeding'

Where the DCP Call Centre worker receives an additional notification with the **same alleged event** on a case that has been closed with an outcome code of 'not proceeding', the DCP Call Centre worker must:

- re-open the intake report
- add the new information, including the following text to advise the DCP office that the notification has been reopened:

'Please note this intake assessed as Within 10 days was closed Not Proceeding on [insert date] and has been re-opened to allow additional information about the same allegations/concerns to be recorded'.



- in circumstances where three consecutive intakes have been closed with the outcome code of 'Not Proceeding', include the following text:
 'Please note that 3 previous consecutive intakes have been closed Not Proceeding on this child. Consequently, this intake must be allocated for action. However, if there is still no capacity to allocate the current intake within the required/recommended response time, the Manager should be advised within that period and the Manager must seek the approval of the Director for the fourth consecutive NP decision.'
- complete a new [SDM® Screening and Response Priority Assessment](#) (in situations where the new information may increase the risk or urgency).

Where the notification is about a new event that is similar to but not the same as that which was previously recorded, the closed intake report should not be re-opened, and a new intake report must be created.

Re-open NC or AR intakes

Where an intake has been assessed as NC or AR and closed at intake the DCP Call Centre worker may re-open the intake report to add similar new information. The DCP Call Centre worker must add the new information to the intake report, avoiding duplication of background information.

The allegations or concerns must be documented in the intake report (for further guidance, refer to the 'Create an intake report' section above).

When an intake cannot be reopened

The DCP Call Centre worker should refer to the [Outcome Codes Procedure](#) for a list of outcome codes and details of outcome codes that may be re-opened.

In cases where an outcome code cannot be re-opened, the DCP Call Centre worker must create a new intake report.

When intakes have been moved from the 'Intake Phase'

When the DCP Call Centre receives a new child protection notification on a case that has moved to the 'Investigation', 'Protective Intervention' or 'Protective Order' phase, the intake report must be raised as a FNA.

As a FNA is essentially a new intake report, the DCP Call Centre worker must:

- complete all fields and headings in the intake report
- select screening grounds
- complete the [SDM® Screening and Response Priority Assessment Tool](#) response priority assessment.

4. Record a Report on Unborn (Unborn Child Concern)

Pursuant to section 31(3) of the CYPS Act, when a person suspects on reasonable grounds that the physical or psychological development of an unborn child is at risk, and that suspicion was formed in the course of their employment, they may (but are not mandated to) make a notification. Although not required by legislation, members of the public may also report concerns about unborn children.

Such notifications are referred to as unborn child concerns (UCC).



Record the unborn child concern using the Report on Unborn report type

The DCP Call Centre worker must record the UCC using a Report on Unborn (ROU) report type. For the purposes of recording a notification, an unborn child is defined as a child in utero with a gestation of 12 weeks or more.

The DCP Call Centre worker may assess that it is appropriate to record a UCC for unborn children under 12 weeks' gestation in circumstances where there are very significant child protection concerns.

When assessing the safety and wellbeing of the infant when born, the DCP Call Centre worker should consider the presence of risk factors. For guidance about assessing risk and protective factors for infants, refer to the [DCP Assessment Framework](#).

Under the Child Protection History section, the DCP Call Centre worker should include details of:

- previous UCC reports
- siblings' child protection history (where applicable)
- parents' child protection history (particularly for first-time parents or where there are significant concerns about intergenerational trauma).

For further guidance about recording a UCC, refer to the [Child protection notifications - Processing in C3MS \(Call Centre\) C3MS Guide](#).

Notifications about a still-born child where child protection concerns were identified

When a child is still-born and there is a reasonable suspicion that there are child protection concerns related to the still-birth, the DCP Call Centre worker should:

- consider whether either or both parents should be linked as alleged perpetrators
- record the matter as a UCC
- close the ROU.

This requirement applies in circumstances where there is no reasonable suspicion that the still birth was related to either or both parents' behaviour but prior ROUs have been recorded.

Assess whether to refer the matter to a DCP office

The DCP Call Centre worker must apply their professional judgement in determining whether a case should be allocated or closed at the Call Centre. The DCP Call Centre worker should consider:

- child protection history for the parents (for example, whether they have other children or young people in care, there is an open child protection case or there is previous history of harming a child)
- the presence and significance of risk factors
- whether services and supports to address those risk factors are involved, and the family's engagement with those services.

Where multiple ROU intakes are received and previous ROUs were closed by the Call Centre, consideration must be given to referring the ROU to the DCP office for assessment.

The decision to close a ROU intake must be approved by the senior worker or supervisor.



When an intake is recorded for an infant born following multiple UCCs the child protection concerns recorded in those UCCs must be summarised in the 'Allegations/Concerns' section of the intake followed by the current concerns.

Refer to the [DCP Prenatal Assessment Framework](#) for guidance about risk factors for unborn infants.



Prevention

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt

Pre-birth intervention presents a critical opportunity for an active effort toward prevention for Aboriginal and/or Torres Strait Islander families.

Early engagement has the potential to enable support for the family, prevent statutory intervention and keep Aboriginal and/or Torres Strait Islander infants safely within their families.

5. Record and refer a care concern

Assess whether the matter is a DCP care concern or a DHS care concern

The DCP Call Centre worker must assess whether the matter is a DCP care concern or a DHS care concern.

A DHS care concern notification relates to suspected harm of a child or young person, who is in the care of DHS or receives services provided by DHS, such as:

- a child or young person detained at Kurlana Tapa
- a participant in the Community Youth Justice Program.

A DHS care concern may relate to a child or young person who is not in the custody or under the guardianship of the Chief Executive.

Care concerns relating to Department of Human Services custodial staff are referred to the Department for Human Service Care Concerns Unit.

Refer and allocate the care concern

DHS care concern

Notifications that meet the DHS care concern criteria must be recorded as care concerns and allocated to the DHS Care Concerns Unit Intake Supervisor. The DCP Call Centre worker must advise the Manager, DHS Investigations of the care concern [via email](#) or telephone.

DCP care concern

To record a care concern referral, refer to the [Recording a Care Concern Referral - C3MS Guide](#).

In circumstances where a DCP employee is the alleged perpetrator of sexual harm to a child or young person in care, the matter should also be referred by the Care Concerns Management Unit (CCMU) to SAPOL via email.



Allocate and respond to a care concern after-hours

DCP After-Hours

The DCP After-Hours worker must:

- assess whether the allegations require an immediate response to secure the child or young person's safety
- consult with the on-shift/on-call supervisor or senior worker to assess whether an urgent response is required where:
 - the child or young person
 - has been recently sexually harmed or seriously assaulted, and
 - requires a forensic medical or immediate medical attention
 - has been assessed as being at immediate risk of harm
 - serious allegations have been made about a residential care staff member who is due to commence their shift within the next 24 hours
 - a significant incident has occurred requiring immediate follow up to ensure the safety of children or young people, staff or carers
 - the matter may receive media attention.

It is an offence under section 65 of the CLC Act for a DCP employee to negligently fail to reduce or remove a substantial risk of sexual harm of a child or young person under 17 years of age perpetrated by a current DCP employee (maximum penalty imprisonment for 15 years).

Consider whether the allegations constitute a significant incident

The DCP After-hours worker must contact the DCP on call executive if after consultation with the on-call supervisor, it is assessed that the care concern:

- requires an immediate response AND
- it is a [significant incident](#).

The DCP After-Hours worker must complete the [Significant Incident referral form](#) and email it to the [Significant Incident Reporting Unit](#).

DHS care concern requiring immediate response and significant incident

DCP After-Hours worker must contact the [Director, Incident Management Unit, Department of Human Services](#), if after consultation with a supervisor, it is assessed that the care concern:

- requires an immediate response AND
- is a significant incident.

Report the matter to SAPOL (where required)

The DCP After-hours worker must report care concerns relating to sexual harm allegedly perpetrated by a current or former DCP employee (including historical concerns).



For further guidance, refer to the [Reporting a suspicion a child or young person is at risk Procedure](#).

It is an offence under section 64A of the CLC Act for a DCP employee not to report harm perpetrated by a DCP employee to SAPOL if they know, suspect, or should have suspected sexual harm of a child or young person under the age of 18 years (maximum penalty imprisonment for three years).

Record a care concern report made in relation to a Redress matter

Care concerns regarding a Redress matter must include the following disclaimer at the beginning of the report:

This information is 'Protected Information', as defined by the National Redress Scheme for Institutional Child Sexual Abuse Act 2018 (Cth; Redress Act), and was obtained by the Department under the National Redress Scheme. It is an offence to obtain, record, disclose, use, solicit disclosure of, or offer to disclose protected information without authorisation under the Redress Act. This information has been disclosed in accordance with that authorisation, and/or via state-based obligations to report/prevent abuse, and consideration must be being given to the purpose and lawfulness of any further replication or disclosure of this information. Please contact the Redress Response Team if you require any guidance on the use of this information.

This disclaimer ensures that the information provided remains confidential but also provides the rationale for sharing the information in order to process the care concern.

Once the care concern report has been recorded, the senior worker will quality assure and allocate the intake to the DCP Care Concern Management Unit. The senior worker will contact the CCMU by telephone to alert them to the report and advise that the report relates to a Redress Application.

The CCMU is responsible for reporting the matter to the SAPOL Redress Team.

Should the information need to be recorded against another child or young person (for example, if the alleged perpetrator is recorded as residing or having contact with other children or young people), the DCP Call Centre worker must completely de-identify the applicant in the report by referring to the applicant as 'the child' or 'the young person (YP)'.

Report matters relating to sexual harm of a child or young person in care to SAPOL

The DCP Call Centre worker must forward to SAPOL all care concerns relating to:

- sexual harm toward a child or young person, where the harm was allegedly perpetrated by a DCP employee who
 - is either currently employed by DCP, or
 - was an employee at the time that the harm allegedly occurred.

The care concern must be forwarded to SAPOL using the [Care Concern – child or young person in care email template](#).

It is an offence under section 64A of the CLC Act for a DCP employee not to report if they know, suspect, or should have suspected sexual harm of a child or young person under the age of 18 years perpetrated by a current or former DCP employee to SAPOL (maximum penalty imprisonment for three years). For further guidance, refer to the [Reporting a suspicion that a child or young person is at risk procedure](#).



6. Record and refer an Extrafamilial notification

Record an Extrafamilial (EXF) report

Refer to the SDM® Screening and Response Priority Assessment Tool

The definition of an extrafamilial concern is set out in the [SDM Screening and Response Priority Assessment Policy and Procedures Manual](#).

When assessing an extra familial notification the DCP Call Centre worker should consider factors including:

- if an offence has occurred
- the impact on the child or young person
- evidence of coercion or a power imbalance between the child or young person and the alleged perpetrator.

For example, two 15-year-olds in a physical altercation does not meet the definition of an extrafamilial concern.

Assess a notification about alleged extrafamilial sexual abuse

When assessing a notification about alleged sexual abuse the DCP Call Centre worker should consider factors including:

- the child or young person's age and whether they are able to consent (noting the legal age of consent is 17)
- the impact on the child or young person
- evidence of coercion or a power imbalance between the child or young person and the alleged perpetrator.

For further guidance, refer to the Legal Services Commission's [Sex and Consent fact sheet](#).

It may be appropriate to record a matter using the following screening decisions:

Screening decision	Assessment considerations
Adolescent at Risk	The young person's behaviours are placing themselves at risk (refer to 'Adolescent at Risk' under Create an intake report for further guidance).
General Practice	If the behaviour is considered age appropriate (refer to 'General Practice (GP)' under Create an intake report for further guidance).

For further guidance, refer to the [Safeguarding children and young people](#) and [Supporting children and young people who display harmful sexual behaviours](#) practice papers.

For further guidance about recording EXF notifications, refer to the [Processing Child Protection notifications C3MS Guide \(Call Centre only\)](#)

EXFs related to harm perpetrated by an employee from an external agency

The following agencies must investigate care concerns relating to their employees or contractors:

- Department for Education



- Catholic Education
- Independent Schools Association
- National Disability Insurance Agency
- Education and Early Childhood Registration and Standards Board (ESB)

Notifications about employees and contractors must be recorded as an EXF and forwarded to the relevant investigation unit for consideration.

Refer an Extrafamilial notification to SAPOL

An extrafamilial notification may be referred to SAPOL or another investigative unit for further action.

The EXF intake should be forwarded to SAPOL using the [EXF - Referral to SAPOL template](#). Notifier identity details are not included in the text of the intake report and must be added to the email to SAPOL. Notifier identity details are not routinely released to other investigative bodies.

When case noting EXF referrals, the DCP Call Centre worker should ensure that the case note clearly indicates that the note contains confidential notifier details.

The DCP Call Centre worker must forward the EXF intake report to the SAPOL email address for the region where the child or young person the subject of the EXF resides. This includes EXFs where the alleged offence took place interstate.

In matters where SAPOL makes an EXF notification and DCP has no additional information, the EXF report does not need to be sent back to SAPOL. Where DCP has received further information (for example, a second notifier has made a report about the same EXF matter as SAPOL), the DCP Call Centre worker should forward the EXF back to SAPOL.

Interstate matters

If the alleged offence took place interstate, SAPOL is responsible for referring the matter to interstate police. The DCP Call Centre worker should also consider whether the interstate notification should be forwarded to the relevant interstate child protection agency.

Matters relating to alleged sexual abuse by a DCP employee

The DCP Call Centre worker must report notifications about allegations of sexual harm of a child or young person to SAPOL where the perpetrator is a DCP employee who is:

- either currently employed by DCP, or
- alleged to have sexually harmed the child or young person whilst employed by DCP.

For further guidance, refer to the [Reporting a suspicion that a child or young person is at risk Procedure](#).

It is an offence under section 64A of the CLC Act for a DCP employee not to report if they know, suspect, or should have suspected sexual harm of a child or young person under the age of 18 years perpetrated by a current or former DCP employee to SAPOL (maximum penalty imprisonment for three years).

The following referral pathways should be taken:

Alleged perpetrator is a DCP employee who was responsible	Refer the matter to SAPOL and the DCP Care Concerns Management Unit using the Care concern/significant incident report child or young
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for providing direct care at the time the alleged harm occurred.	person in care template and allocate the matter to the DCP Care Concerns Management Unit.
Alleged perpetrator is a DCP employee who is not (or was not) responsible for providing direct care at the time the alleged harm occurred.	Refer the matter to SAPOL and the Significant Incident Reporting Unit using the Significant incident report child or young person in care template . For further guidance, refer to the Significant incident reporting Procedure .

Disclosure of notifier details for the EXF to SAPOL is reasonably necessary for SAPOL to perform its official functions and duties (pursuant to section 164 of the CYPS Act and regulation 41(a) of the CYPS Regulations).

Matters where a SAPOL officer is the alleged perpetrator

In circumstances where a SAPOL officer is the alleged perpetrator of harm toward a child or young person, the DCP Call Centre must forward the EXF to the State Crime Assessment Centre. This ensures that SAPOL manages the matter sensitively and to ensure an appropriate investigation.

Refer an Extrafamilial notification to an agency with investigative provisions

DCP refers to a number of agencies with established investigation units and protocols where the alleged perpetrator is employed or contracted by the agency to provide a service. This includes:

- teachers
- child care workers
- NDIS service providers such as:
 - therapists
 - support workers
 - bus drivers
 - taxi drivers
 - gardeners.

To identify which investigative body the EXF intake report should be forwarded to (in addition to SAPOL), the DCP Call Centre worker must obtain information regarding the alleged perpetrator's:

- role
- employer
- place of employment
- their relationship to the child or young person.

When the alleged perpetrator is a young person who is staying as an international student, the EXF intake report is forwarded to the relevant educational investigative body. This is determined by the schooling system the international student attends.



Agencies with investigative provisions

Agency	Responsibility	Contact details
The Incident Management Division (within the Department for Education)	Coordinating investigations into employees within Department for Education (DfE) schools, preschools and kindergartens (state government).	Education.IMDintake@sa.gov.au
The Education and Early Childhood Registration and Standards Board (ESB)	Investigating staff members employed within: • childcare centres • babysitting agencies • crèches • out of school hours care • family day care • pre-schools • long day care • occasional care • rural and mobile care providers.	ESB.ComplianceInvestigation@sa.gov.au
Association of Independent Schools of SA Inc. (AISSA)	Investigating misconduct into employees of Independent Schools within SA.	dunstana@ais.sa.edu.au
Catholic Education Office	Investigating matters pertaining to misconduct within Catholic Schools in SA.	reports.pc@cesa.catholic.edu.au
National Disability Insurance Scheme (NDIS) Quality & Safeguard Commission	For children and young people who are NDIS participants and the allegations relate to a carer, mentor, therapist or other practitioner or support services paid by a NDIS funded provider.	incidentintake@ndiscommission.gov.au

Forward the EXF to the relevant agency

The DCP Call Centre worker should refer the matter to the appropriate agency using the [EXF referral to other agency email template](#).



When referring the EXF to another agency the DCP Call Centre must:

- attach the EXF intake report to an email and forward to the appropriate agency email address
- refer to Contacts for Extra-Familial Reports (on the Call Centre LAN) for a list of current email addresses
- upload all emails (including responses), documents and attachments to C3MS in the EXF as a follow up note.

Forward EXFs where DCP does not have an open case

EXF with Adolescent at Risk (AR) concerns

Where DCP does not have an open case for the child or young person, the DCP Call Centre worker must forward the EXF intake report to SAPOL and any appropriate investigating agency.

The DCP Call Centre worker may receive an EXF notification where a separate AR notification is recorded. After closing the EXF, the DCP Call Centre worker should assess whether it is appropriate to allocate the AR matter to the appropriate DCP office or whether to close the intake.

EXF with additional Child Protection (CP) concerns requiring a DCP office response

Where DCP does not have an open case for the child or young person, the DCP Call Centre worker must forward the EXF intake report to SAPOL and any relevant investigating agency.

After closing the EXF intake, the DCP Call Centre worker must allocate the CP intake report to the DCP office.

Forward EXFs where DCP has an open case

Where DCP has an open case for the child or young person, the DCP Call Centre worker must forward the EXF to:

- SAPOL, and
- other agency investigation units (where appropriate).

For any additional concerns, the DCP Call Centre worker must close the EXF and raise the additional concerns in an (AR or CP) intake report and forward them to the allocated workers.

Refer urgent matters

EXF intakes are not assigned a response priority assessment.

When the DCP Call Centre worker assesses that there are immediate safety concerns for children or young people associated with the relevant perpetrator, or there are considerations for the preservation of forensic evidence requiring an urgent response, the DCP Call Centre worker must:

- record the EXF in C3MS
- email the EXF intake report to the State Crime Assessment Centre and flag it as URGENT
- email the EXF intake report to the relevant agency as per established criteria and flag the email as URGENT
- where agreed with specific agencies (refer to EXF Contacts sheet), telephone the key contact person at the relevant agency to inform of the URGENT EXF.



Collaborate with SAPOL

The extent of DCP participation in the investigation and assessment of an EXF notification is dependent on the unique circumstances of the case, including the:

- urgency of the response required
- protectiveness of the family
- capacity of the other agency to respond.

Strategy discussions

The email to SAPOL and other investigation units must identify which DCP office is responsible for the catchment area for the EXF. SAPOL may request that DCP participate in a strategy discussion in relation to the EXF matter. For requests during business hours, DCP offices must participate in the strategy discussion and information sharing for the EXF.

Where the EXF is raised outside business hours, SAPOL may request that DCP After-Hours attend a strategy discussion.

For further guidance about strategy discussions, refer to the [Interagency Code of Practice](#) and [Plan an investigation](#) in the Intake, investigation and assessment chapter of the Manual of Practice.

7. Manage notifications, alerts and warrants from outside of South Australia

Interstate Liaison Officers (ILOs) assist in managing child protection matters where children, young people and their families have resided interstate or in New Zealand. This includes assisting with matters where children and young people are the subject of an interstate warrant.

For further guidance about the DCP Interstate Liaison Unit (ILU), refer to the [Interstate Child Protection Liaison Framework](#).

During business hours, the DCP Call Centre may contact the ILU:

- when forwarding a notification or alert to another jurisdiction because the child or young person of concern lives outside of South Australia
- when there is a need to advise the ILU of intakes being raised about
 - children and young people who are under orders interstate but are placed in South Australia, and
 - there is no information in C3MS to suggest DCP ILU is aware that the child or young person is currently residing in South Australia.

DCP After-Hours

For urgent matters, the DCP After-Hours worker must telephone the relevant interstate department's after-hours service to inform them of the notification request and obtain an email address to forward the written request.

The DCP SIRT must be advised via email.



Report child protection concerns for children and young people from Norfolk Island

The DCP Call Centre worker must refer notifications relating to children or young people or person of interest residing on Norfolk Island to Key Assets (Australia) on Norfolk Island.

DCP has an Information Sharing Agreement with Key Assets (Australia) to provide prescribed information and documents. This includes information or documents relating to the health, safety, welfare or wellbeing of a particular child or young person, or class of children or young people on Norfolk Island.

Assess the notification

Where the child or young person is currently residing on Norfolk Island, the DCP Call Centre worker must record the notification in C3MS and send an email to the [DCP ILU](#) inbox. The ILU must forward the email to Key Assets (Australia) for assessment.

Where the child or young person is a resident of Norfolk Island and is currently in South Australia, or the information pertains to allegations that took place in South Australia, the DCP Call Centre worker must assess the notification using the SCRT and raise an intake report. Refer [to Create an intake report](#) in this chapter.

Provide child protection information to Key Assets (Australia) on Norfolk Island

The DCP Call Centre worker must completing a request for interstate notification or alert (refer to the 'Request an interstate notification' section in this key step) and send the correspondence to the [DCP ILU](#) inbox.

For urgent matters the DCP Call Centre worker must:

- contact Key Assets (Australia) on Norfolk Island on [redacted] and provide the information verbally
- document all communications in C3MS
- complete the request for an interstate notification and send to the [DCP ILU](#) inbox.

For further guidance, refer to the [Interstate Child Protection Liaison Framework](#).

Request child protection information from Key Assets (Australia) on Norfolk Island

To request child protection information in relation to a child, young person or family who has resided on Norfolk Island, the DCP requesting officer must complete and submit an [Interstate Child Protection Information Request form](#).

For further information, refer to the [Interstate Child Protection Liaison Framework](#).

DCP After-Hours

For urgent matters, the DCP After-Hours worker must:

- contact Key Assets (Australia) on [redacted] and provide the information verbally
- document all communications in C3MS
- complete a [request for interstate notification or alert form](#) and send the correspondence to the [DCP ILU](#) inbox.



Manage interstate warrants

There may be circumstances where DCP receives a request from another state or territory to assist in matters where a child or young person who is the subject of an interstate child protection warrant of apprehension has been located within South Australia. Interstate Child Protection Warrants are executed by SAPOL with assistance from DCP.

For further information regarding interstate warrants, refer to the [Interstate Child Protection Warrants protocol](#).

The DCP Call Centre worker must:

- assess the notification as requiring a 'Within 24 Hours' response using the ground 'X01' (Policy Override)
- immediately contact the DCP ILU to advise them of the interstate warrant and raised notification (if ILU is not already aware)
- once the intake report is completed and forwarded to the DCP office, telephone the relevant DCP office to advise of the warrant and to liaise with the DCP ILU.

DCP After-Hours

Where DCP After-Hours is required to action the 'Within 24 Hours' intake, refer to the [Interstate Child Protection Warrants protocol](#).

The DCP Call Centre worker must ensure that the DCP ILU is advised by [email](#) to ensure appropriate follow-up.

Respond to concerns relating to children and young people residing internationally

Australia is a signatory to the '*Convention of 19 October 1996 on Jurisdiction, Applicable law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children*' (the 1996 Hague Convention).

The Child Protection Convention sets out measures to protect children and young people in cross-border situations and promotes international co-operation in the area of child protection. The countries party to the Child Protection Convention each have established Central Authorities through which information can be exchanged.

Information can be shared internationally through the Child Protection Convention via the Australia Central Authority (the Commonwealth Attorney-General's Department). Child protection concerns can only be shared with countries that are signatories to the Convention.

If the DCP Call Centre worker assesses that information must be shared through the Child Protection Convention, the DCP Call Centre worker must:

- record the concerns in C3MS in an intake report (refer to Create an intake report in this chapter of the Manual of Practice for further guidance)
- forward a copy of the intake to the [DCP Legal](#) inbox
- attach all communication with DCP Legal to the intake.

DCP Legal is responsible for providing relevant information to the country in which the child is believed to be residing through the Australian Central Authority.



8. Allocate or refer the intake

Allocate matters to the appropriate DCP office

The DCP Call Centre allocates intakes to the responsible DCP office based on the known information at the time of notification based on the:

- circumstances of the:
 - children and young people, and their families; or
 - expectant parent; or
 - adolescent at risk
- criteria for case allocation in the Pink Book.

The DCP Call Centre worker must allocate the case to the DCP office responsible for the suburb where the child or young person and their family reside. To ascertain where the matter should be referred to, the DCP Call Centre worker should refer to the Pink Book.

Allocate child protection (CP) cases in specific circumstances

It may be appropriate for a DCP office other than the DCP office indicated in the Pink Book to respond to a new intake. For example, another DCP office may have had substantial previous involvement with, and knowledge of, the children or young people and their family. In these circumstances a new DCP office commencing work with the family may not provide the most efficient and effective service.

Decisions about which DCP office is best placed to respond should be negotiated between the sending DCP office and the receiving DCP office.

The following table provides considerations for allocation of child protection (CP) cases in more complex scenarios:

The family is homeless or transient	
Family has no permanent address and no family or friends to stay with. The child or young person and family have been sleeping in their car, a tent or sleeping rough in the same location each night.	The DCP office responsible for the suburb where the family sleep in their parked car, pitch their tent or parklands.
Family has no permanent address and no family or friends to stay with. The child or young person and family have not been accommodated in emergency accommodation. It is not known where the family and children or young people are sleeping or what the family's immediate accommodation plans are, however the child or young person's school is known.	The DCP office responsible for the suburb where the children or young people are attending school.



Family has no permanent address and no family or friends to stay with. The child or young person and family has not been accommodated in emergency accommodation. It is not known where the child or young person and family are sleeping or what the family's immediate accommodation plans are and it is not known if and where the children or young people are attending school.	The DCP office responsible for the suburb of the family's last known address. If there is no previous address known the case should be allocated to the Hindmarsh DCP office.
Family has no permanent address and are currently 'couch surfing' by moving between the homes of family or friends. The child or young person and family has exhausted all their options, are no longer welcome to stay with family or friends and do not have any future accommodation plans. However, at the time the notification is received, the child or young person and family is still staying with family or friends, although it is unclear how long they will be able to remain at the address.	The DCP office responsible for the suburb where the family is staying with family or friends.
Family has no permanent address and no family or friends to stay with. The child or young person and family have been placed in emergency accommodation (overnight, for the weekend or for longer).	The DCP office responsible for the suburb where the family are placed in emergency accommodation.
Mother who has been homeless during her pregnancy has no permanent address, no family or friends to stay with, is currently in hospital after the birth of the infant and has no plans for her and the infant's accommodation upon discharge.	The DCP office responsible for the suburb where the hospital is located.
Federal Circuit and Family Court of Australia matters or separated parents or caregivers	
Intakes for children and young people while on family contact or residing between two different households Where there are formal (for example, ordered by the Federal Circuit and Family Court of Australia or as a result of mediation) or informal residency arrangements where the children reside between two different households at the time or young people are having family contact with the other parent and an alleged event of harm occurs.	The DCP office responsible for the suburb where the parent who was responsible for the allegations of harm or risk of harm resides.
Domestic and family violence	



A parent is placed with their children in emergency accommodation or has made their own emergency accommodation arrangements (such as, temporarily staying with family, friends or in a motel) due to domestic and family violence and has been away from the family's normal residence for less than 21 days.	The DCP office responsible for the suburb where the parent normally resides.
A parent is placed with their children or young people in emergency accommodation or has made their own emergency accommodation arrangements (such as, temporarily staying with family, friends or in a motel) due to domestic and family violence and has been away from the family's normal residence for 21 days or longer.	The DCP office responsible for the suburb where the parent is currently/temporarily residing.
Unborn child concern	
Expectant mother has no permanent address and no family or friends to stay with. She has not been accommodated in emergency accommodation. It is not known where the expectant mother is sleeping or what her immediate accommodation plans are.	The DCP office responsible for the suburb of the family's last known address. If there is no previous address known the case should be allocated to the Hindmarsh DCP office.
Expectant mother has no permanent address and no family or friends or relatives to stay with. She has been sleeping in her car or a tent or is sleeping rough in the same location each night.	The DCP office responsible for the suburb where the expectant mother regularly sleeps.
Expectant mother has no permanent address and is currently 'couch surfing' by moving between the homes of family or friends. She has exhausted all her options, is no longer welcome to stay with family or friends and does not have any future accommodation plans. However, at the time the notification is received, she is still staying with family or friends, although it is unclear how long she will be able to remain at the address.	The DCP office responsible for the suburb where the expectant mother is staying with family or friends.
Expectant mother has no permanent address and no family or friends to stay with. She has been placed (overnight, for the weekend or for longer) in emergency accommodation.	The DCP office responsible for the suburb where the expectant mother is placed in emergency accommodation.
Unborn child concern where the expectant mother is incarcerated	



Expectant mother is currently incarcerated, confirmation has been received that she will be released prior to the birth of her child and there is a known address in which she will be released to.	The DCP office responsible for the suburb in which the expectant mother is due to be released to.
Expectant mother is currently incarcerated and it is reported that she will be incarcerated past her delivery date. However, there is information to suggest a plan is currently in place in which the child will reside with another person at birth.	The DCP office responsible for the suburb in which the person who will assume care of the child resides
The expectant mother of the child has an open care and protection case	
The expectant mother of the child has an open care and protection case (for example, the child's mother is under the guardianship of the Chief Executive or there is a care and protection case open for the mother in the Intake, Investigation and Assessment or Protective Intervention phase).	If the expectant mother is under the guardianship of the Chief Executive and allocated to a DCP office, the intake should be allocated to the office with case management responsibility for the expectant mother.
Adolescents at Risk	
The young person normally resides with their parents or caregivers but is currently homeless, transient, 'couch surfing' or temporarily accommodated in emergency youth accommodation for less than six months.	The DCP office responsible for the suburb where the young person normally resides with their family.
The young person has not resided with their family for at least six months, has no permanent address and is currently 'couch surfing' by moving between the homes of family or friends. They have exhausted all their options, are no longer welcome to stay with other family or friends and do not have any future accommodation plans. However, at the time the notification is received, they are still staying with other family or friends, although it is unclear how long they will be able to remain there.	The DCP office responsible for the suburb where the young person is staying with family or friends.
The young person has not resided with their family for at least six months, has no permanent address and no other family or friends to stay with. They have exhausted all their options, are no longer welcome to stay with other family or friends and do not have any future accommodation plans. They have been sleeping in their car or a tent or are sleeping rough in the same location each night.	The DCP office responsible for the suburb where the young person sleeps regularly.



The young person has not resided with their family for at least six months, has no permanent address and no other family or friends to stay with. They have exhausted all their options, are no longer welcome to stay with other family or friends and do not have any future accommodation plans. The young person has been placed (overnight, for the weekend or for longer) in emergency accommodation.	The DCP office responsible for the suburb where the young person is placed in emergency accommodation.
The young person has not resided with their family for at least six months, has no permanent address and no other family or friends to stay with. The young person has not been accommodated in emergency accommodation. It is not known where the young person is sleeping or what their immediate accommodation plans are.	The DCP office responsible for the suburb of the young person's last known address. If there is no previous address known, the case should be allocated to the Hindmarsh DCP Office.
Intakes where the young person is incarcerated at the Adelaide Youth Training Centre (Kurlana Tapa) The young person is incarcerated at the Adelaide Youth Training Centre, is due for release and the address of the parent or guardian of the young person is known.	The DCP office responsible for the suburb where the young person is released to reside. Where the young person has no post release address, the DCP office responsible for the suburb where the parent or guardian resides.
Children and young people subject to a Voluntary Out of Home Care arrangement (VOHC)- residing with NDIS carers	
CP Intakes for children and young people residing in VOHC with NDIS carers Where the child or young person is subject to a VOHC (residing with NDIS carers) but the concerns relate to the parent or guardian/s actions or inactions toward the child or young person.	The DCP office responsible for the suburb where the parents or guardians reside. If the parents or guardians are separated, the office where the perpetrating parent or guardian resides.
AR intakes for young people residing in VOHC less than 6 months with NDIS carers Where the young person is subject to a VOHC (residing with NDIS carers), has been out of the family home for less than 6 months and a DCP office response is required.	The DCP office responsible for the suburb where the parents or guardians reside.
AR intakes for young people residing in VOHC more than 6 months with NDIS carers	The DCP office responsible for the suburb where the young person resides.



Where the young person is subject to a VOHC (residing with NDIS carers), has been out of the family home for **more than 6 months** and a DCP office response is required.

Reallocate an intake

Additional information is received

When a notification is received and there is already an open intake in C3MS, the DCP Call Centre must add the new concerns to the open intake.

An allocated DCP office may receive additional information not known at the time the intake was allocated which indicates that the matter should be reallocated. In these circumstances, the DCP office supervisor must:

- document additional information received and a clear rationale for the change in responsible office in a follow-up note in the intake
- re-allocate the case to the intake supervisor at the new responsible DCP office and contact the intake supervisor by email or telephone to advise of the re-allocation.

The intake supervisor at the DCP office to which the intake has been re-allocated must accept the case.

If the supervisor at the receiving DCP office does not agree with the re-allocation, the following steps should be taken:

- the receiving supervisor should discuss the allocation with the sending supervisor to obtain agreement about which DCP office is responsible
- if agreement cannot be immediately reached between the supervisors, the respective DCP office managers must discuss the allocation seeking to obtain agreement
- if agreement cannot be reached between the DCP office managers, the regional director will arbitrate on the matter if the disagreement is within the region
- where the dispute is across regions, the regional directors of the respective regions should decide on the responsible DCP office
- agreement must be reached in a timely manner that is cognisant of the response priority assessment (that is, 'Within 10 days' or 'Within 24 hours'), to enable the commencement of the investigation and assessment within the required timeframe.

It should be noted that case reallocation functionality in C3MS should be used to re-allocate the case and not case transfer functionality.

Long-term guardianship (specified person)

The DCP Call Centre should not change the allocation of children or young people currently under long-term guardianship (specified person) when a Familial New Allegation is recorded.

Intakes where the alleged perpetrator is a DCP employee

Where the intake relates to a DCP employee, the senior worker must:



- quality assure the intake
- allocate it to the DCP Call Centre Manager
- send an email to the DCP Call Centre Manager with details of:
 - the DCP employee's name
 - the child or young person's C3MS ID
 - the DCP employee's work location
 - which DCP office the intake would ordinarily be allocated to
 - a brief summary of the concerns.

The DCP Call Centre Manager must:

- liaise with the respective DCP office manager/s and determine which DCP office the intake is to be allocated to
- allocate the intake to the agreed DCP office.

Refer to [Record and refer an Extrafamilial notification](#) for further details about referral of EXF notifications to SAPOL other agencies.

Refer significant incidents and adverse events

In addition to allocating child protection matters, the DCP Call Centre worker must:

- report significant incidents
- advise the Call Centre Manager of reports to the Significant Incident Reporting Unit.

For further guidance, refer to the [Significant Incident Reporting Procedure](#).

In circumstances where a DCP employee is the alleged perpetrator of harm to a child or young person in care, the matter should also be referred to SAPOL using the [Care concern/significant incident report child or young person in care template](#).

For further guidance about reporting adverse events, refer to the [Adverse Events Procedure](#).

9. DCP After-Hours

DCP After-Hours operations includes:

- the CARL
- after-hours child protection investigations
- missing and absent person reports
- urgent care concern investigations
- out of home care.

DCP After-Hours is also contacted in relation to:

- consents and decisions about children and young people in care



- issuing written directions
- missing and absent persons
- offending by children or young people under the custody or guardianship of the Chief Executive against the *Summary Offences Act (1953)*.

Respond to calls

DCP After-hours staff are responsible for responding to calls from the following lines:

Child Abuse Report Line (CARL)	13 14 78 For all telephone notifications in relation to suspected or alleged harm against children and young people. CARL is open 24 hours per day, every day of the year. Notifiers are asked to select one of the following options: • CARL Police - notifications from SAPOL • CARL Education - notifications from Education sector • CARL Health - notifications from Health sector • CARL General - notifications from others.
DCP After-Hours line	13 16 11 For all calls related to DCP After-Hours business. The line is open from 4:00pm to 9:00am the following day, 24 hours on weekends and public holidays.
Police Override line	For all urgent calls from SAPOL. The line is open 24 hours, including weekends and public holidays. These calls are answered immediately.
District Centre line (DCP offices and DCP employees)	[REDACTED] For all calls from DCP offices across the state. The line is open from 8:30am to 11:00pm, including weekends and public holidays.
Administration line	[REDACTED] For all general administrative or information calls to the DCP Call Centre. This line is answered by the DCP Call Centre Business Support team during normal business hours (9:00am to 4:30pm) and by DCP After-Hours from 4:30pm to 9:00am the following day, 24 hours on weekends and public holidays.
DCP Call Centre Fax	8124 4422



Missing and Absent Person Reports

For guidance about responding to Missing and Absent Person reports made to the DCP Call Centre, refer to [Respond when a child or young person is missing or absent](#) in the Supporting children and young people in care chapter of the Manual of Practice.

Contact internal and external after-hours services

The DCP Call Centre uses desktop resources containing contacts for internal and external services that may be required, including after-hours services.

The DCP After-Hours worker should refer to the Notice Board and the MS Teams rosters for details of on-call contacts (internal and external) and After-Hours services. Updates to rosters will be forwarded to the Crisis Care inbox. This information should not be shared with the general public.

For details of community resource information which may be shared with the public, the DCP After-Hours worker should refer to the Resource Book.

Respond to referrals from DCP offices

DCP offices in metropolitan areas may refer urgent after-hours matters to the DCP After-Hours team by contacting the District Centre line (DCP offices and DCP employees) on [REDACTED]. The DCP After-Hours team will prioritise requests for after-hours assistance to ensure the child or young person's immediate safety.

The DCP office must provide the DCP After-Hours team with the child or young person's name(s) and their C3MS ID. DCP office staff must ensure that all C3MS person details and other key information (particularly contact details) are up to date. An after-hours (AH) alert should also be placed in C3MS to verify the request and then closed when no longer required.

If a request is made and not actioned the previous night or weekend and remains outstanding the next business day, the DCP office should:

- re-contact the District Centre line at the end of that day; and
- request after-hours assistance again.

The DCP After-Hours team may be contacted for assistance with the following matters (noting that this list is not exhaustive):

Request	Description
Continued response to a 'Within 24 Hours' intake	DCP case workers may request the DCP After-Hours team's assistance to complete urgent tasks required within 24 hours of an investigation. This may include an initial home visit or sighting of the child or young person. The DCP case worker should advise the DCP After-hours team of tasks requiring completion and ensure that an investigation plan has been completed, where possible.
Placement requests	Placement Services may request that DCP After-Hours continue placement requests that have been submitted by the DCP case worker.



Expected births	If the DCP case worker believes a birth is likely to occur after hours, an After-Hours alert should be recorded in C3MS. The DCP case worker should provide DCP After-Hours with relevant information about the case direction and case management tasks required. In the event a removal or safety plan is required at birth, the assessment rationale and the delegated approver should be noted on the alert.
Assessment of notifications	The DCP case worker may refer to the DCP After-Hours team to assess notifications received by the DCP office. The DCP case worker must record the intake and ensure the allegations and child protection concerns are recorded accurately.
Transportation of children and young people	If transportation cannot be arranged through the child or young person's carer or residential care staff, the DCP case worker may request assistance from the DCP After-Hours team.
Informational	There may be occasions where it is appropriate to contact the District Centre line for informational purposes such as: • a high risk Missing Person's Report where there is a current media release • a critical case activity due to occur after-hours that may require a response from the DCP After-Hours team • an update in relation to a Significant Incident, or • the child or young person has a serious health issue likely to require a response from the DCP After-Hours team.
Other requests	Any other requests not specified above may be made to the DCP After-Hours team. The DCP After-Hours team will be required to prioritise After-Hours tasks based their urgency and other actions or tasks that are generated by DCP After-Hours.



Placement

Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt



Where placements are being sourced after hours for an Aboriginal and/or Torres Strait Islander infant, child or young person, refer to the scoping that has been undertaken to review and build upon previous efforts. Circumstances may have changed since scoping was last discussed with the family and the child or young person. Aboriginal and/or Torres Strait Islander families have the best knowledge of their family and should be engaged throughout the scoping process to ensure placement is consistent with the



Prevention

placement hierarchy of the Aboriginal and Torres Strait Islander Child Placement Principle for safe and connected care. Where possible, partner with a PAC or AFP for guidance and support.

When working with Aboriginal families where an Unborn Child Concern has been raised, the family may have participated in a family led decision making process such as a family group conference. If an expected birth is occurring after-hours and there are plans in place to keep the baby safe following the birth, refer to existing decisions made and previous conversations with the family to support agreed actions and prevent potential conflict. Where possible, partner with a PAC or AFP for guidance and support.

DCP After-Hours team does not ordinarily conduct welfare checks (such as monitoring a safety plan). It is recommended that the DCP case worker contact SAPOL to request a welfare check. SAPOL may contact the DCP After-Hours team to provide any new information for their consideration.

Country on-call staff

For matters requiring country DCP office involvement, the DCP After-Hours worker must contact the DCP country on-call worker by telephone.

At minimum, DCP country on-call staff are responsible for undertaking the following:

- recording plans related to ensuring the immediate safety of the child or young person, including (but not limited to):
 - strategy discussions
 - investigation plans
 - safety plans
- undertaking actions to ensure the immediate safety of the child or young person including, but not limited to:
 - convening a strategy discussion
 - conducting home visits and interviews as part of an investigation
 - emergency removal of the child or young person pursuant to section 41 of the CYPS Act
 - making referrals and arrangements for forensic examination, assessment or treatment
 - making arrangements for the child or young person's care (including placing them in out of home care)
 - transporting the child or young person
- recording critical information including, but not limited to:
 - uploading strategy discussions records, investigation plans and safety plans



- uploading the authority for the removal and/or examination and assessment of the child or young person
- alerts
- details of where the child or young person has been placed (where they were removed), whose care they are currently in, transport arrangements and immediate actions required at handover (for example, care arrangements for the child or young person upon discharge from hospital).

It is noted that country on-call staff may, depending on case allocation, resume case management responsibilities for the child or young person during business hours. Where handover is required, it is important that case management activities are recorded to ensure that the allocated worker is aware of their status.

Delegations

The DCP After-Hours worker and the DCP country on-call worker must consult and seek approval from the appropriate delegated staff for decisions and actions outside their delegated authority.

Where reasonably practicable, the DCP country on-call worker should consult and seek approval from the delegate at their own office. Where the office supervisor or manager is not available, the country on-call worker should consult and seek approval from the DCP After-Hours delegate. Where no other delegate is available, the country on-call worker must seek approval from the on-call director.

Refer to [Delegations and authorisations](#) for further guidance.

Responding to matters with a 'Within 24 hours' response

The DCP After-Hours worker should gather relevant information from notifiers and C3MS.



Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

Invite relevant DCP Aboriginal practitioners such as a Principal Aboriginal Consultant for strategy discussions involving an Aboriginal and/or Torres Strait Islander infant, child or young person. Where unable to attend consider how cultural perspectives can inform the discussion, such as undertaking consultation before the discussion occurs.

The DCP country on-call worker may consult with their country supervisor or manager. Alternatively, they may request to consult with a DCP After-Hours senior worker or supervisor.

The country on-call worker should check in and out with the DCP After-Hours team to advise of their intention to undertake an after-hours home visit or investigation. For further guidance about worker safety procedures for after-hours investigations, refer to the 'Conduct investigations and home visits after hours' section below.

DCP After-Hours and Country on-call staff may negotiate responsibility for case management tasks for intakes allocated to a country office where the child or young person is physically located in the Adelaide metropolitan area. In addition, Country on-call staff may also seek support or advice from DCP After-Hours (regardless of the child or young person's location). Decisions about responsibility for undertaking tasks should be based on:

- staffing



- location
- travel considerations
- resources
- other relevant considerations specific to the child or young person's location.

Care concern responses

For guidance about responding to the child or young person's immediate safety needs in response to a care concern, refer to [Raising and responding to care concerns chapter](#) in the Manual of Practice.

The DCP After-Hours worker must consider the roles and responsibilities of service providers and support agencies when developing a response. For further guidance, refer to the [Service Provider responsibilities in the Management of Care Concerns](#).

Emergency removals after-hours

The DCP country on-call worker must contact the relevant country DCP office delegate for approval to remove a child or young person pursuant to section 41.

For further guidance, refer to the 'Undertake an emergency removal of a child or young person (section 41)' section above in this key step, and the [Guide to delegations and authorisations by legislative provision](#).

When undertaking an emergency removal, all onsite case work activities should be undertaken by the DCP country on-call worker. The DCP After-Hours supervisor may provide support as required.

Safety checks

When DCP country staff make a decision that a SAPOL safety check is required after-hours, and they cannot action this themselves, the safety check may be referred to DCP After-Hours for coordination.

The DCP country on-call worker's referral should include:

- client names and C3MS numbers
- the address of the property for SAPOL attendance
- a clear description of the presenting safety issue/s for SAPOL to check
- the location of any safety plan in C3MS (ensuring it has been uploaded by the country DCP office prior to referral)
- the time SAPOL is requested to attend at the property
- the required actions to be taken should SAPOL report the child or young person to be unsafe, including who the DCP After-Hours worker must contact if the matter requires further DCP action.

All information and actions must be recorded in C3MS and work flowed to the DCP country on-call worker. This includes the outcomes of safety checks or where SAPOL decline to conduct a safety check.

If SAPOL assesses that the child or young person is unsafe following a safety check, the DCP After-Hours worker must contact the DCP country on-call worker and advise them to undertake further action. This may include developing a [safety plan](#) or removing the child or young person if required.



Refer to [Conduct the investigation: Consider and establish immediate safety](#) in the Intake, investigation and assessment chapter of the Manual of Practice for further guidance about developing a safety plan.

Placements

When a placement is required, the DCP country on-call worker should contact DCP After-Hours. For further guidance about requesting and recording placements after-hours, refer to the 'Place a child or young person in care' section below.

In the event of a potential unplanned placement end, the DCP After-Hours worker should:

- make reasonable attempts to negotiate with the carer to continue to provide care for the child or young person (where safe) until the next business day
- contact the DCP country on-call worker to advise of the situation and discuss required actions
- in the event that the placement ends
 - source another placement; and
 - liaise with the DCP country on-call worker to arrange transport for the child or young person.

For further guidance refer to [Transporting children and young people](#) in the Supporting children and young people chapter of the Manual of Practice.



Placement

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

When sourcing placements after hours for an Aboriginal and/or Torres Strait Islander infant, child or young person, ensure to refer to previous scoping to review and build upon, as circumstances may have changed since scoping was last been discussed with the family, child or young person. Aboriginal families have the best knowledge of their family and need engagement throughout scoping processes to ensure placement is consistent with the placement hierarchy of the ACPP for safe and connected care. Partner with a PAC or AFP for guidance and support where available.

Transport children and young people and family members after-hours

The DCP After-Hours worker may be required to facilitate transport for the child or young person and/or their family members. For guidance about transportation of children and young people after-hours, refer to [Transporting children and young people](#) in the Supporting children and young people chapter of the Manual of Practice.

In circumstances where a child or young person's family member requires support with transport, the DCP After-Hours worker should explore all options, where appropriate, such as:

- family/friend support
- public transport
- walking.

Where there is no appropriate transport option available, the DCP After-Hours worker should arrange for the family member to be transported by taxi. The only exception to this in circumstances where:



- the individual is 12 years or younger
- there are other circumstances which make it inappropriate for them to travel alone by taxi (refer to [Transporting children and young people](#) in the Supporting children and young people in care chapter of the Manual of Practice for further guidance).

If transportation by taxi is not available or appropriate, the DCP After-Hours worker should arrange transportation using a government vehicle.

The DCP After-Hours workers should ensure that the details of support provided to the family member are recorded under a General Case. If the service is for the child or young person, details of support provided should be recorded in a case note in the child or young person's open Child Protection (CP) case.

Refer to Child Protection Services Paediatric Forensic Medical Service and SAPOL after-hours

For further guidance about referring intakes to Child Protection Paediatric Forensic Medical Service and SAPOL, refer to the [Interagency Code of Practice](#).

For 'Within 24 hours' intakes and serious care concerns, the DCP After-Hours worker must refer the intake to the State Crime Assessment Centre.

Convene a strategy discussion

A strategy discussion must be convened for intakes where an interagency response is required (for example, where there are allegations relating to criminal offending or where a prescribed interview or forensic assessment is required). For information about the circumstances where a strategy discussion may be required, refer to the [Interagency Code of Practice](#).

This includes intakes relating to sexual harm and serious physical harm. For further guidance about convening a strategy discussions, refer to the [Interagency Code of Practice](#) and [Plan an investigation](#) in the Intake, investigation and assessment chapter of the Manual of Practice.

Undertake agreed actions following a strategy discussion

As part of the agreed actions from a strategy discussion, the DCP After-Hours worker may be required to:

- undertake a home visit
- sight the child or young person
- ascertain the extent of the harm perpetrated toward the child or young person
- advise the child or young person's parents, guardians or caregivers that a child protection notification has been received
- ensure the ongoing safety of the child or young person (exercising child protection officer powers where required), and
- [transporting the child or young person](#) and their family to the appropriate CPS for a medical or forensic assessment.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

For any strategy discussions about an Aboriginal and/or Torres Strait Islander infant, child or young person, partner with a PAC or AFP wherever possible to provide advice on cultural considerations and to support culturally responsive practice.

After-hours forensic examination, assessment and treatment

Support the admission of the child or young person to the hospital

Children and young people will be admitted to the hospital so their condition can be monitored if they:

- are pre-verbal; or
- have experienced serious harm; and
- require forensic examination.

The child or young person will usually remain at the hospital until the next business day. The DCP After-Hours worker should advise the child or young person's parents, guardians or caregivers of the planned admission.

For guidance about parental consent for forensic examination, assessment and treatment, refer to the 'Consider the need for the child or young person to be examined or assessed' section under [Conduct an investigation: Engage with and assess the child or young person](#) the Intake, investigation and assessment chapter of the Manual of Practice.

If there are concerns that the child or young person's parents, guardians or caregivers will remove the child or young person from the hospital, the DCP After-Hours worker should consider whether it is necessary to undertake a section 41 removal. For further guidance about assessing whether the grounds for removal have been met, refer to [Exercise child protection officer powers](#) in the Intake, investigation and assessment chapter of the Manual of Practice.

Following the hospital stay, CPS or the Paediatric Forensic Medical Service (PFMS) will initiate contact with the DCP office with case management responsibility for the child or young person.

Physical examination of the child or young person

The hospital emergency service will undertake medical examinations of children and young people attending with an injury. These examinations are undertaken by the emergency doctors or registrars. If the doctor or registrar has concerns about the nature of an injury to a child or young person, they will consult with the on-call CPS or PFMS doctor to:

- discuss the type of injury
- make a decision about whether the matter needs to be reported to DCP as a child protection concern.

The registrar will not carry out physical examinations on suspected victims of sexual harm, except to ensure that there are no physical injuries requiring urgent medical treatment or surgical procedures. When physical harm is suspected the emergency doctor or registrar will take the child or young person's history, examine the child or young person and document the physical findings.



The relevant CPS or PFMS is responsible for arranging further follow up and examination where necessary.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

To support admission to hospital or physical examination of an Aboriginal and/or Torres Strait Islander infant, child or young person, seek a PAC or AFP for consultation where possible and support discussion with the child or young person and their family. If English is not the family's first language, consider whether an [Aboriginal interpreter or translator is required](#) to support communication. For allegations of sexual or physical harm, discuss culturally responsive practices with Aboriginal staff where possible.

Conduct investigations and home visits after hours

For matters requiring a 'within 24 hours' response, the DCP After-Hours worker may be required to undertake an investigation pursuant to section 34 of the CYPS Act.

To ensure worker safety, the DCP After-Hours worker must undertake the following tasks prior to leaving the Call Centre for a home visit, in transit to the home and upon completion of the home visit. For after-hours investigations in country locations, these steps also apply to country on-call workers.

Prepare for an after-hours home visit

The DCP After-Hours worker should pack an 'investigation bag'. The investigation bag contains relevant documents for after-hours investigations and safety equipment (such as personal protective equipment (PPE) and a torch).

The DCP After-Hours worker should pack a 'Back Pack 4 Kids' back pack (one for each child or young person).

Where the intake or C3MS indicates a high probability of a threat to worker safety, arrangements should be made for SAPOL to accompany the DCP After-Hours workers. When preparing for the home visit, the DCP After-Hours worker must:

- prepare an investigation plan in consultation with the supervisor (for further guidance refer to [Plan an investigation](#) in the Intake, investigation and assessment chapter of the Manual of Practice)
- assess worker safety (refer to 'Assess worker safer' under [Plan an investigation](#) in the Intake, investigation and assessment chapter of the Manual of Practice for further guidance)
- consider contacting SAPOL or Mental Health Services (if relevant) for further information about the parents/caregivers/guardians.

Prior to leaving the DCP Call Centre, the DCP After-Hours worker should record the details of the home visit on the DCP After-Hours whiteboard, including:

- the child or young person's name and C3MS ID number
- the names of workers conducting the home visit
- the full address of the destination
- the mobile telephone number
- the name of the vehicle (for example, 'Zulu').



- check that they have all equipment and that it is in working order, such as car seats, baby capsule, torch, and mobile telephone that is fully charged, and that there is adequate petrol in the motor vehicle.
- book the car electronically using the Outlook calendar.
- ensure workers' time of leaving the DCP Call Centre is logged in the vehicle log book.

Undertake an after-hours home visit

If the After-Hours workers' time of departure was not logged, the DCP After-Hours worker should whilst in transit to the home telephone the DCP Call Centre on the Police Override Line [REDACTED], stating, 'mobile to' and provide the address of the destination. The DCP After-Hours worker taking the call should record the address and time in the DCP After-Hours Movements Log Book. These calls are prioritised and must be answered immediately. The DCP Call Centre will also respond to calls from country on-call staff.

Upon arrival at the home and before entering, the DCP After-Hours worker should telephone DCP Call Centre and state 'away at' and provide the address. The DCP After-Hours worker taking the call must record the address and time in the DCP After-Hours Movements Log Book.

After one hour, if the home visit is still in progress, the DCP After-Hours workers undertaking the home visit must telephone the DCP Call Centre and state that they are still at the home and are safe.

It is important that the DCP After-Hours workers undertaking the home visit telephone the DCP Call Centre if delayed. If the DCP After-Hours worker at the DCP Call Centre is unable to contact the workers undertaking the home visit within 90 minutes of entering the home, the DCP After-Hours worker at the DCP Call Centre must telephone SAPOL and request their attendance to the home to check on the safety of the DCP After-Hours workers undertaking the home visit.

If the DCP After-Hours workers are conducting a home visit and feel unsafe and unable to use negotiation and conflict resolution skills to de-escalate the situation, they should leave the home and when safe contact the supervisor or SAPOL.

Upon completion of the home visit, the DCP After-Hours workers must telephone the DCP Call Centre and advise that they will be returning. If DCP After-Hours worker anticipates a delay they should inform the DCP Call Centre of the revised timeframe for their return.

Undertake an emergency removal

For guidance about undertaking an emergency removal pursuant to section 41 of the CYPs Act (including requirements for seeking approval), refer to [Exercise child protection officer powers](#) in the Intake, investigation and assessment chapter of the Manual of Practice.

Undertake emergency after-hours removal from the Women's and Children's Hospital

Contact the Women's and Children's Hospital

If the child or young person is at the Women's and Children's Hospital (WCH) and an emergency removal is required, the DCP After-Hours worker should contact the WCH After-Hours Coordinator (AHC) as soon as possible by calling [REDACTED] or 8161 6558 or by paging 3715.

The DCP After-Hours worker should discuss the following details with the AHC:



- whether notice of the section 41 removal is being provided to the child or young person's parents or caregivers prior to the DCP After-Hours worker's arrival at the WCH
- what time the DCP After-Hours worker is planning to attend the WCH
- the names or details of the child or young person's family who are at the WCH or are expected to be present
- whether the WCH on-call social worker's attendance is required, and if so, to confirm plans to meet with the WCH on-call social worker and Ward Shift Coordinator, including time and location
- any concerns relating to the child or young person's immediate safety the DCP After Hours worker anticipates as a result of their attendance at WCH (if the notice of section 41 removal is intended to be provided with the child or young person present) and how they will be managed
- whether SAPOL are required to attend and whether their attendance has been confirmed
- whether WCH security staff are required to attend
- confirmation that the DCP After-Hours worker meets all WCH vaccination and PPE requirements.

The AHC will provide the DCP After-Hours worker with information including:

- whether the child or young person's parents or caregivers are unwell and or unavailable
- any other circumstances that may have an impact on the DCP After-Hours worker's ability to advise the parents or caregivers of the section 41 removal and provide written notice
- discharge time, if known
- any concerns the WCH have regarding the child or young person or their parents or caregivers
- details of existing care plans and any new information and whether any plans are required to ensure the child or young person's immediate safety.

If the likelihood of early discharge or risk of harm to the child or young person is low, the DCP After-Hours worker should assess whether the removal may be undertaken the next business day. In these circumstances the DCP office with case management responsibility for the child or young person will undertake the removal.

If it is assessed that the removal should be undertaken the next business day, the DCP After-Hours worker should:

- ensure that the requirement to undertake the removal is communicated to both the allocated DCP office and WCH staff
- consider whether it is necessary to attend the WCH and where age and developmentally appropriate, discuss the removal with the child or young person.

The AHC is responsible for liaising with the Ward Shift Coordinator, other ward staff, the on-call WCH social worker and WCH security staff to arrange their attendance, if required.

Plan post-removal arrangements for the child or young person

The DCP After-Hours worker should prepare a written plan for post-removal arrangements for the child or young person, including:



- interim contact arrangements for the child or young person including supervision requirements (noting that WCH staff will not supervise family contact at the WCH)
- the child or young person's medical requirements, and where possible, obtaining consent for medical treatment or procedures
- contact details for the office with case management responsibility for the child or young person.

The DCP After-Hours worker should ensure that the written plan is forwarded to the AHC via email and uploaded to C3MS.

Undertake the removal

On arrival at WCH, the DCP After-Hours worker should meet with the on-call WCH social worker and Ward Shift Coordinator. The DCP After-Hours worker should confirm:

- plans to ensure the child or young person's safety
- the roles and responsibilities of SAPOL and WCH security staff.

When removing the child or young person, the DCP After-Hours worker should:

- explain the legal authority for the removal to the parent, guardian or caregiver
- provide the parent, guardian or caregiver with written notice using the [Section 41 removal of a child or young person notice template](#)
- provide a copy of the written notice to WCH staff so that it can be included in the child or young person and parents, guardian or caregiver's health records.

The DCP After-Hours worker must provide the child or young person's family and WCH staff with a written plan for post-removal arrangements.

Record the emergency removal in C3MS

The DCP After-Hours workers must document all information pertaining to a removal in C3MS.

Case notes in C3MS must clearly record all information pertaining to the removal including:

- the subject line: 'S41 Removal on (date) re (children and young people's full names)'
- details in investigation notes
- the concerns or allegations and specific information that informed the DCP After-Hours worker's assessment that the child or young person was at risk and the associated rationale for their removal
- observations
- information obtained from professionals
- information obtained from parents or caregivers or other relevant individuals
- details of consultation undertaken to inform the decision to remove the child or young person
- approval obtained from the delegate in accordance with the [Guide to authorisations and delegations by legislative provision](#).

Details of the actions taken

The DCP After-Hours worker should record details of actions taken, including:

- where the child or young person is placed



- medical or forensic assessments or treatment undertaken
- SAPOL action, and
- advice to parents or caregivers.

Documents provided

All documents provided to the parents or caregivers, and information provided by professionals and other parties should be uploaded in C3MS, with the names of the documents and the names of the individuals who provided them recorded.

Decision and rationale

The DCP After-Hours worker should record the decision and rationale as follows:

- On [date] at [time section 41 was invoked], section 41 of the CYPs Act was invoked by [name and position of person who invoked section 41] of the DCP Call Centre in relation to [children or young people's full names and DOB], with the approval of [name and position of delegate who approved section 41 to be invoked] on the grounds that there was at the time:
 - a belief on reasonable grounds that [children or young people's full name] has been harmed or was at risk of harm and it was necessary to remove them from that situation in order to protect them from harm or further harm, and there was no reasonably practicable alternative to removal in the circumstances
 - [children or young people's names] were removed from [names of person/parent/caregiver] by [name of workers] pursuant to section 41 on [date removed] at [time removed] from [place of removal].

Safety assessments

The DCP After-Hours worker must complete the SDM® Safety assessment in the assessments tab in C3MS.

Record a temporary placement (where required)

Refer to [Assess and seek approval for a temporary placement \(if required\)](#) in the Place a child or young person in care chapter of the Manual of Practice for further guidance about temporary placement assessment.

The DCP After-Hours worker must ensure that they:

- record the authority in C3MS (administrative)
- manually input the section 35 Chief Executive direction as an administrative authority in C3MS
- record the section 41 removal as an administrative authority in C3MS
- email [Placement Services](#) advising of the placement
- email the details to the responsible DCP office within the detailed handover email, as that office is responsible for continuing the assessment.

Workflow intake for quality assurance and prepare for handover to the DCP office

When an emergency removal has been recorded in C3MS, the DCP After-Hours worker must:

- workflow the intake for quality assurance (QA) by the senior worker (or other senior worker deemed by the supervisor to be appropriate)



- allocate the intake to the relevant DCP office
- transfer the intake to the 'Investigation' phase in C3MS
- email 24-hour intakes to the State Crime Assessment Centre (SCAC) and Child Protection Services (CPS), if relevant – refer to [Allocate or refer the intake](#) in this chapter of the Manual of Practice for further guidance.

The intake must be handed over to the DCP Call Centre workers on the early day shift.

For urgent 'Within 24 hours' responses, the DCP After-Hours worker must:

- record a case note confirming that they have undertaken the QA process
- inform the DCP Call Centre senior worker or supervisor at handover to enable further review if required
- complete a handover email addressed to the relevant DCP office inbox (or if an office inbox is not available, directly to the relevant DCP office manager)
- email the handover document to [Placement Services](#) if placement handover is occurring (with the DCP property management team inbox cc'd in if the child or young person has been placed in a DCP Residential Care property)
- consider who else may require the information as a matter of urgency, such as the [ILU](#) for interstate matters and forward as appropriate (for further guidance, refer to [Manage notifications, alerts and warrants from outside of South Australia](#) in this chapter of the Manual of Practice)
- ensure all pertinent information is attached (such as the intake, safety plan, and other relevant documentation relevant to the removal) and save the email in C3MS.

Consult with the on-call delegate (if required)

There may be circumstances while on shift that require the DCP After-Hours worker to contact the on-call delegate. Prior to contacting the supervisor, the DCP After-Hours worker should ensure that they have clear and relevant information to assist in decisions regarding any actions required.

Matters requiring consultations include but are not limited to:

Notifications assessed as 'Within 24 hours' or care concerns with immediate safety issues	Prior to contacting the on-call delegate, the DCP After-Hours worker should ensure they are prepared with information about the concerns, the child or young person's relationships, child protection history and the rationale for assessment.
Unplanned placement ends	When there has been an unplanned placement end and the only placement option available is residential care.
Media related	Media related issues or in circumstances that are likely to result in media interest.
Medical consents for children and young people under the guardianship of the Chief Executive	Refer to Who can say OK? A DCP supervisor or above must consent to the administration of a general anaesthetic and medical surgical procedures for children and young people under the guardianship of the Chief Executive.



	The hospital will contact DCP After-Hours should medical consent be required for the administration of a general anaesthetic and/or a medical surgical procedure. If the supervisor or senior worker is available consultation should occur directly between Health and the senior on duty. The senior worker cannot provide consent. If the supervisor is not available, the DCP Call Centre worker must obtain all information about: • the nature of the surgical procedure including anaesthetic • length of time in hospital • risks involved • whether a carer is present. The DCP After-Hours worker should request the medical consent form from the hospital. The consent form must be: • signed by the supervisor • forwarded to the hospital • uploaded into C3MS with a detailed case note regarding the above consultation. If consent cannot be obtained, medical practitioners have discretionary powers to administer treatment if it is necessary in their opinion to meet an imminent risk to the child or young person's life or health. This must be supported by the written opinion of another medical practitioner who has personally examined the child or young person (unless it is not practicable to obtain that opinion).
Significant incident including those involving staff	DCP Call Centre workers must follow the Significant Incident Reporting Procedure (refer to Significant Incident Reporting Unit intranet page for further guidance).
Care concerns	Care concerns that are assessed as requiring immediate action to secure child or young person's safety.
Relief or on-call workers required	Refer to Overnight shift relief below.

Store seized property or passports

For guidance about child protection officer powers, including seizure of property or passports, refer to [Exercise child protection officer powers](#) in the Intake, investigation and assessment chapter of the Manual of Practice.

In addition to the above guidance, the DCP After-Hours worker must:



- store the passport in the safe located within the administration area at the DCP Call Centre (for information about where the key to the safe is stored, the DCP After-Hours worker should seek advice from their supervisor)
- send an email to the DCP Call Centre Manager and DCP Call Centre supervisor on day duty to inform them of the action undertaken and the responsible DCP office. The items should be securely transported to the responsible office the next working day as negotiated by the DCP Call Centre Manager, DCP Call Centre supervisor on day duty and the local responsible DCP office
- record the authority in C3MS, using the following template:
 - Under section 149(1)(d) of the *Children and Young People (Safety) Act 2017* the passport of [insert child or young person's name] has been seized and retained on [date]. It was believed that this child or young person is at risk of removal from the State for female genital mutilation or marriage [delete whichever is not applicable]. Approval for this action was provided by [name], supervisor on [date/time]. This passport is to be stored at the DCP Call Centre and then transferred to [DCP office] OR is being held at (police station) (delete whichever is applicable).

Or,

 - Under section 149(1)(f) of the *Child and Young People Safety Act 2017* the following items [list items] [has/have] been seized and retained from the residence [address], of [child or young person's name] on [date]. It is reasonably suspected that [this/these item/s] [has/have] been used in, or may constitute evidence of a contravention of this Act. Approval for this action was provided by [name], supervisor on [date/time]. This evidence is to be stored at the DCP Call Centre and then transferred to [DCP office].

Place a child or young person in care

All notes, documents and attachments related to placing a child in care after hours should be saved in the 'Placement' tab in C3MS.

Consider the authority for placing the child or young person

In circumstances where the child or young person is removed pursuant to section 41 of the CYPS Act or is placed under a Voluntary Custody Agreement, the DCP After-Hours worker should undertake tasks to place the child or young person in care. The authority for placing the child or young person must be uploaded to C3MS.

Consider the placement needs of an Aboriginal or Torres Strait Islander infant, child or young person

For guidance about considerations that must be made when placing an Aboriginal and/or Torres Strait Islander infant, child or young person in care, refer to [Place a child or young person in care](#) in the Manual of Practice and the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

Consider the placement needs of child or young person from culturally and linguistically diverse backgrounds

For guidance about considerations that must be made when placing a child or young person from a culturally and linguistically diverse (CALD) backgrounds, refer to [Place a child or young person in care](#) in the Manual of Practice and the [Culturally and linguistically diverse child placement Policy](#).



Consider placing using a temporary placement

The DCP After-Hours worker should consider whether it is appropriate to place the child or young person using a temporary placement pursuant to section 77 of the CYPS Act. For further guidance, refer to [Assess and seek approval for a temporary placement \(if required\)](#).

Make a placement request

In circumstances where temporary placement is not appropriate, the DCP After-Hours worker should create a placement request. For further guidance, refer to [Make a placement request \(if required\)](#) in the Place a child or young person in care chapter in the Manual of Practice. For further information about recording a placement request, refer to the [Placement Request - C3MS Guide](#).

Children and young people requiring a new placement may have previous respite carers who may be able to provide care.

Contact placement providers

Where a temporary placement is not appropriate, the DCP After-Hours worker should add providers to the placement request and contact them to identify potential placements.

Foster care

The first preference, where appropriate, is for the child or young person to be placed with a family-based carer. The following agencies provide emergency foster care placements:

- Aboriginal Family Support Services (AFSS) for Aboriginal and/or Torres Strait Islander infants, children and young people
- Anglicare Emergency Care
- Lutheran Care Emergency Care
- AC Care
- Key Assets (Australia)
- Life Without Barriers.

NGO residential care

For NGO residential care, the DCP After-Hours worker should contact:

- Junction Australia
- Baptist Care
- AFSS (for Aboriginal and/or Torres Strait Islander children and young people).

DCP residential care

To contact DCP Residential Care, the DCP After-Hours worker should contact the on-call residential care manager. Contact information is regularly distributed to DCP After-Hours workers via email.

DCP Call Centre workers should refer to the Flowchart for After-Hours Placement Sourcing.

Provide information to the care provider

When contacting a provider, the DCP After-Hours worker should provide the following essential information:



- how DCP will arrange transportation to the placement
- the child or young person's Medicare card number
- details of disabilities, special needs, allergies or other essential health information, including any medications the child or young person requires and whether they have it with them
- for infants, whether they have nappies, formula, dummy, or special items (such as toys or a blanket) with them
- plans for the following day (for example, what arrangements are in place for the child or young person to be transported to childcare, school or the responsible DCP office).

Record the provider's response

When a response has been received from a provider, the DCP After-Hours worker should record the response in C3MS. Refer to the [C3MS Guide: Recording a placement request](#) for further information.

Check a nominated foster carer's registration status

If a foster care agency has provided a placement offer, the DCP After-Hours worker should:

- check the proposed carer's current registration status
- ensure they are not on hold or have 'No New Placements' recorded against them
- where the carer has been the subject of a moderate or serious care concern, consult with the supervisor and/or manager before making a decision to accept the placement offer.

A carer cannot provide care if they are on hold due to not having a valid Working with Children Check.

Record DCP's response

The DCP After-Hours worker should record DCP's response to a placement offer in C3MS and, where appropriate, create the placement. For further information, refer to the [C3MS Guide: Recording a placement request](#).

Provide the child or young person with information prior to placement

For guidance about requirements for providing placement information to the child or young person pursuant to section 80 of the CYPS Act, refer to [Prepare for the placement](#) in the Place a child or young person in care chapter of Manual of Practice.

Provide the carer with information prior to the placement

For guidance about requirements for providing placement information to the carer pursuant to section 79 of the CYPS Act, refer to [Prepare for the placement](#) in the Place a child or young person in care chapter of Manual of Practice.

The DCP After-Hours worker should also provide the child or young person's carer with the DCP After-Hours administration telephone number [REDACTED] and the relevant DCP office telephone number.



Support the child or young person to move into the placement

The DCP After-Hours worker should arrange transport for the child or young person to the placement. For further information, refer to the [Transporting children and young people](#) key step in the Supporting children and young people chapter of the Manual of Practice.

Where relevant, the DCP After-Hours worker should discuss plans for the following day with the child or young person's carer (such as transportation arrangements).

Advise the child or young person's parents of the placement

For guidance about providing placement information to parents or guardians, refer to [Prepare for placement](#) in the Place a child or young person in care chapter of the Manual of Practice.

Where it is not possible to provide this information to the child or young person's parents, the DCP After-Hours worker must ensure that this is included in their email to the DCP office.

Advise DCP Placement Services and the DCP office of the placement

Once the child or young person has been placed, the DCP After-Hours worker should email:

- [Placement Services](#) to provide the Placement Services after-hours handover document
- the allocated DCP office to advise of the child or young person's placement.

Update the carer's contact details

If the carer's contact details require updating (such as a change in residential address or contact details), the DCP After-Hours worker should complete the [Update Carer Communication Details form](#).

DCP After-Hours house

The DCP After-Hours house is a property used in emergencies where a placement is needed urgently for a child or young person after-hours.

The DCP After-Hours worker should refer to the Resource Book for information: 'Accommodation – CRU/PSU Properties' for an up to date list of the properties available to DCP After-Hours. Under each property is information about the codes and maintenance process.

Non-urgent maintenance issues should be emailed to the [DCP OOHC Facilities](#) inbox and the DCP Residential Care Supervisor who oversees the property along with DCP After-Hours workers.

For urgent maintenance, DCP After-Hours worker should call the DCP Residential Care Senior Youth Worker on the duty telephone between 7:00am and 10:30pm. The DCP After-Hours team is responsible for arranging urgent maintenance between 10:30pm and 7:00am.

If there is extensive property damage the DCP After-Hours worker must contact the Facilities Management Hotline on 1300 342 911.

If this property has been used, the DCP After-Hours worker should refer to the list of other available properties in the Placement Services handover document.

Respond to children and young people requiring urgent medical treatment



The DCP After-Hours worker may be required to respond in circumstances where a child or young person under the guardianship of the Chief Executive is admitted to hospital with:

- a serious injury
- an acute mental health episode (including psychological distress related to self-harm or suicide)
- a life-threatening medical condition, or
- the condition has deteriorated to the point that the child or young person's death is considered likely.

Inform the hospital

The DCP After-Hours worker should advise the hospital of the:

- authority the child or young person is under
- requirement for the Chief Executive, Deputy Chief Executive, or regional director to provide consent for high-risk medical procedures and decisions about end of life
- names and contact details of the child or young person's DCP case worker, the DCP office, and the DCP After-Hours override line; and
- names and contact details for the child or young person's significant relationships (including their birth family, carers, and significant members of their extended family and kinship networks).

Obtain information from the hospital

The DCP After-Hours should obtain information from the hospital about the child or young persons:

- diagnosis and prognosis (where relevant)
- symptoms
- required treatment and care, and
- risk of contagion, where relevant (including any relevant considerations for others in the placement and any recent close contacts).

Depending on the nature of the child or young person's condition, the DCP After-Hours worker should determine whether:

- an immediate response is required, or
- a case conference should be convened by the allocated DCP office the following day.

Consent to medical treatment

Under section 84(1)(g), the Chief Executive or their delegate may make arrangements (including admission to the hospital) for the professional examination, assessment or treatment of the child or young person.

The following decisions must be made by the Chief Executive or Deputy Chief Executive:

- high risk medical procedures (for example, in situations when a child's life is threatened due to illness, trauma or injury)
- end of life care, including withdrawal of treatment, advanced care directives and do not resuscitate orders.

For further guidance, refer to the [Guide to authorisations or delegations \(by legislative provision\)](#).



Section 6 of the *Consent to Medical Treatment and Palliative Care Act 1995* allows a young person aged 16 years and over to make decisions about their own medical treatment, including consent to or refusal of medical treatment. Section 12 of that Act allows a medical practitioner to administer medical treatment to a child young person (under the age of 16) if:

- their parent or guardian consents; or
- the child consents **and** the medical practitioner administering the treatment is of the opinion the child is capable of understanding the nature and consequences of the treatment, and that opinion is supported by the written agreement of at least one other medical practitioner who personally examines the child or young person before the treatment commences.

Overnight shift relief

In circumstances where a call-out requires both DCP After-Hours workers on night shift to be mobilised, the After-Hours team should consult with on-call supervisor.

If a DCP After-Hours worker on afternoon shift or mid-shift is still on shift, they should be offered the opportunity of working overtime.

The DCP After-Hours worker should call the on-call worker if the:

- DCP After-Hours workers on the afternoon shift or mid shift are no longer on shift; or
- expected time of the call-out is prohibitive.

The DCP After-Hours workers on night shift should not leave the DCP Call Centre until the on-call worker has arrived at the DCP Call Centre.

When the DCP After-Hours worker requires additional staff to form a care team to care for a child or young person, the DCP After-Hours worker should refer to the Night Shift Relief Register. The DCP After-Hours worker should consider:

- the pre and post shifts of the individuals on the list
- if the individual is on leave or due to return from leave
- whether the person offered the overtime has the option to decline the offer.

A cab charge may be used to assist the on-call worker to travel to the DCP Call Centre and return home.

The on-call worker:

- will not attend any call-outs, unless:
 - the on-call worker would prefer to go
 - it is more appropriate for the on-call worker to go out.
- should carry out normal duties while at the DCP Call Centre, prioritising assisting After-Hours workers on night shift
- must remain at the DCP Call Centre until the DCP After-Hours workers on night shift have returned and are available to staff the telephones.



A minimum of three hours or the time worked (whichever is the greatest) should be recorded in the on-call workers time sheets, as overtime.

The on-call worker should advise their team supervisor as soon as possible (via email, with a copy to the DCP Call Centre Manager) and have their overtime signed off.

Support young people who commit an offence against the *Summary Offences Act 1953*

Children or young people in care who have been arrested by SAPOL on suspicion of committing an offence after hours may require support from DCP.

Under section 79A(1)(b)(i) of the [Summary Offences Act 1953](#) (SO Act) any person under the age of 18 years has a right to have a solicitor, relative or friend (aged 18 years or over) present during any interview or investigation while they are in custody. For children and young people in care, it is DCP's responsibility to ensure that the child or young person has a responsible person present. For all other children and young people, this is the responsibility of the Department for Human Services.

Manage contact between SAPOL and DCP After-Hours

SAPOL will ask the young person to nominate a support person to advocate on their behalf. If the young person is under a care and protection order and does not nominate a support person, or that person is unable or unwilling to attend, SAPOL will contact DCP to request that they nominate a support person.

For children and young people in care, the DCP After-Hours worker should source an appropriate support person (for example, a carer, suitable guardian, or suitable friend over the age of 18 years).

SAPOL may contact the DCP After-Hours team to ascertain whether the child or young person is Aboriginal and/or Torres Strait Islander. Aboriginal and/or Torres Strait Islander children and young people may or may not choose to have support from the Aboriginal Legal Rights Movement (ALRM).

SO Act Process

To respond to when SAPOL contacts DCP after-hours, the DCP After-Hours worker should obtain details of the:

- SAPOL officer's name
- police station at which the interview will be conducted
- young person's details
- nature of the alleged offences
- when the interview is to be held.

The DCP After-Hours worker should establish whether the young person is under guardianship or custody of the Chief Executive, and undertake the following actions as appropriate:

Custody/guardianship status	Action
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In the custody or under the guardianship of the Chief Executive	• Contact the child or young person's carer (or the on-call NGO or DCP residential care staff member) and ascertain whether they can attend the interview • If the carer is not available, make arrangements for a DCP After-Hours worker (or country on-call staff member) to attend. For Aboriginal and/or Torres Strait Islander children and young people, ensure that they have been given the opportunity to receive support from ALRM (for Aboriginal and/or Torres Strait Islander children and young people)
Not in the custody or under the guardianship of the Chief Executive	• Ascertain whether a family member, relative or friend is available to attend the interview • If a family member, relative or friend is unable to attend, advise SAPOL to request support for the child or young person from: ○ ALRM (for Aboriginal and/or Torres Strait Islander children and young people) ○ Hendercare (for all other children and young people in the Adelaide Metropolitan area).

Adoptions

DCP After-Hours may be contacted in relation to children and young people transitioning to adoption. This contact may occur when:

- a child or young person from overseas, temporarily under the guardianship of the Chief Executive, who is in the process of being adopted by an Australian family, and the child or young person requires consent for a medical procedure
- a child or young person born in Australia who is in short-term out of home care and the child or young person's biological parents may make contact in order to revoke their voluntary custody agreement (VCA).

Children and young people born in Australia in the process of being adopted by an Australian family will be under an interim administrative Guardianship order which is recorded in C3MS. All work undertaken for these children and young people after-hours must be recorded in C3MS.

Children and young people born overseas and in the process of adoption by an Australian family will have a general adoption case in C3MS and where access is limited to specific DCP staff. In these circumstances, the DCP After-Hours worker should record details of work undertaken in a note and email it to the [Adoptions](#) inbox.

The supervisor of the DCP After-Hours team is the delegate for decision making regarding overseas children and young people.

Refer matters from the DCP After-Hours team to the DCP office



The DCP After-Hours worker should refer matters to DCP offices (and where appropriate, the on-call DCP residential care staff member) following:

- intervention with clients with whom the DCP office is actively involved
- intervention with clients that has occurred at the DCP office's request
- statutory work initiated by the DCP After-Hours worker requiring urgent follow up from the DCP office, including:
 - responding to 'Within 24 hours' intakes
 - serious care concern referrals where the DCP Call Centre worker conducts an intervention to secure immediate safety
 - placement of a child or young person in care, including any relevant consultation which must be carried out with a recognised organisation
 - other matters the DCP After-Hours worker assesses as requiring urgent follow up.

The DCP After-Hours worker should email the DCP office manager (and/or the Office Leadership distribution list if known) a copy of the Intake and the child or young person's C3MS ID number.

If the case is already allocated to a DCP office, the allocated DCP case worker and their supervisor should be included in the recipient list.

If the handover involves a serious care concern the [DCP Care Concern Management Unit](#) inbox should be included to the recipient list. The email should include:

- details of actions or interventions taken by DCP After-Hours
- SIRU template if relevant (copying the case worker into the email)
- information regarding the child or young person's placement
- details of any child protection officer powers exercised and any authorities invoked; and
- any information regarding follow-up by the DCP office required the following day.

Document control

Reference No./ File			
Document Owner		Lead Writer (position)	
Directorate/Unit: Southern Region		Operational Policy Team, Quality and Practice Directorate	
Accountable Director: Regional Director, Southern Region			
Commencement date	25 May 2026	Review date	01 May 2029
Risk rating (<i>LINK</i>)	Consequence	Likelihood	Risk Rating
	Major	Unlikely	Moderate



REVISION RECORD		
Approval Date	Version	Revision description
1 July 2022	1.0	New Manual of Practice chapter
21 July 2022	1.1	Minor amendment to guidance on screening decisions for notifications where a criminal offence against a child or young person has occurred and closure of EXF intakes.
23/08/2022	1.2	Minor amendment to guidance for recording NC rationale.
11/10/2022	1.3	Minor amendment to insert link to the Supporting children and young people who display harmful sexual behaviours Practice Paper.
27/10/2022	1.4	Addition of guidance on recording intakes for historical allegations of sexual harm perpetrated by a DCP employee.
2/12/2022	2.0	Addition of guidance on recording and assessing notifications, responding to notifications, reporting EXF matters relating to children and young people in care, responding to notifications warrants and alerts regarding children and young people residing overseas, referral of urgent matters to the DCP After-Hours team from a DCP office, and DCP After-Hours procedures and considerations for forensic examinations and assessments.
3/02/2023	2.1	Amendment of email template name for referrals arising from care concerns and the addition of further guidance around referrals for care concerns under key step 'Refer and allocate intakes form the DCP call centre.'
14/02/2023	2.2	Minor amendment to update template name and include additional prompts for both SIRU and SAPOL to be contacted in instances where allegations of harm are raised regarding a child or young person in care.
3/2/2023	2.3	Minor amendment to insert link to DCP Call Centre flowchart.
17/02/2023	2.4	Amendment to after-hours guidance to clarify consent requirements for forensic medical examinations where a child or young person is the subject of a custody order.
24/02/2023	2.5	Minor amendment to after-hours guidance (forensic medical examinations) to insert reference to child or young person being subject to a custody order.
28/03/2023	2.6	Minor amendment to remove reference to DCP Standards of Care.
2/05/2023	2.7	Minor amendment to Scope section to include reference to authorisations and delegations.
21/06/2023	2.8	Minor amendment to care concern definition to remove reference to deficit in care.
23/08/2023	2.9	Minor amendment to update persistent absenteeism guidance to accord with new MoAA between Department for Education and Department for Child Protection with respect to high risk chronic non-attenders.
10/08/2023	2.10	Minor amendment to update references to new Transporting children and young people guidance in the Supporting children and young people in care chapter of the Manual of Practice and to update referral pathway guidance to SAPOL for EXF matters.



REVISION RECORD		
Approval Date	Version	Revision description
31/10/2023	2.11	Minor amendments to the 'Refer and allocated intakes from the DCP Call Centre' section.
08/01/2024	2.12	Minor amendment to correct typographical error under 'Refer and allocate intakes from the DCP call centre' section.
19/01/2024	2.13	Minor amendment to include guidance on After-Hours handover to DCP offices where a serious care concern is raised/responded to.
03/07/2024	2.14	Minor amendments to include guidance about raising or re-opening an intake to facilitate a Court Services and Liaison team investigation, amending content about the assessment of notifications with respect to children and young people with disabilities and inclusion of new CALD definition in 'scope' section.
20/08/2024	2.15	Minor amendments made to realign all requests for information or child protection history checks from the Interstate Liaison Unit to the Subpoena and Information Release Team and to update relevant contact information to reflect this change.
28/08/2024	2.16	Minor amendments to guidance regarding consultation and approval for removal of infants 48 hours post birth and amendments to links.
06/06/2025	2.17	Minor amendment in response to Coronial findings to guidance about assessing child protection history and cumulative harm.
05/09/2025	2.18	Minor amendments to guidance about allocation of intakes in response to the recommendations of the Service Delivery Model Review.
06/02/2026	2.19	Amendments to align guidance to the requirements of DCP's Prenatal Safety and Support Model.
10/03/2026	2.20	Minor amendments to update the call centre email workflow of CARL reports (ILO, Family Law court Notice of Risk and Qualifying Offences).
01/05/2026	3.0	Comprehensive review undertaken in alignment with the DCP Policy Review Cycle.