



# Manual of Practice – DCP Residential Care chapter

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

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## Purpose

Residential care aims to provide:

- a safe, responsive and nurturing home for children and young people in care
- day-to-day care that is trauma informed, culturally responsive, relationship based and meets individual needs, including the physical, emotional, psychological, social and cultural wellbeing for every child and young person.
- This chapter supports DCP residential care staff to work in collaboration and partnership with the child or young person’s DCP case worker and the broader care team to:
  - create an environment that promotes healing from trauma
  - recognise their strengths and protective factors
  - provide every opportunity to reach their full potential.

DCP residential care staff are encouraged to familiarise themselves with all chapters within the [DCP Manual of Practice](#), and particularly the [Supporting children and young people in care](#), [Case planning, review and annual review](#), [Transition to adulthood](#) and [Information gathering and sharing](#) chapters which provide related information and guidance in supporting children and young people in care.

This chapter should be read in conjunction with the [Sanctuary Model](#), the [DCP Practice Approach](#) and [DCP practice papers](#).

## Scope

Applies to DCP staff working in DCP residential care. Throughout this chapter, the term residential care staff is inclusive of DCP residential care staff and agency staff contracted by the department to work in residential care houses.

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



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

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

## Authority

Chapter 2, Chapter 5, Chapter 7 and Chapter 8 of the [Children and Young People Safety Act 2017](#) (CYPS Act) and regulations 8, 10, 20, 21, 29, 32, 33, 35 and 39 of the [Children and Young People \(Safety\) Regulations 2017](#)

[Victims of Crime Act 2001](#)

[South Australian Public Health Act 2011](#)

Section 14(2) of the [Young Offenders Act 1993](#) (SA)

[Youth Justice Administration Act 2016](#) (SA)

Sections 79A(1a), 83A of the [Summary Offences Act 1953](#) (SA)

Sections 63, 64, 64A and 65 of the [Criminal Law consolidation Act](#)

[Criminal Law Consolidation Act 1935](#) flowchart

[Enhancing Online Safety Act 2015](#)

[Family and Community Services Act 1972](#) (SA)

Regulation 6 of the [Family and Community Services Regulations 2024](#)

[Education and Children's Services Act 2019](#) (SA)

Section 75A(10) of the [Motor Vehicles Act 1959](#)

[Online Safety Act 2021](#)

[Surveillance Devices Act 2016](#)

[Work Health and Safety Act 2012](#) (SA)

[Work Health and Safety Regulations 2012](#) (SA).

## Principles

- The safety of children and young people is the paramount consideration.
- Children and young people are actively supported to participate in their care and decision making.
- Children and young people are aware of and supported to exercise their rights.
- Maintaining connections with family, community, language, religion and culture is essential to nurture children and young people's sense of identity.
- Decision making processes are transparent and we are accountable for our decisions.



## Considerations when caring for Aboriginal and Torres Strait Islander infants, children and young people

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

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

Aboriginal family led decision making is an important aspect of culturally safe practice and is enabled when Aboriginal and Torres Strait Islander infants, children, young people and their families are supported to participate in these decisions. It is best practice for an Aboriginal and Torres Strait Islander infant, child or young person's family, kin or community members or representatives to be consulted and involved in decision making to promote self-determination and cultural safety. A Principal Aboriginal Consultant (PAC) should also be involved in decision making for Aboriginal and Torres Strait Islander infants, children and young people. For further information, refer to the [Family Led Decision Making for Aboriginal families Framework](#).

Aboriginal and Torres Strait Islander infants, children and young people continue to be grossly over-represented in the child protection system, including in residential care. The reasons for this are varied and complex; poverty, assimilation policies, intergenerational trauma, complex trauma, racism and discrimination have all contributed to the over-representation of Aboriginal and Torres Strait Islander infants, children and young people in care. Further to this is the ongoing decision making from non-indigenous people, processes and worldviews which continue to dominate decisions for Aboriginal and Torres Strait Islander infants, children and young people contrary to the right for self-determination.

DCP has a legislative responsibility under section 12 of the CYPS Act to ensure that all Aboriginal and Torres Strait Islander infants, children and young people are placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle (ACPP). For further practice support when working with Aboriginal and Torres Strait Islander infants, children, young people and families, refer to the ACPP active effort prompts throughout this chapter, which should be read in conjunction with the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

Application of the ACPP ensures that Aboriginal and Torres Strait Islander infants, children and young people are provided with culturally safe supports, case planning and decisions to protect the cultural rights of children, young people and their families.

For Aboriginal and Torres Strait Islander infants, children and young people in residential care, residential care staff are responsible for supporting the meaningful application of the precursor and all elements of the ACPP through active efforts, in collaboration with the child or young person's DCP case worker and their care team. Active efforts are the efforts taken by staff to apply the ACPP in their practice with Aboriginal and Torres Strait Islander infants, children and families, in accordance with their legislative responsibilities, to address the over-representation of Aboriginal and Torres Strait Islander infants, children and young people in care.

It is strongly recommended that residential care staff consult with the residential care Principal Aboriginal Consultant (PAC) and familiarise themselves with the [Aboriginal Practice](#) intranet page when supporting Aboriginal and Torres Strait Islander infants, children and young people.



## Key Steps

1. Create a safe and nurturing home in residential care
2. Support children and young people in residential care
3. Support placement transitions from residential care

### 1. Create a safe and nurturing home in residential care

#### Relationship and strengths based practice

##### Relationship based practice

The relationship between residential care staff and the child or young person is fundamental for all intervention. Building genuine, respectful and supportive relationships with children and young people supports positive outcomes including:

- helping children and young people to feel safe and settled
- supporting healing from trauma
- helping children and young people develop and maintain healthy relationships, which in turn supports them to navigate future relationships with other carers, family members and peers
- preventing re-traumatisation
- achievement of planned outcomes as per the child or young person's case plan (inclusive of the ACIST and/or CALDIST).

Regardless of how long the child or young person will be in the placement, significant effort must be focused on building a genuine and positive relationship with the child, young person and their family, where appropriate.

To support building genuine, respectful and supportive relationships, residential care staff should:

<p>Be culturally safe and responsive</p>	<p>Understanding, respecting and valuing cultural identity and heritage is critical to building trust and respect. It is essential for residential care staff to be aware of and understand how cultural bias can affect a person's own interpretation and perception of other cultures. For further information refer to <a href="#">Bias in child protection Practice Paper</a>.</p>
<p>Be clear, consistent and predictable</p>	<p>Through establishing structure, routine and clear expectations, children and young people are supported to develop a sense of safety, order and predictability as well as trust in the reliability of others. Consistency and predictability must be evident across the residential care staff team and processes should be in place to maintain this consistency (such as providing pertinent information at handovers, and providing easily located information outlining routines, likes/dislikes, triggers within Wellbeing Plans, All About Me documents, Trauma profiles). For further information refer to 'Provide a safe and nurturing home in residential care' in the <a href="#">Create a safe and nurturing home in residential care</a> key step of this chapter in the Manual of Practice and <a href="#">Iceberg Model fact sheet – Change</a>.</p>
<p>Engage respectfully and with emotional intelligence</p>	<p>When working with children and young people who may display complex or challenging behaviour, residential care staff should remain respectful</p>



	<p>and empathetic and recognise that it is the responsibility of the staff member to consider what's happened to the child or young person and that their behaviours are communicating a need (refer to 'Support children and young people with high risk and complex behaviours' under <a href="#">Support children and young people in residential care</a> in this chapter of the Manual of Practice for more information).</p>
Be empathetic	<p>The more empathetic residential care staff can be when engaging with children and young people, the more the child or young person will feel understood and as though the staff member "gets them". Empathy also involves identifying the emotional expressions of children and young people, as well as trying to understand the emotions that are driving their behaviour. Refer to the <a href="#">Iceberg Model fact sheet - 'I Wonder' Statements</a> for further information.</p>
Persevere	<p>Support the child or young person to develop a sense of safety, belonging and connectedness.</p> <p>Children and young people's previous experiences of relationships with adults in their lives may lead them to develop a belief that relationships are unsafe, unrewarding and not worth investing in. Building and maintaining relationships requires dedicated effort across time to demonstrate to the child or young person that staff are available to them and can be relied upon to meet their needs.</p>
Establish clear boundaries	<p>Central to effective working relationships are appropriate professional boundaries. Professional boundaries include using appropriate language and behaviour with children and young people and other staff.</p>
Demonstrate deep listening	<p>Listening and responding with respect to children and young people helps them to develop a sense of dignity, value and self-worth. It is important to acknowledge the child or young person's perspective without judgement and accept this as their lived experience.</p>
Support democracy, including participation in decision making	<p>There are many benefits of children and young people being empowered to participate in decision making including increasing their self-esteem and sense of agency (see <a href="#">Supporting the participation of children and young people in decision making Practice Paper</a>).</p>
Focus on strengths	<p>Recognise and highlight the strengths of each child and young person and identify their potential. Celebrate the child or young person's successes and achievements with them by convening a <a href="#">Green Flag meeting</a>. Refer to the 'Strengths based Practice' section and the <a href="#">Strengths based practice Practice Paper</a> for more information.</p>
Understand the impact of trauma - 'What's happened to you?'	<p>Trauma can cause significant developmental harm and adversely impact the developing brain. Creating safety and stability in the care environment and offering positive experiences and the opportunity to form healthy relationships supports trauma recovery (see <a href="#">Trauma - Practice Paper</a>).</p>
Repair after conflict	<p>Take the time to repair the relationship after every rupture. Repairing the relationship after conflict or disagreement can help to reassure the child</p>



	<p>or young person that the relationship can withstand the rupture and that staff will continue to be available to them. Well-managed conflict can also support social learning, growth and change, a relationship to be strengthened and provide positive role modelling. Residential care staff should seek support and guidance from their supervisor or senior child and youth worker where needed to effectively manage conflict. For further guidance about rupture and repair, refer to <a href="#">Iceberg Model Fact Sheet #1 Building Relationships</a>.</p>
<p>Maximise a sense of safety</p>	<p>Residential care staff must attempt to always maximise a child or young person's sense of safety. This includes physical, psychological, cultural, social and moral safety. Managing your own emotions in a healthy way is pivotal to promoting co-regulation for the child or young person.</p> <p><a href="#">Chill cards</a>, <a href="#">Community meetings</a> and <a href="#">Self-care plans</a> are Sanctuary tools which support emotion management for staff and children and young people. The <a href="#">Sanctuary Model</a> supports residential care staff to create safe and healing environments for children and young people living in residential care.</p>
<p>Engage in Social Responsibility by being an active member of the child or young person's care team</p>	<p>Residential care staff hold critical information about the child or young person and have an essential role in the care team. Through developing and maintaining open communication and effective working relationships with the DCP case worker and other professionals supporting the child or young person, residential care staff can meaningfully contribute to case planning, implementation and review.</p>
<p>Consider developmental needs and tailored approaches</p>	<p>Children and young people who have experienced developmental trauma may need additional support or tools to support the development of their physical, social, cognitive, emotional or language skills.</p> <p>Some older children with disability may benefit from play based approaches or tailored communication strategies.</p>
<p>Use supervision to reflect, build skills and cultural capability</p>	<p>Maintaining relationships requires staff to engage in supervision and reflective practice to identify opportunities for growth, change and social learning and to continually develop and enhance their interpersonal skills. It is helpful for residential care staff to reflect on how they can contribute to improving the relationship, including creating opportunities for relationship strengthening and repair when needed.</p>

Relationship based practice includes effective working relationships with all members of the child or young person's care team (refer to 'Work in partnership with the child or young person's care team' in [Support the placement](#) in the Supporting children and young people in care chapter of the Manual of Practice).

### Relationship based practice with Aboriginal and Torres Strait Islander infants, children and young people

Supporting cultural safety is critical to building relationships with Aboriginal and Torres Strait Islander infants, children or young people. Cultural safety is the positive recognition and celebration of cultures and starts with providing "an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared



knowledge and experience, of learning, living and working together with dignity and truly listening.” (Williams, R. 2008).

Supporting cultural safety may look like:

- asking the child or young person about what makes them feel proud of their Aboriginal or Torres Strait Islander identity and what helps them to feel strong in their culture
- respecting and validating Aboriginal and Torres Strait Islander knowledge and ways of supporting the infant, child or young person, working closely with the Principal Aboriginal Consultant and other culturally significant people listed in the child or young person’s ACIST
- prioritising rostering Aboriginal or Torres Strait Islander staff to care for Aboriginal and Torres Strait Islander infants, children and young people
- prioritising the use of Aboriginal-led services (such as Aboriginal health services) for Aboriginal and Torres Strait Islander infants, children and young people, where possible
- having regular conversations about culture and identity with the child or young person
- supporting a child or young person’s participation and connection with cultural experiences and activities in the house and the community, engaging in conversations and activities with the child or young person about their culture; by reading books, watching films, celebrating artwork or learning language specific to the child or young person’s clan group or Nation.
- providing a safe and inclusive environment free from racism and discrimination.

Positive relationships with the child or young person’s family, including participation of families in decision making (refer to [Family Led Decision Making \(FLDM\)](#)), are an important component in relationship based practice with Aboriginal and Torres Strait Islander infants, children and young people. FLDM demonstrates acknowledgement of Aboriginal and Torres Strait Islander families as the experts in their lives.

FLDM can be supported by finding opportunities within everyday practice to enable the infant, child or young person and their family to be part of decisions of significance to them.



	<p><b>Aboriginal and Torres Strait Islander Child Placement Principle</b>  <b>Active Effort prompt</b></p> <p>Give the child or young person the opportunity to share their views about how they would like to strengthen and maintain cultural connection.</p> <p>Be culturally informed and responsive when developing relationships with children, young people and their families, take the time to learn about and understand the child or young person's culture and connections and consider how to apply the elements of the <a href="#">Aboriginal and Torres Strait Islander Child Placement Principle</a> and <a href="#">FLDM</a> in a residential care context.</p>
	<p>Seek advice from a Principal Aboriginal Consultant about the best way to build relationships with Aboriginal and Torres Strait Islander infants, children, young people and their families.</p> <p>Support and promote Aboriginal and Torres Strait Islander cultural identity and connections in all aspects of the infant, child or young person's life to ensure connection to family/kin, culture, community and Country.</p>

## Relationship based practice with children and young people from culturally and linguistically diverse backgrounds

Cultural safety is determined by the child or young person and residential care staff should be actively seeking the child or young person's views on what makes them feel culturally connected and safe.

Engaging with [DCP Multicultural Services](#) and other cultural experts when caring for children and young people from culturally and linguistically diverse (CALD) backgrounds, will further support connections to culture and culturally safe practice.

Refer to the [Working with diversity Practice Paper](#) and [Identify and respond to the cultural needs of children and young people who are culturally and linguistically diverse \(CALD\)](#) within the Supporting children and young people in care chapter of the Manual of Practice.

Supporting cultural safety may look like:

- asking what cultural safety means to the child to young person
- acknowledging and celebrating culture
- working closely with DCP Multicultural Services and other culturally significant people listed in the child or young person's CALDIST
- having regular conversations about culture and identity
- providing a safe and inclusive environment free from racism and discrimination.

For further information regarding the principles of relationship based practice residential care staff should familiarise themselves with the [Iceberg Model fact sheet – Building Relationships](#) and the [Relationship Based Practice Practice Paper](#).

## Strengths based practice

Strengths based practice in a child protection context recognises and acknowledges:




- children and young people are experts in their own lives
- healing from trauma is possible
- all people have strengths and resources that can support change, even if they are experiencing significant difficulties or are in crisis
- individual abilities, resources, interests and wishes are potential motivators and tools for change.

Strengths based practice is focused on working “with” rather than providing services “to” children and young people. Strengths based practice is collaborative and involves working not just with the child or young person, but also in partnership with their family (as guided by the DCP case worker) and other members of the care team.

Residential care staff are expected to practice the Sanctuary model and utilise Sanctuary tools which support strengths based practice when caring for children and young people. Concerted efforts must be made to recognise and tell children and young people that their strengths are noticed, valued and appreciated. Seeing that those around them understand and appreciate their strengths helps children and young people develop a positive sense of self and promotes healing from trauma. This is particularly important for children and young people who display trauma-based behaviours, which can cause those around them to be focused on the challenges, rather than valuing and celebrating their unique personality, skills and strengths. Reflecting their strengths supports them to start to recognise their own strengths, which is important for children and young people who have experienced harm as they often find it challenging to feel positive about themselves.


Cultural identity and cultural connection are protective factors and should be considered as such. A strong cultural identity maintains meaning and connectedness to family/kin and culture and contributes to an Aboriginal and Torres Strait Islander infant, child or young person’s resilience. Cultural connection is associated with enhanced developmental wellbeing for Aboriginal and Torres Strait Islander infants, children and young people.



**Identity**

### Aboriginal and Torres Strait Islander Child Placement Principle Active Effort prompt

Cultural safety as a DCP Practice Principle recognises the strength of Aboriginal and Torres Strait Islander culture in helping infants, children and young people develop a positive identity, and safeguard their health, wellbeing, self-esteem and development.



**Connection**

Residential care staff should consider how to acknowledge, support and celebrate cultural identity for Aboriginal and Torres Strait Islander infants, children and young people and ways in which community and culture can be connected through activities and experiences, including but not limited to:

- supporting and advocating engagement with Aboriginal specific health services
- playing [cultural games or sports](#)
- advocating and supporting participation in Aboriginal schools, arts or sports programs
- engaging in conversations and activities with the child or young person about their culture; by reading books, watching films, celebrating artwork or learning language specific to the child or young person’s clan group or Nation.



When working with children and young people, residential care staff should proactively:

- identify what the child or young person is doing well (either currently or historically)
- recognise the strengths their culture offers and promote meaningful connections to culture, including connections to family, culture, community and Country
- ask the child or young person what they consider their strengths are
- speak to the child or young person's care team about what they consider the child or young person's strengths to be
- discuss the child or young person's strengths with them on a regular basis
- support activities that build on these strengths and their areas for development
- recognise strengths in the child or young person's network and identify safe and supportive people who can support them and who will acknowledge and encourage them
- work with the child or young person to develop a picture of their future and establish realistic goals
- reflect to the child or young person how they have managed challenging situations in the past
- speak positively to and about children and young people and their family
- promote positive experiences and safe relationships with family and community members
- actively work to repair relationships when there has been disagreement or tension
- celebrate the child or young person's successes and achievements with them (for example, highlight when they used the strategies in their "chill card" or when they have participated "a little more" in a community meeting)
- call a green flag meeting to share and celebrate progress
- share information with the DCP case worker and the care team about the child or young person's strengths.

## Provide a safe and nurturing home

All children and young people living in DCP residential care deserve to live in a safe and nurturing environment that encourages a sense of belonging. Creating an environment that promotes safety and healing and focuses on strengthening resilience and protective factors is fundamental in supporting children and young people who have experienced trauma.

The [Sanctuary Model of therapeutic care](#), which underpins DCP residential care practices, is a trauma-responsive and evidence based model that promotes safety and recovery from adversity. Sanctuary is a whole of culture approach and is based on the idea that healing from trauma, stress and adversity requires creating an environment that promotes healing. Safety is the common element for both the staff, and children and young people in residential care.

Children and young people living in residential care often have complex trauma histories. They may have experienced developmental trauma due to earlier childhood experiences and/or multiple placement changes and may have complex needs. To create a safe and nurturing home for children and young people, it is essential for residential care staff to provide trauma-informed and responsive care. Residential care staff should apply their understanding of trauma theory, utilise the [Sanctuary toolkit](#) and adhere to the [eight Sanctuary commitments](#).



The [Trauma lens](#) and [Trauma](#) practice papers, and the [Trauma-informed and responsive care carer resource](#) provides further guidance about providing trauma-informed care.

## Child centred practice

Where possible, residential care staff should include the child or young person in decisions that are being made about themselves and their home environment. Including a child or young person in decision making is critical in creating a safe and nurturing space.

Inclusion of children and young people can help in building and maintaining positive relationships, and have a significant positive impact on the child or young person. For further guidance about building relationships with children and young people, refer to the [Relationship Based Practice Residential Care Practice Paper](#) and the [Iceberg Model Fact Sheet #1 Building Relationships](#).

Careful consideration must be given to a child or young person's individual circumstances when engaging in decision making processes (such as their developmental or chronological age, disability and their ability and willingness to engage). Residential care provides a range of processes to support participation in decision making which can be adapted to support the individual circumstances for a child or young person, including [wellbeing plans](#), All about me template, Red flag and green flag meetings, house meetings and case plan meetings.

	<h3>Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt</h3>
<p>Identity</p>	<p>Aboriginal and Torres Strait Islander infants, children and young people have the right to know about and connect with their cultural heritage and identity. To support the cultural safety of Aboriginal and Torres Strait Islander infants, children and young people, residential care staff must work together to create an environment that supports connection to and expression of their identity, unique to their Nation and language group. It is important that meaningful cultural representation such as Acknowledgement of Country at meetings, artworks, Aboriginal flags and language are visible and available in houses.</p>
	<p>Aboriginal and Torres Strait Islander infants, children and young people should be given the opportunity to share their views about how they would like to strengthen and maintain cultural connection within the home environment. This starts with the precursor of identification, and where possible ensuring that resources are accessible for children and young people, and that they align with the child or young person's family and language group. The presence of these resources fosters deeper cultural identity.</p>
<p>Connection</p>	

Refer to [Seek the views of the child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice for further information about the benefits of supporting a child or young person to participate in decision making.

## Personalise the child or young person's space

The child or young person's participation in setting up their personal space, including bedroom and shared spaces, is essential in welcoming a child or young person to a safe and nurturing home. The child or young person's key worker or a delegated residential care staff member should always include the child or young



person's views and should encourage the child or young person to actively participate in setting up their bedroom space.

Residential care staff, and where possible the child or young person's key worker, should consult with the residential care senior child and youth worker and the child or young person's DCP case worker when setting up the child or young person's bedroom.

The design of the child or young person's personal space should take into consideration:

- the child or young person's requests, tastes and preferences
- connections such as photos, furnishings that the child or young person may have brought with them or have been sourced
- how cultural safety can be created through the inclusion of items of cultural significance.

Children and young people should always have access to their own personal items such as towels and bedroom furnishings.

The [My Place Residential Care program](#) is a therapeutically driven initiative that empowers and centralises children and young people's participation in enriching and personalising home environments within residential care. The MyPlace project works in partnership with Sanctuary and consults with the Aboriginal sanctuary practitioners and residential care Principal Aboriginal Consultant (PAC) around supporting culturally safe and responsive environments for Aboriginal and Torres Strait Islander infants, children and young people.

To make a referral to the MyPlace project residential care staff should discuss the proposed referral with the residential care senior child and youth worker in the first instance. The referral should be recorded in the Referrals tab in C3MS. For further guidance, refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#).

## Build relationships and trust

Positive outcomes for children and young people who live in residential care are best achieved when staff, including residential care staff, build genuine, respectful and supportive relationships with the children and young people they care for. Building trust and respect is essential and can help children and young people to feel safe and secure and support them to heal and learn that adults can be trustworthy and reliable.

Residential care staff should refer to the Relationship and strengths based practice section in the [Create a safe and nurturing home in residential care key step](#) in the Residential care Manual of Practice chapter and the [Iceberg Model Fact Sheet #1 Building Relationships](#) which provide critical guidance for building relationships, trust and respect when providing care.

## The importance of routines, house expectations and boundaries

### Routines

Routines assist in providing consistency, predictability and a sense of safety for children and young people in care. An organised and predictable home environment helps children and young people feel safe and secure, including children and young people with disabilities or other additional needs. Routines can also help children and young people to develop new skills.

It is important to take into consideration the child or young person's cultural heritage or religious beliefs when establishing routines, boundaries and house expectations as some cultures or religions may involve



differing practices. It is recommended that residential care staff consult with a Principal Aboriginal Consultant (PAC) or the [Multicultural Services team](#) where further support or guidance is required.

Children and young people in residential care may not have had a lot of consistency or routine in their previous care environments. When children and young people have no routines, they may feel unsafe and/or chaotic, which can place them in a constant state of anxiety and can cause a child or young person to develop maladaptive behaviours to protect themselves. These behaviours may have kept them safe in their previous care environment, in the absence of routine and predictability. Establishing safe and predictable routines can support children and young people to feel comfortable and reduce their level of anxiety.

While routines need to be consistent, they should not be rigid, punitive or restrictive. Residential care staff should consider the importance for children and young people to not miss activities, cultural events or obligations, outings or positive opportunities because it may cause a temporary disruption to a routine, refer to [Changes to routines and consistency](#) in the DCP Residential care chapter of the Manual of Practice.

### **Establish helpful routines**

Routines need to be consistent and predictable to be effective. It is important that all residential care staff who work at the house agree upon and follow the routines. Children and young people living in the same house may have different routines, such as different bed times depending on their age. It is essential that residential care staff include children and young people in decision making regarding routines to ensure they clearly understand what the routines are and why they are needed.

House routines should be clearly written and accessible for residential care staff, and children and young people. If there is a specific routine for a particular child or young person, it can help them to have a poster or chart in their bedroom that has been developed specific to their needs. This can be particularly helpful for young children and for some children with disabilities who respond better to visual cues. Ongoing communication about specific routines including any changes or developments should be routinely discussed in house meetings and copies should be accessible for staff to ensure all staff are providing a consistent and predictable approach.

Routines are established mainly by repetition and encouragement and children and young people tend to learn by example. Residential care staff can help children and young people to learn routines by modelling the activity or routine, such as having shared meal times and eating with children and young people, or doing general cleaning and tidying in the house at the same time children and young people clean their bedrooms.

Children and young people who have never experienced a consistent routine before may find it challenging to adapt to house routines, and may take some time to adjust. Residential care staff should be mindful of the different experiences children and young people have had before they came into residential care. It is important to exercise patience and persistence in establishing house routines.

The following are examples of activities for which healthy routines can be established for young people in residential care:

- bed times
- brushing teeth
- cleaning and tidying
- showering/bathing
- getting ready for school



- doing homework
- engaging in games and fun activities
- meal and snack times
- celebrating achievements or special occasions and enjoying treats
- outings.

For further guidance about the role of routines in safeguarding children and young people, refer to the 'Safeguarding children and young people' section in this key step.

### **Changes to routines and consistency**

Residential care staff play an important role in supporting children and young people when changes may occur in their routines. Staff can help children and young people work through changes, and support them to build adaptive skills and coping mechanisms that may help them in other situations where change can and will occur throughout their lives.

Children and young people who have a history of trauma or have a disability can struggle with change. It is important that any changes have a clear and simple transition process.

Residential care staff need to consider how a child or young person will react to routines that may change and should aim to provide individualised support and coping strategies for each child and young person who may be affected by any potential change. Some routines can be very important, for example having family visits occur at the same time. If there is a change to this routine, residential care staff may need to do some careful planning around how to support the child or young person.

Residential care staff should familiarise themselves with the [Iceberg Model Fact Sheet #16 Change](#), which provides information about change and considerations needed for children and young people who have experienced trauma.

Residential care staff should discuss any concerns they may have with the residential care senior child and youth worker and the child or young person's DCP case worker.

For Aboriginal and Torres Strait Islander infants, children and young people it may be useful to involve the Aboriginal Sanctuary Practitioner or a Principal Aboriginal Consultant (PAC) to support with culturally safe and appropriate routines, while supporting the implementation of Sanctuary tools and practices. It is important for staff to understand a child or young person's individual cultural experiences, individual Aboriginal parenting experiences and their understanding of time management (running on 'Nunga time') to ensure correct supports are placed around the child or young person to enable positive and culturally safe transitions and changes.

### **House expectations and boundary settings**

House expectations create structure and can help to provide a safe and respectful environment for residential care staff, community, and children and young people. When establishing house norms and expectations safety is key and physical, social, psychological, moral and cultural safety should always be considered when establishing house norms and expectations.

Residential care staff should include children and young people in establishing house expectations and norms and ensure they have a clear understanding of the purpose of any house expectations and norms. This can give them a sense of ownership and make them more likely to respect these norms and encourage others to adhere to them. It is important that residential care staff are consistent with routines, boundaries



and house expectations, and are equally committed to supporting children and young people to uphold them.

Providing fair and consistent boundaries supports children and young people to develop positive behaviours and helps them to understand what behaviour is appropriate. The Residential care team should establish clear boundaries and ensure children and young people understand the reasons why these boundaries are in place.

Children and young people may try to challenge boundaries and staff to see how a residential care staff member will respond and react in different situations. It is important for all residential care staff to be consistent and predictable in their approach to boundary settings, as this will help children and young people to feel safe and secure.

If a child or young person challenges a boundary, residential care staff, where appropriate, should remind them of what the boundary is, and what the response will need to be if they continue. This will give the child or young person an opportunity to practice regulating their own behaviours in a supportive environment, where they are developmentally capable of doing so. If the behaviours continue and intervention is needed, residential care staff should respond respectfully, appropriately, and where needed utilise CPI Safety Intervention skills. An inconsistent or unpredictable response could affect the child or young person's sense of safety and could negatively affect their trust of staff.

For further guidance about setting boundaries to support safeguarding, refer to the 'Safeguarding children and young people' section in this key step.

## Office spaces

DCP Residential care aims to provide trauma informed care for children and young people. One of the ways this is achieved is by residential care staff prioritising safe and consistent engagement, and staff spending as much time as possible with children and young people to create relational safety.

Residential care staff should utilise effective time management skills to manage administrative tasks while maintaining a child focus to reduce the need for children and young people to seek out staff in the office space.

There may be times when children and young people need to be in the office space for various reasons. When this occurs, residential care staff should look for an alternative location for the interaction. However, if an alternative location cannot be identified, they must ensure that the office space is secure (including but not limited to personal items or petty cash) and that information privacy is maintained.

## Consider pets

The decision about whether a pet is appropriate in a particular house is a decision for each location, taking into account the potential benefits and challenges. Decisions about pets should be made on a case by case basis in consultation with the child or young person's DCP case worker and residential care team and taking into account the child or young person's individual needs. The type of pet, house dynamics and impacts to other residents and staff should also be considered during the planning process. Any decision regarding pets in residential care needs to be supported by the residential care supervisor and approved by the residential care manager.

Consideration should be given to:

- completing a risk assessment for each separate pet (for example, considering the care needs and the temperament of the pet)



- the behaviours of the children and young people in the house
- pets being a registered therapy animal
- insurance (pet and liability)
- possible future placement restrictions
- cultural considerations, noting that some cultures deem it inappropriate to own certain animals (for example, people of Muslim faith may believe that it is inappropriate to keep a dog as an indoor pet).

It is useful to consider other options that may provide children and young people with animal/pet interactions which can also help them to develop social responsibility. These may include:

- connection with RSPCA or other animal charity or animal rescue organisation that may offer interactions or volunteering opportunities
- pet visiting schemes
- engaging with animal farms, zoos or similar for regular visits
- horse riding.

## Manage visitors and support contact

It is important that children and young people living in residential care be supported to maintain and build connections with significant people in their lives. Connecting to family, friends, culture, kin, and community is essential for the health, wellbeing and identity development of children and young people. At times the child or young person may wish to invite a relative or friend to visit them in their home. Maintaining safe relationships with family and friends helps children and young people to engage in activities that support positive outcomes including developing their sense of identity and belonging.

The child or young person's safety should be the paramount consideration. The residential care supervisor should determine the appropriateness of visitors within the residential care house. Consultation with the child or young person's DCP case worker and Principal Aboriginal Consultant (PAC) for Aboriginal and Torres Strait Islander infants, children and young people should occur in situations involving visitors that may affect the safety and wellbeing of a child or young person.

### Adult visitors in residential care

Visitors may attend residential care houses for professional reasons (such as undertaking case work, therapeutic services, mentoring or maintenance), or for personal reasons such as visiting family or friends. All DCP staff that are not based in the house are considered visitors. This includes but is not limited to residential care senior child and youth workers, supervisors, managers and DCP case workers. DCP staff who are based at the house but are not on shift are also considered visitors.

Residential care staff must ensure all adult visitors for a child or young person are approved by the child or young person's DCP case worker and the residential care supervisor prior to any visit occurring. The [DCP After-Hours team](#) can be contacted for any approval request that may be required after-hours. For visitors who are under 18 years and are not an approved contact, residential care staff should refer to the 'Visitors under 18 years of age' section.

Visitors within residential care, regardless of the purpose of visits, should be organised with minimal disruption and impact on the children and young people living in the residential care house. When determining the appropriateness of a visitor within residential care, the safety and best interests of all children and young people should always be considered.



All visitor information must be recorded in the E-log system. Residential care staff must sight the visitor's personal identification and document their role and purpose for the visit.

To ensure the safety and confidentiality of all children and young people living in the house, residential care staff on shift should supervise visits accordingly.

For guidance about formal contact arrangements, refer to [Support the child or young person to develop and maintain family and community connections through contact arrangements](#) in the Supporting children and young people in care chapter of the Manual of Practice.

The residential care Principal Aboriginal Consultant (PAC) can provide cultural advice for Aboriginal and Torres Strait Islander infants, children and young people and the DCP [Multicultural Services Team](#) can provide cultural advice for children and young people from culturally and linguistically diverse (CALD) backgrounds.

### Visitors under 18 years of age

Children and young people under 18 are not required to show photo identification or have their details recorded.

Residential care staff should use professional judgement to determine if it is appropriate to allow a visitor (under the age of 18 years) who is not an approved contact to visit a child or young person. Residential care staff should consider the following:

- knowledge of the visitor; for example, how the visitor knows the child or young person
- whether supporting the visit will promote a safe and positive interaction for the child or young person
- exchanging contact details and engaging with the parents of the visitor to discuss visiting arrangements
- privacy and safety of other children and young people living in the house.

Residential care staff should seek guidance from the residential care senior child and youth worker where needed. The child or young person's DCP case worker should be informed of the visit and all visiting details should be recorded in the [E-log](#) and in the child or young person's case notes in C3MS.

### DCP maintenance contractors

DCP maintenance contractors are required to record their details and purpose of the visit in the maintenance folder. This folder is provided/maintained by the DCP Assets and Facilities team and should be located within the office space for each residential care house.

### Unauthorised visitors

All residential care staff have the authority to refuse an unauthorised visitor entry to a house. If an unauthorised visitor refuses to leave or remains outside the property creating high levels of anxiety and/or a disturbance, the safety of the children, young people and staff must be prioritised. Residential care staff should contact SAPOL on 131 444 for assistance if required. Staff should contact the residential care senior child and youth worker, supervisor or mobile night team for further support if required.

Where an unauthorised visitor is a child or young person from another residential care house, staff should contact staff from that child or young person's house to discuss transportation arrangements for the child or young person to ensure they return to their placement safely.



Residential care staff should record all information in the [E-log](#) (or [Observation Log Book](#) where E-log is not available) as soon as it is safe to do so and update the relevant key people such as DCP case workers and Residential care supervisors.

## Audit of the visitor logbook

Residential care supervisors and managers should conduct regular audits of the E-log to ensure it is being utilised in accordance with this guidance.

## Support children and young people visiting friends' homes

Visiting friends is a normal part of growing up. It can help with the development of important life skills, including providing children and young people with an experience of autonomy in a structured, supportive and supervised environment. Decision making and organising for a child or young person to visit a friend's home should occur in consultation with the child or young person's DCP case worker. To ensure opportunities to partake in such normal childhood activities can be facilitated, decisions should be made in a considered but timely manner.

Residential care staff and the child or young person's DCP case worker should use professional judgment when determining how safe and appropriate it is for the child or young person to visit their friend's house. A discussion should occur with the child or young person's DCP case worker to determine whether residential care staff or the DCP case worker will make contact with the friend's caregivers. Where residential care staff make contact with the friend's caregivers to organise a visit, they should seek confirmation from the child or young person's DCP case worker that they endorse for residential care staff to organise visits.

If the child or young person's DCP case worker has approved for residential care staff to organise for them to visit a friend's home, residential care staff should consider whether the child or young person has the necessary skills to manage the visit and then ascertain the friend's caregivers' address and contact details. When contacting the friend's caregivers, the residential care staff member should:

- introduce themselves
- exchange contact details with the friend's caregivers
- organise the visit details, including time, location, and details of how the children or young people will be supervised
- gather relevant information about how the child or young person knows the friend
- make and agree on a plan for how the child or young person can contact residential care staff during the visit, if needed.

Residential care staff should record all information about the visit in the [E-log](#) (or [Observation Log Book](#) where E-log is not available) and under the 'Notes and documents' tab in C3MS.

## Transport children and young people

### Safe transport in DCP Residential Care

This Safe transport in DCP Residential Care form is used to assist in creating conditions for the safe transportation of children and young people in DCP Residential Care and applies to all residential care staff undertaking transport. The term 'residential care staff' is inclusive of DCP Residential Care staff and agency staff contracted by the department to work in DCP Residential Care houses.

The [Safe transport in DCP Residential Care form](#) is to be initiated by the DCP Residential Care supervisor and completed in partnership with case management and relevant care team members prior to the placement commencing, whether this is a new entry or an internal transition. It is strongly recommended that the [Safe](#)



[transport in DCP Residential Care form](#) be completed prior to providing initial transport to a child or young person.

The [Safe transport in DCP Residential Care form](#) consists of two parts, Part 1: Safe transport assessment and Part 2: Safe transport plan, which is to be completed if safety concerns have been identified in Part 1. If no safety concerns are identified, and only Part 1 is completed, then the form is to be reviewed annually or sooner if there is a change in circumstances, for example, a placement move or a new/change in behaviour. The DCP Residential Care Supervisor is responsible for initiating the review.

Where safety concerns are identified in Part 1, Part 2 will need to be completed. Part 2 is to be developed in consultation with the child or young person's care team, with input from Therapeutic Residential Care, Work Health and Safety, Specialist Services Team and any other relevant stakeholders. Parts 1 and 2 will need to be reviewed no later than 30 days from commencement or sooner if there is a change in circumstances. The DCP Residential Care supervisor is responsible for initiating the review.

The completed [Safe transport in DCP Residential Care form](#) is to be documented in a C3MS case note with the category 'Transportation' and the subject 'Safe transport in DCP Residential Care [Date of initiation or date of review]', documented in the young person's Wellbeing Plan, and available and known to the care team and other services providing transport to the child or young person. These actions are to be undertaken by the DCP Residential Care Supervisor.

## Coordinate and provide transport

Coordinating transport involves determining who will provide transport, ensuring the person(s) providing transport is an appropriate adult (as defined under the 'Determine who should provide transport' section) and has the necessary information to provide transport and manage any issues that may arise. Providing transport involves driving or physically accompanying the child or young person to a destination. The person coordinating transport may also be responsible for providing transport. If a Fleet vehicle is being used, the driver must also be approved to use the vehicle as outlined in the [Fleet \(Motor Vehicle\) Management Procedure](#).

The coordination and provision of transport for children and young people should occur in consultation with the residential care senior child and youth worker or supervisor. In the event that the child or young person is unable to be safely transported, seek further guidance from the residential care senior child and youth worker or supervisor.

## Consider the child or young person's transport needs

The following guidance applies to children and young people in DCP residential care. For children and young people who are not in DCP residential care, please refer to the 'Use a government vehicle to transport a child or young person who is not in care' section.

Prior to transport, ensure any safety issues or additional needs or safety issues are taken into consideration. Any information about the child or young person and their current presentation should be included in this consideration, where appropriate (for example, if this is following a hospital discharge, ensure enough handover information is provided relating to the child or young person's condition and readiness for discharge).

In emergency situations, a detailed consideration may not be practical and professional judgement should be applied to ensure that adequate information is elicited and considered without creating unnecessary delay for the child or young person that would compromise safety or increase risk of harm.

Where coordinating multiple transports over a period of time (such as taking the child or young person to and from school), planning the transports should occur with the information provided at that time.



As part of the case planning process the DCP case worker should have considered the child or young person's ongoing transport needs. The information in the case plan (under 'Placement') should be taken into consideration when planning transport. For children and young people who do not have a completed case plan, consider the needs of the child or young person in relation to transport as outlined under 'Placement' in the 'Assess progress and develop actions to meet the child or young person's care and support needs' section in [Develop the case plan](#) in the Manual of Practice when planning transport.

Any other plans which may include information relevant to transport should also be taken into consideration (for example, use of restrictive practices if required).

When coordinating transport the following factors along with reviewing any alerts in C3MS should be considered.

#### Factors to consider:

- knowledge of the safety and any risks associated with the place the child or young person is being collected from and transported to
- anticipated time of arrival at the destination and who will meet the child or young person at the destination
- distance to be travelled. Where long distance travel is required, consider the impact of this travel on the needs of the child or young person. Consideration should also be given to the need for meal allowances or overnight accommodation, where relevant
- the child or young person's views, including willingness or otherwise to be transported and/or returned to the location and care arrangement
- staff availability, the length of time workers have been on shift prior to being requested to transport children or young people and whether the length of driving time required is within safe driving distances
- the time of day and any additional risks associated with transport at night
- whether more than one person is required to provide transport to ensure either the safety of the child or young person or the safety of person providing transport. This could include situations where the child or young person to be transported has previously alleged harm by a carer or DCP staff member.

### Consider cultural safety needs

Assessing the child or young person's needs must include consideration of the cultural impact of any transport arrangements. Cultural practices can vary within communities and consideration must always be given to the individual child or young person's circumstances.

The [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#) should be referred to when considering cultural safety for Aboriginal and Torres Strait Islander infants, children and young people. For culturally significant journeys that children and young people might find emotionally distressing, the use of a support person to accompany the child or young person should be considered to ensure their cultural safety needs are met. The use of a support person should also be considered for children and young people from culturally and linguistically diverse backgrounds.

Aboriginal and Torres Strait Islander infants, children and young people who come from rural and remote Aboriginal and Torres Strait Islander communities are also particularly vulnerable in unfamiliar environments. Their level of social understanding should be taken into consideration if they are being transported to a metropolitan or city environment. Where transport is being provided by someone who is inexperienced in responding to these additional cultural needs, it is recommended that consultation with a



Principal Aboriginal Consultant (PAC) or Aboriginal Practice Directorate occur prior to providing transport. Consideration should be given to using an Aboriginal practitioner to provide transport for Aboriginal and Torres Strait Islander infants, children and young people.

Cultural safety needs for children and young people of diverse cultural and language backgrounds should also be considered, and [DCP Multicultural Services](#) can be contacted for advice if needed.

Cultural safety should be taken into consideration whenever possible. In the event that the child or young person's transport cannot be delayed and it is not possible to meet all cultural requirements, it should not prevent the child or young person from being transported. However, consideration should be given to any additional support the child or young person may need following the transport and to identifying strategies to promote cultural safety in future transports.

#### Factors to consider:

- gender, particularly if the person(s) providing transport is of a different gender to the child or young person or they are being transported in a group with people of another gender. For example:
- it is not culturally appropriate for Aboriginal and Torres Strait Islander infants, children and young people from traditional communities to be transported by the opposite gender on their own once they reach a certain age
- Islamic law and custom requires the separation of men and boys from women and girls in social settings, particularly from adolescence and beyond
- attention to the dress requirements of the person(s) providing transport, if feasible
- diverse attitudes and interpretations of personal space, hand/facial gestures, voice intonation and eye contact
- dietary requirements (if needed).

### Determine who should provide transport

Providing transport involves driving or physically accompanying the child or young person during travel. The following appropriate adults can be used to provide transport (noting that if a Fleet vehicle is being used the driver must also be approved to use the vehicle as outlined in the [Fleet \(Motor Vehicle\) Management Procedure](#)):

- residential care staff, including agency staff working in DCP residential care
- approved adult family members
- DCP volunteer or mentor (for planned transports only)
- DCP staff member (other than residential care staff)
- DCP contracted service provider personnel with a current Working with Children Check (for example, reunification service)
- any other adult with an existing relationship with the child or young person who has been approved by a DCP case management supervisor to provide transport. A current Working with Children Check and C3MS check are required as a minimum.

Consultation should occur with the residential care senior child and youth worker or supervisor if residential care staff, including agency staff working in DCP residential care are required provide transport to ensure that there is capacity.



For young people 13 years and over, use of an accredited taxi without being accompanied by an appropriate adult can be considered, refer to the 'Transport a child or young person by taxi or chauffeured vehicle' section.

Children and young people with disabilities may have access to additional transport options such as those available through the National Disability Insurance Scheme (NDIS) and the Department for Education. Consult with a DCP disability consultant regarding those options if required.

Children and young people with disabilities are particularly vulnerable to harm and staff should familiarise themselves with the [Working with children and young people with disability Practice Paper](#) and the Key Step: [Identify and respond to the child or young person's disability needs](#) in the Manual of Practice. Extra care should be taken to ensure that all transport providers have current Working with Children Checks. Consideration should always be given to whether the child or young person should also be accompanied by an appropriate adult (as outlined above).

### Transport a child or young person by taxi or chauffeured vehicle

Taxis or chauffeured vehicles must NOT be used with children aged 12 and under unless they are being accompanied by an appropriate adult (as defined under the 'Determine who should provide transport' section). This also applies to children and young people aged 13 years and over, where their emotional state, developmental age, disability, and/or cultural requirements indicate that it would be inappropriate for them to travel alone. In the event that a child or young person who should be accompanied is required to travel alone, approval should be obtained from the DCP case management supervisor prior to transport and this should be clearly recorded in C3MS.

Once a child or young person is 13 years or older, accredited taxi transport may be used without accompaniment in certain circumstances, following consideration of the individual child or young person's needs and safety requirements.

If residential care staff are required to coordinate unaccompanied transport by taxi for a child or young person they are unfamiliar with they should as a minimum check any transport requirements in the child or young person's case plan and any alerts in C3MS. If the child or young person does not have a case plan, the residential care staff must consult with the residential care supervisor prior to arranging the transport.

If a child or young person is being transported by taxi, DCP staff must refer to [Road rules: Seatbelts and restraints for further guidance in relation to child car restraint requirements](#).

Consideration should be given to using alternative resources such as the residential care mobile night team to provide transport prior to considering use of a taxi.

Legal requirements for [child car restraints](#) when using taxis or ride share vehicles must be followed.

Any regular or high-value use of taxis must adhere to the relevant [procurement rules](#).

### Plan for transport

All necessary information to allow safe transport and ensure care needs are met should be provided to the person/s providing transport to the child and young person and the person/s receiving the child or young person at the destination. This may involve sharing the case plan or a discussion.

If there are plans for the handover of the child or young person at their destination, plans for transport should include the following details:



- arrangements for appropriate supervision of the child or young person
- who will be receiving the child or young person at their destination
- the safety and appropriateness of the location of the handover
- how handover will be managed in a way that supports the child or young person's psychological safety and wellbeing.

The person receiving the child or young person at their destination should be clearly identified, where relevant.

Determining the most appropriate way to provide all relevant information to everyone involved in transporting a child or young person should occur in consultation with the DCP case worker, residential care senior child and youth worker, supervisor or residential care mobile night team.

If the transport is considered to pose a high risk to the emotional or physical wellbeing of the child or young person, a plan must be developed with the care team, identifying the risks and strategies to manage and mitigate risk. This should be documented in a C3MS case note with the category 'Transportation' and the subject 'High-risk transport plan [Date of travel]'. A copy of this information must be available for all relevant staff and appropriate adults providing transport. The person coordinating transport must communicate this information directly to the person providing transport.

In cases of extreme weather conditions, a decision to reschedule or cancel a transport should be made based on an assessment of factors including but not limited to:

- the age of the child or young person
- the distance to be travelled, including if travel is required in areas where a Total Fire Ban has been declared or where a warning has been issued;
- the mode of transportation being used (for example, if it is climate controlled); and
- the reason why the child or young person is being transported and how critical it is (for example, transport to contact where reunification is imminent).

## Consider the views of the child or young person

Whenever possible the child or young person's views about the proposed transport arrangements, in line with their developmental age and ability to formulate such views should be taken into consideration when determining the transport plan, including any reluctance by the child or young person to attend or be returned to the destination.

Unless it is considered inappropriate due to the child or young person's age or level of cognitive understanding, the child or young person should be informed about the transport arrangements once they are confirmed and how their preferences have been taken into consideration.

## Prepare the vehicle for transport

Residential care staff must abide by the [road rules](#), including requirement for [child car restraints](#) and the vehicle to be roadworthy. Children and young people with disabilities may require specialist equipment for transport and this information should be included in their case plan. Residential care staff must comply with the [Safe Work Practices \(SWP\): Transferring children in and out of vehicles](#), [Safe Work Practices \(SWP\): Safety with vehicles](#) and the [Fleet \(Motor Vehicle\) Management Procedure](#) if using a Government fleet vehicle.

Additional considerations:



- install child car restraints according to manufacturer's instructions and adjust them to fit the child or young person snugly with no slack or twists. Children should not be wrapped in blankets or other swaddling before putting them in the child car restraint
- become familiar with operation of the child locks on the vehicle
- check the vehicle to ensure there are no loose objects which could cause injury
- ensure children or young people enter the vehicle from the kerb side seat for safer entry and exit
- if possible, ensure the vehicle is filled with the appropriate fuel prior to transporting children and young people. If absolutely necessary, ensure children and young people remain in the vehicle whilst filling it with fuel and take children and young people with you whilst making payment, if there is no appropriate other adult in the car to supervise
- ensure that children or young people do not have access to an open vehicle in the event that they get into the car and become locked inside or are able to start the vehicle. Additional care should be taken when using a keyless vehicle
- supervise children and young people carefully when close to traffic or driveways.

## Respond to issues during transport

If a child or young person is behaving in a way that endangers their own safety and/or the safety of others during transport (including removing their own seat belt or child restraint), residential care staff must:

- if driving, pull to the side of the road as soon as it is safe to do so, switch off the car, remove the keys from the ignition/key fob from the vehicle (if keyless start) and keep them secure
- attempt to calm the child or young person and resolve the situation. Draw upon their knowledge of the child or young person and their skills in relation to deescalating situations. Consult as necessary.

If the situation has not been resolved the following may be considered:

- allow the child or young person time to calm down. It is not appropriate to leave a child under the age of four years old alone in a vehicle and older children or young people must be supervised at all times, ensuring that the keys/key fob are not left in the vehicle and that the child or young person cannot start the engine of the car or lock themselves in the car. Residential care staff should consider and monitor the temperature within the vehicle when deciding whether it is appropriate to leave a child or young person inside. Residential care staff should be cautious leaving a child or young person alone in a keyless vehicle as they may still be able to start the vehicle
- walk to the destination with the child or young person if possible
- consult with the residential care senior child and youth worker, supervisor or mobile night team if additional support is required.

Residential care staff should consider whether the situation needs to be managed in accordance with the [Significant incident reporting Procedure](#) and/or the [Residential Care: Incident management Procedure](#).

If the child or young person's behaviour is dangerous (for example, there is a risk of physical assault) and/or there is risk of a crime being committed, contact South Australia Police (SAPOL) on 131 444 for assistance.

If the child or young person leaves the vicinity of the staff providing transport, reasonable efforts should be immediately made to locate them, ensure their safety and if possible, resume transportation. If the child or young person cannot be located, consider whether the child or young person should be reported missing to SAPOL as outlined in the [Residential care: Missing or absent from placement Procedure](#) and in accordance with the child or young person's wellbeing plan. Consultation with the residential care senior child and youth worker, supervisor or mobile night team should occur for further direction as needed.



Residential care staff should continue to attempt to resolve any issues and resume transport of the child or young person unless doing so would pose a risk to either their safety or the safety of the child or young person. If the staff member is unable to continue providing transport, they must contact the residential care senior child and youth worker, supervisor or mobile night team. Consideration should only be given to the child or young person travelling unaccompanied to their destination if this is considered appropriate based on the child or young person's ability to travel independently and their current presentation. If the attempt to transport the child or young person is abandoned, residential care staff must contact the child or young person as soon as possible afterwards to check on their wellbeing.

SAPOL will provide DCP with assistance in transporting children and young people in exceptional circumstances, where DCP are unable to facilitate transport. This will be determined on a case by case basis. For Aboriginal and Torres Strait Islander infants, children and young people, consultation with a PAC is recommended before consideration is given for SAPOL to provide transport, due to the potential trauma for Aboriginal and Torres Strait Islander infants, children and young people in relation to police involvement. If transport is required after hours or in an emergency and this is not possible, consultation should take place as soon as possible afterwards to consider any follow up support that is required.

The child or young person's care team should be informed of any issues that arise during transport or significant changes to transport arrangements. This should be recorded in the E-log and/or Observation log. If there are any significant issues during transport, residential care staff should ensure that all relevant information is recorded in C3MS as a case note with the category 'Transportation'. Consideration should also be given to raising an alert in C3MS.

If the incident involves damage to a Fleet vehicle, the [Fleet \(Motor Vehicle\) Management Procedure](#) should be referred to for further guidance.

### Use a government vehicle for transport

The [Fleet \(Motor Vehicle\) Management Procedure](#) provides guidance for all DCP staff who access and use Fleet government vehicles for work related purposes.

Residential care staff are required to record travel details in the provided vehicle logbook, the vehicle logbook should be located with the vehicle. Further guidance about how to record details are in the front cover of the vehicle logbook and in the [Residential Care: Motor vehicle log sheet example](#).

When using Fleet vehicles, ensure the vehicle log book is completed accurately using the below codes:

Code	Definition
PV	Property Visit
CV	Client Visit
AD	Admin duties – post office, banking, shopping for house
BM	Business meeting (for example, case conference)
NB	Non-business use
TR	Business training



The residential care supervisor is responsible for ensuring the house vehicle is kept clean and tidy and that all safety measures are in place. The residential care supervisor should ensure a monthly visual inspection is completed regularly and that the [Worksite safety inspection vehicle checklist](#) is completed at least six monthly at a minimum in line with the legislative requirement of the [Work Health and Safety Act 2012 \(SA\)](#) and [Work Health and Safety Regulations 2012 \(SA\)](#).

### Use a government vehicle to transport a child or young person who is not in care

Residential care staff should consider any risks involved with transporting a child or young person who is not in DCP residential care (for example, siblings or friends) prior to agreeing to provide transport. This should include any risks to the child or young person, residential care staff and any children and young people in DCP residential care who will also be included in the transport. If residential care staff determine that it is safe to transport a child or young person who is not in DCP residential care, they should speak with the child or young person's parent or guardian to seek permission and to confirm whether they have any additional needs during transport.

Residential care staff should seek approval from a DCP residential care supervisor or residential care mobile night team prior to transport. If it is not possible or practical to get permission from the child or young person's parent or guardian, the DCP residential care supervisor must be made aware of this when seeking approval. The DCP case worker of the child or young person who is in DCP residential care should also be advised that the child or young person from residential care is being transported with the child or young person who is not in care.

A record should be made in E-Log regarding permission being sought and given (for example, date and time of telephone call). If an email has been used to confirm with a parent or guardian, this should be printed and held in the related child or young person's file. In cases where permission from the parent or guardian was not possible or practical (such as in situations where the child or young person's safety is at risk if left alone), the [Fleet \(Motor Vehicle\) Management Procedure](#) contains details of approval requirements when transporting anyone other than children and young people that are in care in Fleet vehicles.

### Support a young person to learn to drive

Young people in residential care should be supported to obtain their driver's licence when they are ready to do so. It is recommended that residential care staff liaise with the young person's DCP case worker to discuss how best to support the young person to obtain their driver's licence, including the process for learning to drive. Refer to [Support the young person to obtain their driver's licence](#) in the Supporting children and young people in care chapter of the Manual of Practice and the [Mylicence website](#) for further guidance, including requirements for supervising drivers.

The [Financial responsibilities for children and young people in a DCP provided residential care placement](#) provides guidance about who is responsible to pay for specific expenditure for a child or young person who is living in DCP residential care.

Section 75A(10) of the *Motor Vehicles Act 1959* prohibits the holder of a learner's permit from driving a motor vehicle when having any concentration of alcohol in their blood or any prescribed drug in their oral fluid or blood.

While a penalty would be imposed upon the young person rather than the supervising staff member, staff should take into consideration other potential risks that might arise if the young person tests positive for alcohol or other drugs, including:

- serious harm to the young person and limited access to adequate insurance



- serious harm to other road users (including the DCP staff member) and potential a serious criminal charges
- vehicle insurance may be adversely affected
- civil proceedings pursued by the young person against DCP (but not an individual staff member) for an injury, noting that DCP staff owe a duty of care to prevent foreseeable harm.

## Communication devices

### House mobile telephones

Supporting children and young people to access house mobile telephones should be assessed on an individual basis.

When assessing whether the child or young person requires access to a house mobile telephone, the residential care staff member should consider:

- family contact arrangements where it is stipulated that telephone contact is to occur between the child or young person and family members or significant others
- whether or not the child or young person has access to their own telephone
- any potential risks that may arise because of sensitive information stored on the house telephones.

Where it is assessed that there are risks associated with the child or young person accessing a house telephone that cannot be mitigated, residential care staff should consider and advocate for another more suitable option in consultation with the child or young person's DCP case worker.

### Provide a young person with a mobile telephone or other communication device

Having a mobile telephone or other communication device can provide positive opportunities to form positive connections and ensure timely communication for children and young people. It can help to keep them safe and stay in touch with their friends and family (where appropriate), their DCP case worker and residential care staff.

Obtaining a new communication device for a child or young person should occur in collaboration with the residential care senior child and youth worker, the child or young person's DCP case worker and the child or young person. A plan should be developed which identifies how the child or young person will be supported to use the device safely and responsibly, when and how telephone/internet credit will be provided, and how to respond if the plan is not being followed.

Children and young people should use pre-paid telephone/internet credit if possible.

When purchasing a device for a child or young person, it is important to consider what key features would be important to the child or young person (such as the colour, brand, and functions) as well as considering a suitable budget.

The CREATE foundation, in partnership with young people with in care lived experience, has developed a free mobile application, SORTLI. The application helps young people who are transitioning to independence and focuses on key areas including; identity, relationships, finding a place to live, staying healthy, managing money, education and employment.

Residential care staff should encourage and support a young person to download the application, which can be used independently by the young person or with assistance from staff as part of their transition to adulthood.



The [SORTLI information kit](#) and [CREATE Foundation](#) provides information about the SORTLI app.

## Setting up a mobile telephone or other communication device

When setting up a device for a child or young person:

- important telephone numbers, including the house telephone, should be saved in their contacts list, other important numbers may include:
  - [Kids Helpline](#) 1800 55 1800
  - [Shine SA](#) (Sexual health information line) 8300 5300
  - the child or young person's five safe people to call or speak to if they feel upset, afraid or unsure
- the child or young person's mobile telephone number is stored safely in the house mobile telephone and client profile folder so staff can contact them if needed
- residential care staff should only provide the child or young person's number to people who have been authorised by the DCP case worker or residential care supervisor (noting that close friends or family members may not be authorised)
- parental controls should be installed as appropriate for the maturity of the child or young person
- developers' recommendations for minimum age should be adhered to when installing applications or creating accounts
- the child or young person's developmental age and maturity should be taken into consideration
- children and young people will need to provide staff with passwords/codes to the device they have elected to be Wi-Fi enabled in order to install parental controls. Refer to the Office for [eSafety website](#) for detailed information about how to set parental controls for a wide range of devices.

## Support safe use

Staff should seek to encourage open discussions with children and young people about the importance of using a device safely, including:

- understanding that receiving a sexual message from anyone (sexting), regardless of the sender's age, is not appropriate and that the sender has broken the law (unless both parties are 18 and over and it is consensual)
- reporting sexting or any inappropriate electronic communications to a staff member as soon as possible
- the legal consequences of sending or forwarding inappropriate material to others
- keeping any inappropriate messages they receive on their device as evidence, but to never respond to such messages or forward them onto anyone else
- letting staff know if they have any concerns about people contacting them on their device (including unsolicited telephone calls).

Staff should also assist the child or young person to understand their school or educational program's policy about student use of communication devices and what is expected of them.

If there are concerns about a child or young person's safety, staff should refer to the [E-safety section within the key step, Create a safe and nurturing home in residential care](#) of the residential care MOP chapter and inform the child or young person's DCP case worker and the residential care senior child and youth worker and supervisor.



## Provide pocket money

Children and young people living in residential care who are aged between five and 16 years and are not receiving financial benefits (for example Youth Allowance or Disability Support Pension) are entitled to receive pocket money.

The standard rate of pocket money for each child or young person is determined by age and indexation. The Business Support Team can provide information about the process for distributing pocket money in each residential care area.

### Support children and young people to learn money management skills

The provision of pocket money can create opportunities for staff to support children and young people with understanding the importance of saving, budgeting and managing their money. Residential care staff can access resources to support children and young people to develop financial literacy and other money management skills from [Teaching kids about money](#).

### Issue pocket money

The Business Support Team for each residential care house is responsible for preparing pocket money for all eligible children and young people. The pocket money is placed in an envelope for each child and young person and is provided to the residential care house on a weekly basis. The envelope should include the child or young person's name and the amount it contains. Each envelope should be accompanied by a Pocket money issue record sheet, which identifies the amount of money issued for each child or young person.

Residential care staff should provide the pocket money to children and young people, preferably on the same day each week. When the child or young person is receiving their pocket money, the record sheet should be signed by the child or young person with the support of the residential care staff member as needed. The residential care staff member issuing the pocket money must also sign the record sheet certifying that the pocket money has been provided to the child or young person.

The completed record sheet must be returned to the Business Support Team as part of the normal recouping processes within residential care.

### Savings and record keeping

It is essential to ensure that any pocket money or other money saved by the child or young person is managed and stored securely. It is recommended that if a child or young person wishes to save their pocket money that staff ensure that they maintain clear records of any money held and that the money is stored appropriately. It is recommended that savings be deposited into the child or young person's bank account (where applicable).

It is the responsibility of the DCP case worker to arrange for the child or young person to open a bank account. Residential care staff are encouraged to liaise with the DCP case worker to support this process.

### Important considerations for issuing pocket money

#### Kurlana Tapa Youth Justice Centre

If a child or young person is in custody at Kurlana Tapa Youth Justice Centre, pocket money is provided by the Department of Human Services as per their internal procedures. DCP Residential Care will not provide pocket money while the child or young person is in Kurlana Tapa Youth Justice Centre.



### Young people aged 16 years and above

When a young person turns 16 years of age, they are eligible for payments from the Commonwealth government (such as Youth Allowance or Disability Support Pension). DCP Residential Care does not provide pocket money to young people who receive these payments.

The young person's DCP case worker is responsible for applying for Centrelink payments for the young person. The senior child and youth worker or key worker should contact the DCP case worker prior to the young person turning 16 years old to support this process and identify when the application will be lodged. The [Develop the case plan to support transition from care chapter](#) in the Manual of Practice provides further information about Youth allowance and other Centrelink payments.

### Pocket money cannot be withheld

Children and young people are entitled to their pocket money. Pocket money cannot be used or withheld as part of a consequence for behaviour or as part of a house routine. The child or young person should not be required to perform any tasks to receive this money.

Children and young people who have returned from being missing from placement are entitled to their pocket money.

### Considerations for safety

If a child or young person has been missing/absent and has not collected their pocket money or if there are safety concerns associated with a child or young person spending large sums of money, no more than two weeks' worth of money is to be issued at any one time. Any sum larger than this should only be issued in consultation with the DCP residential care supervisor, senior child and youth worker or nominated residential care staff member.

Children and young people at times may feel they have a social responsibility to give some or all of their finances to their family, and for Aboriginal and Torres Strait Islander infants, children and young people and children and young people from culturally and linguistically diverse backgrounds, this can be further exacerbated due to cultural obligations to support their family. This can cause financial, emotional, relational and cultural stress.

Residential care staff can support a child or young person to strengthen their boundaries whilst also supporting their social responsibility and cultural obligations. Residential care staff should consider using the [S.E.L.F checklist](#) with a child or young person to unpack and identify their feelings. Residential care staff should also lead conversations with the young person by using open communication and having an awareness of their cultural obligations balanced with contributing to their own savings goal.

### Manage transfer of money for children and young people transitioning between placements

When a child or young person transitions out of a residential care house, it is important that all pocket money belonging to the child or young person goes with them. Residential care staff who are supporting the transition of a child or young person into a new placement should provide the new carers or support workers with the total amount of pocket money and information including their bank account details (where applicable) or any other systems or programs that are supporting the child or young person to manage their money. The residential care staff member should ensure all details are recorded in the [E-log](#) and are provided to the child or young person's DCP case worker.

## Provide safety for younger children



Children under five years of age (especially those aged under one to three years old) can be curious and seek independence as they explore the world around them. At the same time, children do not always understand danger and have not developed the skills to understand risks. Children are more likely to be injured in their home or backyard, where they spend the majority of their time, than anywhere else.

Younger children who have experienced trauma and physical, emotional or sexual harm may be impacted across all areas of their development, including gross and fine motor skills, speech and language, and cognitive and social development. The [Child and adolescent development Practice Paper](#) provides further information about the impacts of trauma on child and adolescent development. Each child's individual developmental and physical needs should be considered as part of ensuring their safety within the home environment. For children with a disability or medical condition, additional safety risks may need to be considered. It is important that the child's case plan, wellbeing plan, and medical or disability related care plans are in place and document clear guidance and actions for the care team.

The care team providing consistent language, expectations and role modelling will help children to learn about safety and residential care staff need to communicate and develop a shared understanding of appropriate boundaries and safety for each child.

To ensure a home is equipped with appropriate resources to provide a safe environment for young children, and prior to a young child moving in to a new home, the residential care senior child and youth worker should organise the completion of a [Pre-placement checklist for young children](#). The completed checklist should be uploaded to C3MS via quick notes.

All staff are responsible for the safety of children under their care. Close direct supervision of children is the most effective way of preventing injuries. Residential care staff are encouraged to be aware of potential hazards in the home and identify ways to keep children safe. For further information about child safety, refer to Parenting SA's [Safety for young children](#), the [Raising Children](#) and [Kidsafe SA](#) websites. For specific information about keeping babies safe refer to the Australian Competition and Consumer Commission's [Keeping baby safe](#).

In situations where an incident occurs, residential care staff are required to follow the [Residential Care: Incident management Procedure](#). The [Significant incident reporting Procedure](#) must be followed where an incident is significant.

Residential care staff are encouraged to contact the residential care senior child and youth worker, supervisor or mobile night team if they require further guidance.

[Health Direct 1800 022 222](#) is a government funded service, providing quality, approved health information and advice and is available for consultation 24 hours a day 7 days a week.

## Prevent and respond to falls

Falls are the most common cause of injuries for young children. As young children start moving around more, they are more likely to have falls and bumps, which can sometimes lead to injuries. Broken bones in the arms and legs are the most common type of injury from falls. Falls are also the leading cause of traumatic brain injury in young children.

Residential care staff should follow the [Kidsafe SA Falls factsheet, Safety for our little fellas falls information sheet](#) and the [Parenting SA Keeping children safe easy guide](#) for guidance about preventing falls for children.

To prevent injury, residential care staff should consider the following:



- use a five-point harness in prams/strollers, high chairs and use available straps in shopping trolleys
- do not leave young children unattended on a change table, in a high chair or sitting on a table or kitchen bench, bed, or couch, from which they can fall or roll off
- where possible secure furniture to the wall and prevent young children from climbing on furniture
- do not use tablecloths or other items that can be pulled from the table or high areas
- ensure floor areas are clear of trip obstacles such as loose electrical cords or toys
- ensure all strangulation hazards (such as blind cords) are secured or out of reach and adhere to safety standards.

## Respond to poisoning

Younger children do not always recognise or understand something is dangerous and can put substances in their mouths that may be poisonous or cause them harm. It is essential that all potential poisons in residential care houses are safely stored and not accessible by children.

Residential care staff should follow the [Kidsafe SA poisons prevention information sheet](#), [Safety for our little fellas poisoning information sheet](#) and [Kidsafe SA Poisoning Information resource](#) for guidance about preventing poisoning for children.

Residential care staff should call 000 (emergency services) immediately if it is suspected that a child or young person has ingested a poisonous substance and urgent medical help is required. Follow all directions provided by emergency services and remain with the child or young person until an ambulance arrives.

The [Poisons Information Centre 13 11 26](#) can be contacted for first aid advice. The Poisons Information Centre is available for consultation 24 hours a day 7 days a week.

The [Residential Care: Medication and medical treatment Procedure](#) provides further guidance about responding to poisoning and the safe storage of medications.

## Prevent and respond to drowning

Drowning can occur quickly and quietly without any warning or noise. Drowning can occur anywhere there is water, including baths, pools and beaches. Drowning is one of the leading causes of unintentional death for children aged one to three years old and it can take less than 20 seconds for a young child to drown in as little as three centimetres of water.

To minimise the risk of drowning, residential care staff should undertake the following:

- closely supervise children at all times when near water such as at the beach or in an inflatable pool. For further information, refer to the [Residential Care: Inflatable children's pools Factsheet](#).
- always stay with a young child when they are in the bath and never leave a child unsupervised
- if the staff member who is supervising the child in the bath is called away then the child should be removed from the bath and taken with that staff member if no other staff member is available to supervise
- the child (in the bath) should never be left in the care of an older child
- empty baths, buckets, pools and other containers of water as soon as possible, and keep out of reach of children
- store bath plugs out of reach of children



- ensure anything that may collect water in outside areas is emptied as soon as possible, including after it has rained.

For further information about preventing drowning, residential care staff should refer to the [Kidsafe SA Drowning factsheet and Safety for our little fellas drowning information sheet](#).

The [DCP Safe work practices: Bathing infants and young children factsheet](#) provides further guidance that can prevent drowning when bathing children and young people.

## Prevent and respond to burns and scalds

Severe burn injuries can be life threatening, and even small burns can be dangerous for children.

**Burns** are caused by contact with a hot object or surface such as heaters and hot appliances, contact with open flames, contact with the car exhaust, or a treadmill (friction burn).

**Scalds** are caused by contact with a hot liquid such as hot drinks, water from a kettle, saucepan spillages, microwaved/heated food, hot water bottles, or hot bath water.

For children, most scalds and burns occur as a result of copying adult behaviour. Injuries may be caused by pulling hot drinks down off tables, reaching up to grab saucepan handles or playing with the taps in the bath.

To prevent burns and scalds residential care staff should follow the [Kidsafe SA Burns and Scalds factsheet](#), [Safety for our little fellas burns and scalds information sheet](#) and [checklist](#).

Refer to [DCP Safe work practices: Bathing infants and young children factsheet](#) for further guidance about preventing scalding when bathing children.

If a burn is larger than the size of the child's hand or is on the face, neck or genitals, residential care staff should call an ambulance immediately on 000.

If a burn is the size of a 20-cent piece or larger or the burned skin looks raw or blistered, or if the pain persists or is severe, residential care staff should seek immediate medical help from a doctor, medical centre or hospital.

Residential care supervisors should ensure periodical fire drills, with participation from the children, young people and staff occur for each home and that staff talk to children and young people about what to do in the event of a fire.

## Provide a safe sleeping environment for infants

Residential care staff should refer to the [Safe Infant Sleeping Policy](#), [Kidsafe SA safe infant sleeping](#) page and [Safety for our little fellas safe sleeping information sheet](#) for guidance.

## Prevent and respond to choking, suffocation and strangulation

Choking, suffocation and strangulation are common causes of unintentional (accidental) injury and death in young children.

To prevent choking, suffocation and strangulation of young children, residential care staff should follow the [Kidsafe SA Choking, Suffocation & Strangulation factsheet](#) and [Safety for our little fellas choking and suffocation information sheet](#) for guidance.



Children with a disability or chronic illness such as [cerebral palsy](#), [epilepsy](#), [intellectual disability](#), [asthma](#) or [gastro-oesophageal reflux disease](#) may be at higher risk of choking and residential care staff should be guided by the child or young person's DCP case worker, their case plan and their medical practitioner or professional.

DCP residential care staff should call 000 if a child is choking or suffocating and the residential care staff member is unable to clear their airways. Airways can also become blocked when a child has an [anaphylactic reaction](#), vomits during a [seizure](#) or becomes unconscious.

The [Residential Care: Safe use of rescue knives Procedure](#) provides guidance for residential care staff on how to use a rescue knife in situations where strangulation could occur.

## Vehicle safety for younger children

Children must be supervised at all times when in a vehicle. Leaving a child in a vehicle unattended without supervision may be a criminal offence. Staff must never leave children alone in a vehicle as:

- temperatures inside a vehicle can increase significantly, which can lead to children becoming dehydrated, very ill or dying
- a child's body temperature rises much faster than an adult's does, and leaving the windows down has virtually no effect on cooling the inside temperature of a vehicle
- children can become distressed or may try to struggle free from their seatbelts and become injured
- children can become easily bored and may start exploring the vehicle's knobs and buttons, even if they are restrained.

Residential care staff should:

- ensure that children never have access to an open vehicle in the event that they wander into the vehicle and become locked inside
- supervise children closely and never leave them alone to play in a driveway or an area with access to a driveway, making use of physical barriers such as locked doors and gates to prevent the child from gaining access to driveways
- walk around a vehicle before driving to ensure that children are not close by
- ensure that when reversing a vehicle, children are not near or behind the vehicle. Residential care staff should be aware of blind spots and the size/height of children; they may not be visible in side and rear view mirrors when reversing
- if working alone, place children securely in the vehicle with them before driving
- if possible, ensure vehicles are filled with fuel prior to transporting children
- if it is necessary to refuel the vehicle when there are children in the car, residential care staff should ensure that the children remain in the vehicle whilst refuelling but accompany the residential care staff member when going to make a payment.

In Australia, it is illegal to drive or travel in a vehicle without a properly adjusted and fastened seatbelt for adults and children. The National Guidelines for the Safe Restraint of Children Travelling in Motor Vehicles (2020) are available on the [Kidsafe SA website](#).

Residential care staff should refer to [DCP Safe work practices: Transferring children in and out of vehicles factsheet](#) for further guidance about safely transferring children in and out of vehicles and the 'Transporting children and young people' section for guidance regarding coordinating and transporting children and young people in care.



## General safety considerations for play

Children learn through play and residential care staff can support children's skill development by engaging with them in age appropriate fun activities.

To help children to play and learn in a safe way, staff should:

- always supervise children playing indoors or outdoors
- some children with disabilities such as autism and those who have experienced trauma may try to run away when triggered by something in their environment such as a loud noise - it is important to be mindful of this and ensure outdoor areas are secure
- ensure children are playing with toys and equipment suitable for their age, size and development. Home play equipment should be strong, sturdy and firmly secured with no hard objects or sharp edges onto which a child could fall
- support children to safely use equipment appropriate for their size, skill and ability whilst at playgrounds, parks and home, including appropriate physical support when needed
- ensure children are wearing appropriate safety equipment when riding bikes, skateboards or scooters
- never use baby walkers or 'jolly jumpers' as they carry a risk of severe injury
- when outdoors, ensure children are protected from the elements, including the sun, especially when it is hot. This includes applying sunscreen according to the manufacturer's instructions, ensuring children wear appropriate clothing and having access to drinkable water to avoid dehydration.

## Assess illness and injury

### Assess an illness

Young children are particularly vulnerable when it comes to illness as their condition can quickly deteriorate. Medical attention should be sought immediately if the residential care staff member is concerned about the child's health and wellbeing. If urgent, the residential care staff member should call 000 for an ambulance or transport the child to the emergency department of the nearest hospital. In non-urgent situations, the residential care staff member should make an appointment with the local general practitioner (number should be located in the office) or call a medical locum service if assistance is required after hours.

For further support, contact the residential care senior child and youth worker or supervisor (or mobile night team if assistance is required after-hours).

Young children can find it difficult to articulate their feelings or describe what is wrong with them when they are feeling unwell. Depending on the residential care staff member's relationship with the child, subtle changes in the child's mood, behaviour, activity levels or appetite could be indicators that the child is not well.

The residential care staff member should call 000 for medical attention if any of the following occurs and contact the residential care senior child and youth worker, supervisor or mobile night team if after-hours when an infant or young child:

- vomits green fluid
- appears to be convulsing/seizing (fit)
- has a temperature less than 35°C or more than 38°C. Note that a high fever is potentially more serious in a baby of less than six months than it is in an older child. Fever in a baby always needs medical attention, as it is more likely to indicate a significant and potentially serious infection



- stops breathing for more than 15 seconds (which may indicate a possible apnoeic episode)
- has a lump in the groin area (which may indicate a possible hernia).

### Assess an injury

Children often hurt themselves as they learn and practice new skills. While many injuries are superficial and cause short-term discomfort, others can be more serious. First aid and assessment should occur in accordance with Senior First Aid training.

The residential care staff member should seek medical advice if ever concerned about a child's condition and/or a child:

- has sustained a heavy knock to the head
- loses consciousness
- is inconsolable for longer than usual.

### Safeguarding children and young people

DCP Residential Care is committed to providing safe, nurturing, culturally responsive and trauma informed care for children and young people living in residential care. DCP Residential Care has a responsibility to protect children and young people from further harm and residential care staff should work closely with the child or young person's DCP case worker and care team to ensure a cohesive approach to safeguarding occurs. Residential care staff are strongly encouraged to familiarise themselves with the [Safeguarding children and young people Practice Paper](#) and [Responding to disclosures of harm Practice Paper](#) which provides essential guidance about:

- supporting staff to understand, recognise and respond to signs a child or young person has been harmed or is at risk of harm
- working proactively to prevent harm to children and young people in care
- responding appropriately to disclosures or suspicions that a child or young person has been or is at risk of being harmed
- having clear expectations on personal conduct and reporting and intervention for (inappropriate) conduct of other adults.

The [Quality and safeguarding Framework](#) sets the objective of achieving safe, effective, culturally safe, child-centred services for children and young people and supports integrated leadership, systems, processes and an organisational culture essential to achieving safety, wellbeing and the best outcomes for children and young people.



### Prevention

## Aboriginal and Torres Strait Islander Child Placement Principle Active Effort prompt

When engaging with Aboriginal and Torres Strait Islander infants, children and young people, aim to provide a consistent presence in their lives to build acceptance and trust. Aboriginal and Torres Strait Islander infants, children and young people should be supported to understand why expressing their views is important and having ongoing conversations with them about this is key to building a trusting relationship with them. Care should be taken to be respectful of privacy and space, including choosing to meet in places that are safe and comfortable for the child or young person.



### Partnership

DCP residential care staff should consult with a Principal Aboriginal Consultant (PAC) if there are concerns or questions regarding safety and support of Aboriginal and Torres Strait Islander infants, children and young people in residential care. Working in partnership with DCP Aboriginal staff ensures culturally safe supports are appropriately identified and implemented for Aboriginal and Torres Strait Islander infants, children and young people, such as access to Aboriginal Community Controlled Organisations (ACCOs) of their choice wherever possible (for example, [Nunkuwarrin Yunti](#)).

## Promoting capable guardians

Protecting children and young people is the primary responsibility of the adults around them. A capable guardian is someone who can be relied upon to step in when required to protect a child or young person and stand up for their safety and wellbeing.

Capable guardians are people who:

- look after children for the right reasons (ie to nurture and protect)
- are vigilant and notice warning signs
- have the courage to intervene when something is not right
- take action and report concerning behaviours and observations.

### How DCP supports staff to be capable guardians

**Clear organisational values and practice frameworks** - gives residential care staff, DCP case workers and managers a framework for care standards, supervision, and performance management, addressing concerns and maintaining a high level of care for children and young people.

**Clear procedures for reporting and documenting concerns** - is crucial for the safety of children and young people.

**A culture of open discussions, reflective practice and continuous learning**

**Strong and positive leadership** – supports residential care staff and children and young people to feel confident and supported to raise concerns.



**Empowering children and young people** - Children and young people must be supported to know they have rights, can be assertive and what action they can take when they feel that something is wrong or feel unsafe.

## Creating a safe and nurturing care environment

In order for harm to occur to a child or young person, the perpetrator must have the means and inclination to harm, but also believe that they can evade discovery or consequences for their actions. Promoting a safe and nurturing culture in a child or young person's placement, where they feel safe to express themselves, their views are listened to and valued is an important contribution to safeguarding.

### Elements of a safe and nurturing care environment

#### Residential care staff values and attitudes

- The views of children and young people are valued, respected and listened to
- Children and young people are treated fairly
- Children and young people are actively encouraged to voice their concerns
- Adults listen the child or young person, don't minimise their views and are proactive in responding
- Children and young people's privacy and personal space is respected
- The actions and behaviours of residential care staff and workers give the impression that they are working with children and young people for the right reasons.

#### Use of language

- Residential care staff speak positively and respectfully of and to children and young people
- Children and young people would feel good about how their residential care staff talk about them
- Children and young people are spoken about to and about in the same, fair way.
- Jokes and comments made by adults do not cause offence to children, young people and other residential care staff

#### Compliance with organisational standards

- The care team respects and adheres to best practice, policies and procedures, organisational protocols and regulations
- Residential care staff follow up on agreed actions
- Team members support each other to follow policy
- Action is taken to address non-compliance with expectations, standards or procedures.

#### Attitude to authority

- Residential care staff behave appropriately in the absence of senior leaders
- Senior leaders and other workers are spoken about respectfully
- Senior staff are viewed as a source of support and guidance.

#### Freedom to challenge

- Residential care staff and children and young people are treated respectfully when they question or challenge the behaviour of another worker/carer
- Residential care staff feel comfortable reflecting their observations of another residential care staff member's practice to them
- Conflicts or disagreements are resolved in a professional and timely manner
- Staff feel supported to reflect on their own and other's practice and behaviour.



### Physical environment

The placement:

- is well maintained and clean
- reflects and meets the needs and wishes of the child or young person
- has a safe space that the child or young person can personalise (for example can reflect their culture, family, interests in their environment).
- feels like a home and somewhere where the child or young person would like to spend time.

## Supervision, monitoring and vigilance of children and young people

Children and young people need to have supervision and monitoring that is consistent with their developmental needs, age and emotional functioning and have access to adults to seek support when needed.

The following definitions are used in the context of safeguarding children and young people in care:

Term	Definition
<b>Supervision</b>	Being able to directly see or observe children in order to keep track of their safety and wellbeing.
<b>Monitoring</b>	Checking in with children and young people and/or observing them regularly. It assists early identification of any changes that might indicate that there is a concern.
<b>Vigilance</b>	Being proactive and attuned to children and young people's needs, safety and their environment. This includes having knowledge of any information or anticipating factors that may impact on them and being prepared to quickly identify and mitigate risks.

## Best practice considerations for effective supervision, monitoring and vigilance in residential care

<b>Spend time</b>	<b>Don't leave children and young people alone together in secluded spaces</b>
The most effective way to supervise and monitor the safety of the children and young people is to regularly spend time with them, interacting and having fun. This also builds relationships which will make it more likely they will tell you if they are worried about something.	It is usual for children and young people to want to have time together without adults, however, residential care staff must be aware of spaces where monitoring the wellbeing of children and young people is difficult (for example behind closed doors in bedrooms or bathrooms, hiding places, tunnels, cubby houses).
<b>Know the whereabouts of every child or young person</b>	<b>Ask children and young people how they are going every single day</b>
Knowing the whereabouts of all of the children and young people in a placement is essential. The risk of children and young people 'flying under the radar' is high when residential care staff are distracted. It is important for care teams working together to communicate appropriately and clearly identify who is responsible for supervision and monitoring.	Regularly showing genuine interest in children and young people's lives and wellbeing is important. Showing that something unique about them has been remembered, and continually showing care and attention will support children and young people to approach adults when they need help.



<b>Don't leave children or young people with, or permit unsupervised contact with, unknown or unsafe people</b>	<b>Watch out for changes and behaviours that are out of character</b>
<p>It is important residential care staff never assume that another person (no matter whom they claim to be or what relationship they have with the child) is safe and appropriate to spend time with a child or young person in care unless you can verify that unsupervised contact is appropriate.</p>	<p>In order to detect changes or concerns, residential care staff must be aware of and understand individual children and young people's personalities and patterns of behaviour. Sudden or unexpected change in behaviour or appearance that is out of character should be noted and time spent engaging with the child or young person to check on their wellbeing.</p>
<b>Be mindful of particularly high-risk times</b>	<b>Communicate with the care team</b>
<p>There are certain 'risky' times including shift handover and meetings when all or the majority of workers are occupied, meal times and morning or evening routines when residential care staff may be focused on other things. Strategies to ensure safety may include keeping doors open and handovers concise and professional, or one worker staying with children or young people while other staff conduct handover, involving the children and young people in meal preparation or set up. Consider handover in the open area to maintain supervision and foster open communication.</p>	<p>It is essential that all residential care staff are equipped with as much relevant information as possible to provide appropriate supervision and care. A combination of written and verbal handover is essential to ensure staff have a full understanding of possible risks, individual concerns and group dynamics at any given time.</p>
<b>Be vigilant around bedtimes, bathing and assistance with personal care</b>	
<p>There are certain routines and activities during which children and young people are more vulnerable. Young children and some children with disabilities may need assistance with personal care such as bathing, dressing and toileting. It is very important that children and young people are given as much privacy, respect and independence as possible and that, if children do require assistance, there are proper checks and balances in place to ensure this is handled respectfully and appropriately. If a child or young person wants a particular person to help them or not help them, this must be taken seriously. There should be clear procedures and instructions for assistance with bathing and toileting that are specified in the child or young person's 'wellbeing plan' or house routine that everyone follows.</p>	

## Supervision, monitoring and vigilance of children and young people

Children and young people need to have supervision and monitoring that is consistent with their developmental needs, age and emotional functioning and have access to adults to seek support when needed.

The following definitions are used in the context of safeguarding children and young people in care:

### House expectations and boundaries

Clear expectations and boundaries about what is and what is not acceptable behaviour is important to keeping everyone safe. This allows children and young people and residential care staff to have clear guidelines to adhere to, assists in identifying when anyone (adult or child/young person) has crossed the line. Adults have an important role in modelling the behaviours they expect to see in children and young people.



House expectations must be built upon a framework of respect and it is important for all residential care staff and children or young people to understand this concept and know that the expectations are in place to keep everyone safe. The term 'expectation' is preferable to 'rules' as it conveys positivity, and collective responsibility for safety. Expectations promote collaboration, empowerment and the opportunity for everyone in the home to have a voice and be respected.

These types of expectations can be expanded to include other areas like respecting property and other aspects of behaviour and personal conduct within the home. If the house expectations are clear and repeated to everyone regularly, then it will become second nature to children and young people and will assist in minimising peer harm and bullying. Behaviour that does not meet expectations can be addressed by reminding the child or young person of the house expectations and everyone's right to safety and respect. Reminding individuals about the house expectations is a good way to address the behaviour without inciting a negative reaction.

**Example: House expectations that can support safeguarding practices and help children to understand respect and privacy**

<b>Respecting our own bodies</b>	<ul style="list-style-type: none"> <li>• We have a shower or bath each day to keep our bodies clean</li> <li>• We wash our hands if they get dirty and always before meals</li> <li>• We brush our teeth each morning and night to keep them clean and healthy</li> <li>• We always wear clothes in shared areas</li> <li>• We make sure the clothes we wear are clean and appropriate</li> <li>• We keep our private parts covered unless we are washing or going to the toilet</li> <li>• We don't show other people our private parts unless we need medical help or help with washing or going to the toilet</li> <li>• We don't touch our private parts when other people can see us or in shared areas.</li> </ul>
<b>Respecting other people's bodies</b>	<ul style="list-style-type: none"> <li>• We don't move into other people's personal space without asking</li> <li>• We only touch other people when it feels safe and comfortable for them and us</li> <li>• We don't touch or ask to see other people's private parts</li> <li>• We don't put things in other people's mouths</li> <li>• We don't hurt other people's bodies.</li> </ul>
<b>Respecting privacy</b>	<ul style="list-style-type: none"> <li>• Our bedrooms are private, and we should not enter someone else's room without knocking</li> <li>• Bathrooms and toilets are private spaces</li> <li>• If someone asks to be left alone, we respect their wishes.</li> </ul>
<b>Using respectful words</b>	<ul style="list-style-type: none"> <li>• We use words that are kind and respectful</li> <li>• We listen to each other and respect each other's wishes</li> <li>• If someone says "no" or "stop" we listen and stop our behaviour</li> <li>• We don't use words that hurt other people's feelings</li> </ul>
<b>Respecting everybody's feelings</b>	<ul style="list-style-type: none"> <li>• We don't say or do things that make other people feel scared</li> <li>• We don't say or do things that make other people feel yucky or embarrassed</li> <li>• We listen to other people's feelings and wishes and respect them</li> <li>• We don't call people names they don't like</li> <li>• We only play games that are fun and enjoyable for everyone</li> </ul>



	<ul style="list-style-type: none"> <li>• We don't laugh or make jokes about other people unless that person is also laughing and having fun</li> <li>• We don't make unkind or embarrassing comments about other people's bodies</li> <li>• We don't keep secrets that make us or anyone else feel scared, yucky or uncomfortable.</li> </ul>
<b>Safety expectations</b>	<ul style="list-style-type: none"> <li>• We tell a trusted adult if anyone ever makes us feel unsafe or scared</li> <li>• We tell a trusted adult if anyone touches us in a way that makes us feel scared, yucky or embarrassed</li> <li>• We tell a safe and trusted adult if we know of anyone else who is feeling unsafe and needs help</li> <li>• We make choices that are safe for our bodies.</li> </ul>

### Personal and professional boundaries

It is the responsibility of adults to establish and maintain the appropriate boundaries with children and young people in care. It is the residential care staff member's role to ensure children and young people know they are cared about.

Being professional and having appropriate boundaries does not mean that residential care staff cannot be warm, nurturing and affectionate and playful or show physical affection to children and young people in care. What it does mean is that residential care staff must be clear on the nature of their role, what a healthy relationship looks like between a child/young person and a carer and how this can be achieved to avoid hurt or confusion.

Children and young people in care are likely to have experienced unhealthy, neglectful or harmful relationships in the past, where appropriate boundaries were not established and maintained. This can cause them to be confused about what to expect from adults and caregivers and they may expect personal boundaries to be violated.

Clear boundaries will help children and young people who have experienced trauma and harm in relationships to know how to relate to others in safe and appropriate ways.

In order to feel safe, children and young people need the adults around them to maintain appropriate boundaries which will help them to feel their environment is safe and predictable, their anxiety levels will gradually reduce and they can start to develop positive relationships that will support them to thrive.

The best way to understand where boundaries need to be set in a relationship is to first have a very clear idea of what kinds of behaviours are completely unacceptable and considered to be definite violations of those boundaries. This list is not exhaustive but it does include behaviours that are not acceptable between children and young people and residential care staff.

All physical contact between individuals must be:

- consensual
- respectful
- age appropriate
- gender appropriate
- discretionary



- careful
- considerate of who may be in the area
- culturally appropriate.

The nature of what is appropriate must be considered within the context of the relationship, particularly with regard to physical contact, and needs to be continually reviewed and discussed with the whole care team as the child or young person and their relationships with residential care staff evolves.

**The following behaviours are never acceptable between a child or young person and a carer or worker in any context:**

<b>Physical contact</b>	<ul style="list-style-type: none"> <li>• Any type of sexual contact (for example kissing, licking, stroking, fondling, penetration, or oral sex)</li> <li>• Any touching of private parts including genitals, anus, buttocks, nipples, breasts or mouth (either personally or with an object). The only exception to this is physical contact which is required for assistance with personal care and this must be done respectfully, maintaining as much privacy as possible</li> <li>• Any type of unwarranted or inappropriate touching of children or young people (or self)</li> <li>• Any type of physical contact that is carried out with the intent to cause injury (physical or psychological), harm, pain or humiliation.</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Inappropriate or derogatory comments about a child or young person's physical appearance including any comments that are sexual in nature or excessive flattery ("Wow you look sexy in that dress!")</li> <li>• Making jokes of a sexual nature</li> <li>• Any hurtful, insulting or derogatory comments about someone's appearance, personality, family, race, cultural identity made to or about a child or young person, about another carer or worker, or between adults in the presence of children</li> <li>• Using inappropriate or offensive nick-names or names that a child or young person is not comfortable with</li> <li>• Making comments to a child or young person that could cause confusion about the nature of your relationship with them (for example "I wish you could live with me", "you're my favourite", "I've never felt like this about a child before")</li> <li>• Any form of vilification, humiliation, intimidation, threats or verbal abuse</li> <li>• Asking a child or young person to keep a secret about something concerning you, or something another carer or worker has done</li> <li>• Inciting or encouraging a child or young person to harm another child</li> <li>• Gossip about other residential care staff or children and young people</li> <li>• Talking about your own private and personal issues.</li> </ul>
<b>Privacy</b>	<ul style="list-style-type: none"> <li>• Taking or sharing unauthorised pictures or videos of a child or young person</li> <li>• Giving out your personal or private number and communicating with a child or young person without prior authorisation and documentation by phone or social media</li> <li>• Spying on or stalking a child or young person outside of working hours</li> <li>• Conducting an invasive body search or asking a child to remove clothing and expose private parts in order to be searched for contraband</li> </ul>



	<ul style="list-style-type: none"> <li>• Observing a child or young person whilst undressed or engaged in a private personal activity (for example showering, dressing, going to the toilet when they do not require assistance to complete this task)</li> <li>• Exposing your own private parts or body to a child or young person, undressing in front of or showing the child or young person images of your naked body, or being dressed inappropriately</li> <li>• Sharing personal information about a child or young person publicly or via social media or accessing information when not required to do so, or outside of one's role</li> <li>• Sharing private or confidential information about a child or young person with another child in care</li> <li>• Sharing inappropriate information about your private, personal life with a child (for example details of your sexual experiences).</li> </ul>
<b>Other conduct</b>	<ul style="list-style-type: none"> <li>• Giving personal gifts or money or doing special unauthorised favours for a particular child or young person</li> <li>• Taking a child in your care to any private home or other residence without authorisation</li> <li>• Providing children or young people with access to illegal or inappropriate items or substances (for example cigarettes, drugs, alcohol, adult or mature-age media), or encouraging or minimising illegal behaviour</li> <li>• Helping or encouraging children or young people to engage in adult activities or treating them as an adult in order to gain favour.</li> </ul>

### Recognising concerning behaviours

When residential care staff are capable guardians and work together to establish and maintain a safe and nurturing culture and environment, it assists in identifying when staff are operating outside the bounds of appropriate behaviour. If a person with the motivation to harm or exploit children enters an environment with a strong safeguarding culture, they will be less able to get away with their harmful behaviours. They may try to manipulate others and influence the culture through various grooming and bullying tactics but if the safeguarding culture is strong, the likelihood of their success will be reduced.

Along with the unacceptable conduct outlined in previous section, the following patterns of behaviour have been observed in individuals who have harmed children and young people in care settings. These behaviours are not necessarily indicative of child abuse, but may be considered “red-flags” that warrant further enquiry and/or intervention. Such behaviours must be reported to a senior staff member and/or to CARL if they meet the threshold for a mandatory notification (refer to the [Reporting a suspicion a child or young person is at risk](#) for further guidance).

<b>Deliberate isolation</b>	Consistently spending one to one time with a particular child or young person when such time is not spent with others. Repeatedly swapping shifts unnecessarily or manipulating situations in order to be alone or unsupervised with a child, or children.
<b>Special relationships</b>	It is normal for residential care staff to develop different types of relationships with different children and young people. Personality, experience, interests, age and gender will influence how relationships are formed, but when a relationship starts to seem unhealthy or obsessive, or when there seems to be boundary violations involved, this is cause for concern. There should be no perception of favouritism or preferential treatment or obvious discrimination or unprofessional behaviour in care environments.



<b>Secrets and lies</b>	When a carer operates dishonestly or there are repeated inconsistencies between their records or accounts and what is observed by others, then it is possible they are deliberately concealing the truth.
<b>Not a team player</b>	A member of the care team who seems to be regularly in conflict with others or deliberately creating discord, taking action in their own interests and not in the interests of the child or the team.
<b>Doesn't follow the rules</b>	Whilst reflecting on the effectiveness of processes is appropriate, this must be pursued through appropriate line management channels. Showing consistent disregard for rules and expectations is an indication that a carer has limited respect for the organisation, their colleagues and ultimately the children in their care.
<b>Repeating concerning patterns of behaviour despite intervention</b>	There are certain behaviours and boundary violations that are obviously concerning or harmful, however, there may be other behaviours that are less clearly unacceptable. If a carer has been advised that their behaviour is not appropriate and continues to repeat this behaviour, it is highly indicative that there is reason to be concerned.

Activities with children and young people that should only be undertaken in a transparent, authorised, timely and purposeful manner are:

<b>Physical contact</b>	<ul style="list-style-type: none"> <li>• Greeting or affectionate hugs when relationship is strong and established. In some cases, side hugs may feel more appropriate.</li> <li>• Offering comforting hugs when a child is distressed or upset</li> <li>• High five or handshake as a greeting or farewell</li> <li>• Holding hands of younger children when walking</li> <li>• Respectfully carrying a young child who is unable or too tired to walk</li> <li>• Assistance with bathing, dressing and toileting for very young children or children with disabilities when the child is not capable of carrying out the task independently. The assistance provided must be the minimum that is required to support the child to achieve independence and documented in the child or young person's wellbeing or case plan.</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Complimenting a child on their hard work, effort and achievements (for example "Wow, congratulations on winning the art competition! You've been practising every day and working really hard. You should feel very proud")</li> <li>• Giving compliments about a child's individual skills and abilities (for example "Have you ever considered trying out for the footy team at school? I can see you're a natural!")</li> <li>• Joking and having fun in a way that is age-appropriate and not hurtful to anyone else</li> <li>• Complimenting a child on their physical appearance in a way that is respectful and appropriate. Compliments of this nature should always be said with the intent to enhance the child's self-esteem and make them feel valued as a person (for example "You look fabulous in those photos. What a lovely smile!", "Your new haircut suits you").</li> </ul>



## Teaching protective behaviours



Talking with and providing children and young people with information about protective behaviours, respectful relationships, sexual health and when and how to reach out for support, is crucial in supporting their safety and wellbeing. For further information and guidance about supporting children and young people who are at risk of sexual exploitation, residential care staff should discuss any concerns with the residential care senior child and youth worker or residential care supervisor who can organise Power to kids (P2K) training through the [Therapeutic Residential Care Team](#). All referrals to the Therapeutic Residential Care team should be recorded in the Referrals tab in C3MS. For further guidance, refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#).

Residential care staff should familiarise themselves with the [Protective behaviours and sexual education for children and young people in care Practice Paper](#), [Supporting children and young people in care with high risk and complex behaviours Practice Paper](#) and the [Supporting children and young people who display harmful sexual behaviours Practice Paper](#), which provides guidance about how to support children and young people who display harmful sexual behaviours.

## Online safety

DCP residential care staff play a crucial role in educating, supervising and supporting children and young people to navigate online environments safely.

Safety must be the primary consideration in determining a child or young person's access to different types of electronics with Wi-Fi connectivity and residential care staff should refer to ['E-safety' section](#) within the [Create a safe and nurturing home in residential care](#) key step of the DCP Residential Care chapter of the Manual of Practice.

	<h3>Aboriginal and Torres Strait Islander Child Placement Principle Active Effort prompt</h3>
<p>Prevention</p>	<p>When talking with Aboriginal and Torres Strait Islander infants, children and young people, it is essential to take into account their history, the impacts of colonisation and dispossession of land, family, language and community and the impact this has on children and young people's feelings of safety and trust when engaging with DCP staff. Seek advice from the DCP residential care Principal Aboriginal Consultant (PAC), Aboriginal youth workers or ACCOs (for example Nunkuwarrin Yunti) in relation to any important cultural protocols to be aware of to support positive engagement and relationship building is recommended. For example, being conscious about personal space or being the opposite gender which could influence feelings of comfort is important when building a relationship with a child or young person.</p>
	<p>The Yarning quiet ways: teaching kids to have strong, safe and healthy relationships booklet is a resource for residential care staff supporting Aboriginal children and young people to understand what strong, safe and healthy relationships look like.</p>
<p>Partnership</p>	

## Report a suspicion of harm/risk of harm to the child or young person

Under sections 30 and 31 of the *Children and Young People (Safety) Act 2017* (CYPS Act) all DCP staff (including DCP residential care staff) working directly with children and young people are mandated notifiers. All DCP staff are required to make a notification to the Child Abuse Report Line on 13 14 78 as soon



as practicable if they suspect on reasonable grounds that a child or young person has been harmed or is at risk of harm.

DCP staff do not require evidence that harm has occurred and Child Abuse Report Line workers upon receiving a notification are responsible for assessing the concerns. Under section 31(2)(a) of the CYPs Act, a person does not need to report a suspicion that a child is at risk if the person believes on reasonable grounds that another mandated notifier has reported the matter. DCP residential care staff must familiarise themselves with and refer to the [Reporting a suspicion a child or young person is at risk procedure](#), which provides critical guidance about reporting a suspicion a child or young person is at risk.

In addition to requirements to make a notification, if DCP staff are involved in, witness or become aware of an incident that they suspect is a significant incident, they must ensure compliance with the [Significant incident reporting Procedure](#) and/or the [Residential Care: Incident management Procedure](#). If there is a reasonable suspicion that a criminal offence has occurred, a report must also be made to SAPOL on 131 444 without delay.

It should be noted that 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 under section 64A of the *Criminal Law Consolidation Act* (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).

In addition, 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 to a child or young person under 17 years of age perpetrated by a current DCP employee (maximum penalty imprisonment for 15 years). DCP staff can also refer to the [Criminal Law Consolidation Act 1935 flowchart](#) for further information.

## E-safety

The internet is an integral part of the digital lives of young people across Australia. Children and young people utilise digital environments for a range of purposes, including social media, gaming and education. Children and young people who live in residential care should have the same opportunities as other children and young people to access the internet for educational and recreational purposes.

Safety must be the primary consideration in determining a child or young person's access to different types of electronics with Wi-Fi connectivity. The child or young person's care team (including the DCP case worker) should consider the child or young person's developmental and chronological age and support needs to decide the suitable level of access and the type of device(s). This should be re-assessed over time to confirm that access levels remain appropriate to the child or young person's maturity level.

### Wi-Fi for residential care houses

Where possible, residential care houses should have a Wi-Fi network available for children and young people to use for educational and recreational purposes.

Where residential care staff have questions regarding internet safety or accessibility, they should discuss with the residential care supervisor and business team.



It is the responsibility of the child or young person's care team to:

- ensure adequate security measures, such as FamilyLink or parental controls are in place and appropriately monitored
- communicate with children and young people about individual applications on devices and the setting options to support safety, noting that there is no 'fool proof' way to monitor all online actions and open communication and education are key
- where possible, support children and young people to access Wi-Fi in common areas of the house.

All staff are responsible for monitoring the house Wi-Fi use of children and young people.

## Online Safety Agreement

Creating an [Online Safety Agreement](#) together with a child or young person can be a useful way to engage children and young people in open communication, develop their critical thinking skills and encourage safe online habits. The Online Safety Agreement can be used to monitor online safety alongside the child or young person.

An [Online Safety Agreement](#) supports the child or young person's voice whilst maintaining the message that as the child or young person's safe adults, residential care staff have a responsibility to make decisions based on their safety needs.

The senior child and youth worker, key worker or nominated child and youth worker should create an [Online Safety Agreement](#) with each child or young person and support them to understand their online responsibilities and safety. Where possible this should occur prior to accessing:

- the house Wi-Fi
- internet at the library or any other place, with the exception of school and other supervised educational programs that have their own policies
- phone credit that includes internet data
- any device with enabled internet access whether through Wi-Fi or mobile data.

[Online Safety Agreements](#) should be reviewed with the child or young person periodically or when there has been a change in online interaction (for example, where a new device has been purchased or where concerns have been raised about the child or young person's online interactions).

## Security software and parental controls

It is recommended that all e-devices use some form of security if available. These may include access controls and security settings on mobile telephones or parental controls for internet and Wi-Fi.

Most game consoles are internet-enabled which means children and young people can chat with other players or make in-game purchases. As with mobile telephones and tablets, the controls and settings on the console will help to manage what they can and cannot do.

Some consoles also allow users to:

- set up different profiles for individuals
- deactivate internet access
- turn off chat functions to prevent children and young people talking to unknown people.



The [Parental controls](#) page on the eSafety Website provides further information and guidance about parental controls and security settings.

The supervisor should consult with DCP ICT to assess any security software prior to purchase and ensure that thorough research has been undertaken before purchasing any security software and that all staff understand and are able to utilise its full functionality.

## Setting up devices and accounts for children and young people

When assisting children and young people to set up a mobile telephone plan or other internet account, residential care staff, in consultation with the care team (including the DCP case worker) need to consider the child or young person's chronological and developmental age, support needs, any behaviours of concern, level of independence and maturity.

Residential care staff should work with the residential care supervisor, the child or young person's DCP case worker and the child or young person to help purchase and set up a mobile plan and/or to create a safe and responsible online profile for them.

Residential care staff should engage in regular conversations with children and young people about the safe use of the internet and social media. Ongoing safety conversations with appropriate levels of supervision and monitoring will support children and young people to navigate the online world safely. Residential care staff should refer to their [Power to Kids \(P2K\)](#) training, [Cyber security for kids](#) and the [eSafety website](#) for guidance about talking with children and young people about online safety.

## Support safe internet use

DCP residential care staff play a crucial role in educating, supervising and supporting children and young people to navigate online environments safely.

It is important that residential care staff be e-safety aware and have regular, meaningful conversations with children and young people about online safety, this includes understanding how to identify predatory behaviour (grooming), ensuring appropriate safeguards are in place and supporting children and young people to know who to go to and what to do if they feel unsafe or uncomfortable. Residential care staff should refer to their [Power to Kids \(P2K\)](#) training, [Cyber security for kids](#) and the [eSafety website](#) for guidance about talking with children and young people about online safety.

Residential care staff can access the eSafety [Online training for frontline workers](#) to enable them to better help children and young people experiencing technology-facilitated abuse.

Residential care staff have a responsibility to:

- engage in open communication with children and young people about safety and confidentiality, respectful interactions and responsible behaviour, legal accountability and restrictions to content and how to use privacy settings and not share personal or identifying information or images
- discuss the legalities of intimate image sharing online. Refer to [Sending nudes and sexting](#) for further information
- discuss strategies to navigate factual versus false information about the internet
- remind children and young people what they share online will stay online permanently and that not everyone online is who they say they are



- sit with children and young people and use the internet to facilitate conversations, incidental learning and role model appropriate online behaviour
- assist children and young people to recognise signs of inappropriate behaviour or contact from individuals online and how they can seek help if they are worried or feeling discomfort about their online interactions with someone
- check browser histories of online devices and ensure that all applications on devices are approved by the residential care supervisor and DCP case worker.

Residential care staff should reinforce to children and young people that nothing is ever so bad that they cannot tell a trusted adult.

The [eSafety website](#) provides information about safeguarding children and young people from online harm and promotes safer, more positive experiences. It provides targeted information for carers, educators, children, including [early years online safety for under 5's](#) and young people regarding cyber bullying, sexting, online gaming and a range of other important topics including what to do if a child or young person is concerned or upset by anything they have seen or accessed via the internet.

[Power to Kids \(P2K\)](#) and the [ThinkUKnow](#) website provides resources and advice for carers and children and young people to prevent online child sexual exploitation.

Computer use by children and young people in the house should occur in a safe, visible and an accessible location where staff can monitor use and offer to help children and young people. While this may be considered excessive by the child or young person, staff should explain that online safety is important and that they want to be present to support them and keep them safe, not to control them or invade their privacy.

## E-safety support for Aboriginal and Torres Strait Islander children and young people

The [eSafety website](#) has developed a range of [eSafety First Nations resources](#) for Aboriginal and Torres Strait Islander children and young people that are culturally safe and inclusive, where they can hear stories from mob in language and get tips about how they can feel safe and stay deadly online. It also provides guidance for staff to support children and young people to be safe online.

The internet plays a vital role in the lives of Aboriginal and Torres Strait Islander children and young people. It can help make cultural and social connections and provide a platform to share creative content. However, the internet can also expose Aboriginal and Torres Strait Islander children and young people to a range of online harm, including hate speech, discrimination and bullying. These negative online experiences can have deep impacts on the cultural safety and identity for Aboriginal and Torres Strait Islander children and young people.



Connection

### Aboriginal and Torres Strait Islander Child Placement Principle Active Effort prompt

Consider how to support the Aboriginal and Torres Strait Islander child or young person to feel culturally connected and safe when learning about online safety. Use culturally inclusive resources and consider exploring online safety in a space where the Aboriginal and Torres Strait Islander child or young person feels safe and connected to their culture.

Explore the [eSafety First Nations resources](#) together with the Aboriginal and Torres Strait Islander child or young person when supporting them with online safety.

## E-safety support for children and young people from culturally and linguistically diverse (CALD) backgrounds

The eSafety website provides tailored [online safety advice and resources](#) translated in other languages which may be useful when caring for children and young people from CALD backgrounds.

## E-safety support for children and young people with a disability

For children and young people with a disability or developmental delay, residential care staff can access the [easy read online safety information](#) which provides information about eSafety in an easy read format.

## Online applications and social media

Residential care staff should familiarise themselves with the range of online applications, social media and websites that children and young people are using (for example, Snapchat, TikTok, Reddit), and have regular, meaningful conversations about online safety. The [eSafety guide](#) and the [Carly Ryan Foundation](#) provide information about the latest applications, guides and social media and include important advice about safety.

If the child or young person has made a new friend online, staff should attempt to find out as much as possible about the person and be alert for signs of deception or grooming behaviours. Staff should encourage the child or young person to keep a record of their correspondence with the person, tell staff if they are planning to meet in person and if the meeting goes ahead, to always meet in a public place and with someone they trust.

## Responding to a child or young person at risk from unsafe and inappropriate online activity

In an emergency situation (for example, the child or young person has been abducted, is suicidal or is in immediate or life threatening danger), residential care staff should call emergency services immediately on 000 and seek guidance from the senior child and youth worker, supervisor or mobile night team. Residential care staff should also follow the [Significant incident reporting Procedure as required](#).

Unsafe and inappropriate online activity can involve:

- cyber bullying
- sexting and sending/receiving nudes
- pornography



- scams
- posting private information.

Children and young people in residential care are at increased risk of being exploited and harmed due to their trauma history, vulnerability and sometimes due to their connections in the community.

Some examples of this are:

- having contact with inappropriate adults online, which may include birth family
- being harassed or stalked online
- being repeatedly attacked with online hate, racism or discrimination
- being intentionally exposed to or sent inappropriate content
- being pressured to, or intentionally sending inappropriate pictures or videos.

[Power to Kids \(P2K\)](#), [First Nations Connecting Safely](#) and the [e-Safety website](#) provide resources for staff to support children and young people who are at risk of unsafe and inappropriate online activity, including:

- [Parental controls | How to keep your child safe](#)
- [Issues and advice](#)
- [Distressing or violent content | How to get help](#)

E-Safety is able to investigate cyberbullying of children, adult cyber abuse, image-based abuse, and illegal and restricted content. Staff should familiarise themselves with the eSafety [Report online harm](#) resources where there are concerns for children and young people.

If it is suspected that a child or young person has been harmed or is at risk as a result of inappropriate online behaviour, residential care staff must:

- ensure the immediate safety of the child or young person, listen to what they want to do and assist them to report to an appropriate authority/organisation, if appropriate
- consult with the residential care senior child and youth worker, supervisor or senior staff with a clear rationale about the concerns
- seek guidance from the residential care supervisor or consult with the child or young person's DCP case worker about what can be done to support the child or young person and to determine:
  - whether a report to SAPOL is required
  - whether a red flag or [care team meeting](#) is required to discuss concerns and create a safety plan
  - who should be advised of the concerns
  - whether a Child Abuse Report Line (CARL) notification is required
- follow the [Reporting a suspicion a child or young person is at risk procedure](#) and report to CARL and/or the South Australian Police (SAPOL) if they suspect an offence has or is likely to occur
- respond proportionately to the level of risk and/or harm involved.

If the alleged online activity is being undertaken by someone at the child or young person's school or educational program, residential care staff should consult with the residential care Senior child and youth worker or supervisor and the DCP case worker to consider what actions may need to occur, such as:

- contacting the school
- organising a [care team meeting](#) or red flag meeting



- reporting to SAPOL
- making a CARL notification.

For further guidance about care team meetings, refer to 'Work in partnership with the child or young person's care team' in the [Support the placement](#) key step of the Supporting children and young people in care chapter of the Manual of Practice.

Residential care staff should be observant of changes in a child or young person's behaviour and check in with them if they are spending an increased amount of time on their mobile telephone or online and appear to be stressed or upset. Where possible, residential care staff should provide opportunities for children and young people to talk about their concerns, appropriate use of social networking and what to do if they are affected by unsafe and inappropriate online activity. Alternatively, if the child or young person does not want to talk to a residential care staff member, connecting the child or young person with relevant services and resources may help.

E-safety resources tailored for children and young people about online safety topics, include:

- [Digital footprint](#)
- [Disturbing content](#)
- [Unsafe contact and 'grooming'](#)
- [Balancing your time online](#)
- [Pressures from social media](#)
- [Online hate](#)

If a residential care staff member is involved in, witness to or becomes aware an incident where a child has been harmed or is at risk they must ensure compliance with the [Significant incident reporting Procedure](#) and/or the [Residential Care: Incident Management Procedure](#).

If there is a reasonable suspicion that a criminal offence has occurred, a report must also be made to SAPOL on 131 444 without delay. Particular areas of ongoing concern or risk should be addressed in the child's wellbeing plan and may need to be considered as part of their [Missing/Absent Person Report](#).

When there is persistent contact with adults who pose a significant risk to children, a [written direction](#) must be considered and discussed with the child or young person's DCP case worker.

## Safety breaches and illegal activity

If a child or young person is found to be accessing inappropriate material, or carrying out unsafe online behaviours, residential care staff should consult with the senior child and youth worker, supervisor or mobile night team to assess the online behaviour and consider whether there are any safety or legal implications that may require SAPOL intervention such as:

- illegal content
- access to and distribution of child sexual exploitation material
- serious cyber bullying.

If there are reasonable grounds to believe that a child or young person has been involved in unsafe or illegal online activity, staff should:

- consult with the residential care senior child and youth worker, supervisor and DCP case worker
- contact SAPOL if required, or
- contact the Child Abuse Report Line (**CARL**) on **13 14 78** if there is suspicion a child has been harmed or is at risk of harm.



Where the safety breach is not considered a matter for escalation, staff can respond by:

- restricting access to the internet for a set period (excluding access for educational purposes)
- completing online safety awareness with the child or young person through the [eSafety website](#), [First Nations eSafety resources](#), [Power to Kids \(P2K\)](#) or other forms of relevant education
- reviewing the child or young person's Online Safety Agreement with them to ensure the strategies and responses are adequate and that they are aware of who they can talk to if situations arise in the future.

If the breach of safety, or the law, involved the use of a mobile telephone device, and confiscation of the device is being considered as an option, staff must consult with senior staff and the child or young person's DCP case worker first. The confiscation of the mobile telephone may place the child or young person at greater risk, for example child or young person is isolated and inaccessible whilst out in the community.

It is an offence under section 4 of the *Surveillance and Listening Devices Act 1972 (SA)* to intentionally use a listening device to record or listen to a private conversation without the consent of all parties to the conversation. The term 'listening device' includes devices that can record images.

All DCP staff are required to make a notification to the CARL on 13 14 78 as soon as practicable if they suspect on reasonable grounds that a child or young person has been harmed or is at risk of harm. For further guidance, refer to the [Reporting a suspicion a child or young person is at risk procedure](#).

## Safeguarding digital images

It is important for all children and young people to be able to record moments in their lives through various mediums such as photos, videos, and life story books. Children and young people may enjoy seeing their photos and achievements on display in their houses and staff are responsible for assisting them to do this in a safe and secure way.

Images of children and young people must be taken on a specified DCP device approved by the residential care supervisor, and never on a personal device. The specified device must be password protected and stored securely when not in use. The child or young person's views should be considered when printing images for life story books or for displaying in the house.

Images must be treated with confidentiality and never shared unless the necessary permissions have been given by the child or young person and received written permission from the DCP case worker.

Prior to sharing any images DCP's [Information Sharing Flowchart](#) should also be referred to.

## Modelling responsible use

Residential care staff should model responsible and safe behaviours when using e-technology. This includes:

- keeping personal mobile telephones in a secure location when at work so children or young people cannot access them
- only using personal mobile telephones at work when necessary (for example, in an emergency)
- not accessing social media or online activity through personal devices or DCP equipment when at work unless for work purposes
- not connecting personal devices to the DCP Wi-Fi network



- conducting personal online business outside of work hours
- never accessing inappropriate, explicit or offensive sites during work time, or talking about it while at work
- using the house telephone to contact children or young people and never contacting a child or young person in care via personal social media or personal mobile telephones
- using DCP equipment only, such as DCP cameras or DCP mobile telephones when taking photos or recordings of children and young people for life story work or for verification
- ensuring children and young people only access DCP mobile telephones for approved telephone calls or emergency situations
- ensuring children and young people do not access the DCP computers, network or systems using a staff login (for further guidance, refer to the [ICT Security Guide](#))
- where possible, reducing the 'screen time' of children and young people in their care and engage positively in other activities, particularly outdoors.

## Balancing online and offline activities

Access and time limits to the use of Wi-Fi technology should be considered by the care team on a case by case basis, paying attention to the quality of activity and the length of time children and young people spend online. For example, online time may be extended for children or young people requiring access for homework or other educational activities. The views of the child or young person [and the Commonwealth Department for Health and Ageing's guidance regarding physical activity and exercise for children and young people \(5 to 17 years\)](#) should also be taken into consideration when determining whether access and time limitations may be appropriate.

Residential care staff, together with the child or young person can access the eSafety [Balancing your time online](#) resource and engage in open communication about balancing online and offline activities.

All children and young people require limits and boundaries set by responsible adults in their lives. Residential care staff should encourage and engage in opportunities for children and young people to have technology-free time and develop a range of 'offline' skills and interests.

## 2. Support children and young people in residential care

### Support the child or young person to understand their rights

Children and young people in residential care have important rights that must be upheld by residential care staff. These rights are set out in the [Charter of Rights for Children and Young People in Care](#). Residential care staff have a responsibility to ensure children and young people have access to and understand their rights.

All children and young people must be provided with age and developmentally appropriate information that will help them to understand their rights. A range of resources for children and young people of different ages and developmental stages are available from the [Office of the Guardian for Children and Young People website](#).

Additional information about supporting children and young people to understand their rights can be found in [Support the child or young person to understand their rights](#) in the Supporting children and young people in care chapter of the Manual of Practice.



Connection

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

Aboriginal and Torres Strait Islander infants, children and young people have a right to connect to their culture, country, community and cultural services. Residential care staff should consider how to support an Aboriginal and Torres Strait Islander infant, child or young person to connect to their culture. Connections can be supported by ensuring the home is culturally safe, exploring cultural connections within the community with the child or young person and supporting family connections in line with the infant, child or young person's DCP case plan.

## Respond to complaints and feedback from the child or young person

Children and young people have a right to make a complaint at any time and have someone listen and respond if they need. The [Resources for children in residential care to make a complaint page](#), [Your way to have a say in residential care for over 12s](#) and [Your way to have a say in residential care for under 12s](#) explains how children and young people can make a complaint.

Under section 110 of the CYPS Act, a child or young person being cared for in a residential care facility may make a complaint to the Chief Executive with respect to the care that they are receiving. Residential care staff members must advise children and young people of their legislative right to make a complaint directly to the Chief Executive.

While complaints for children and young people in care should, where possible, be resolved at the local level, the child or young person may make a complaint to the Chief Executive by emailing [DCPCEMailbox@sa.gov.au](mailto:DCPCEMailbox@sa.gov.au) or by contacting the DCP Complaints and Feedback Management Unit on 1800 003 305. For further information, refer to [Making a complaint in residential care](#).

Residential care staff should ensure that children and young people are aware of their rights and should support them with the complaint process if required. If the residential care staff member believes there is a conflict of interest with supporting a complaint process, they should seek further guidance from the residential care senior child and youth worker, supervisor or mobile night team.

Residential care staff must provide information that is accessible and understandable for the child or young person seeking assistance to provide feedback or to make a complaint, including access to interpreters or translators as well as advocates, including the Guardian for Children and Young People, where required. Residential care staff must ensure the child or young person knows:

- they can make a complaint anytime they feel they need to
- they will be supported in making a complaint and can choose who they want as a support person (including a residential care staff member, senior child and youth worker, supervisor, DCP case worker, Principal Aboriginal Consultant or other cultural support person, lawyer, Office of the Guardian for Children and Young People or another safe adult)
- they can make a complaint by telephone, email, directly to the residential care senior child and youth worker, supervisor or DCP case worker or they can ask a safe adult to make the complaint on their behalf.

To ensure responses to a child or young person's complaint are appropriate and supportive, residential care staff who are responding to the child or young person should:

- consider the age and developmental level of the child or young person



- ensure adequate time and space is available to genuinely listen and respond to concerns
- follow up clarification and let the child or young person know it is being followed up and they will be kept informed
- not make promises that cannot be kept such as possible outcomes, solutions or maintaining confidentiality in certain situations
- document the child or young person's complaint appropriately (using the [E-log](#), or observation log if E-log is not available, C3MS or emailing the residential care supervisor or DCP case worker as appropriate) to ensure confidentiality is maintained whilst communicating with appropriate people and other members of the care team
- maintain communication with the child or young person about the progress or developments from their complaint or feedback request
- check with the child or young person that they understand any information provided to them and invite them to ask questions
- give the child or young person the option to choose how and when they will be kept informed of the progress of their complaint if possible.

Residential care staff should seek further guidance from the residential care senior child and youth worker, supervisor or mobile night team and ensure the child or young person's DCP case worker is informed of any complaint or feedback if appropriate.

## Information sharing

To ensure effective and collaborative child protection practice, it is essential to share information with DCP staff and other professionals when working with children and young people in residential care. The CYPS Act and Regulations include a number of provisions that relate to information sharing. Residential care staff should refer to the [Information gathering and sharing chapter](#) of the DCP Manual of Practice and the [Information sharing flowchart](#) for further guidance.

Children and young people may find it difficult to understand why residential care staff need to share information about them, and may feel that it is betraying their trust. It is important for residential care staff to engage in open communication with children and young people and assure them that any information sharing occurs respectfully and to support their wellbeing and safety. Residential care staff should familiarise themselves with [Share information](#) in the Information gathering and sharing chapter of the Manual of Practice, which provides important considerations for sharing information including where information should or should not be shared, seeking consent (where safe and appropriate) and managing personal and confidential information securely.

## Support the child or young person's participation in education and extra-curricular activities

### Support a child or young person with their education

Schools can provide a safe and supportive learning environment for children and young people and offer opportunities to engage and succeed in learning. For children and young people in care, their preschool or school can be an important source of stability and positive relationships. Inclusive, accessible and quality education promotes healthy development and lifelong opportunities.



Each child and young person in care has the right to an education and all care team members, including residential care staff, are responsible for supporting the child or young person's positive engagement in educational activities including schooling.

The Department for Child Protection (DCP) in partnership with the Department for Education has developed a [Roles and responsibilities](#) document that supports the educational needs for children and young people in care. The document is a tool to assist staff in both departments to understand their roles and responsibilities to support educational outcomes for children and young people in care who attend government schools. The document also outlines specific roles and responsibilities for both the DCP case worker and residential care staff.

Educational activities for children and young people can occur in a variety of ways, including through structured schooling environments, [Flexible Learning Options \(FLO\)](#) and via other programs. For further guidance, refer to [Identify and support the child or young person's education and employment needs](#) in the Supporting children and young people in care chapter of the Manual of Practice.

Residential care staff play an important role in supporting children and young people to attend and engage in education. As members of the child or young person's care team, residential care workers are strongly encouraged to advocate for the child or young person's education needs and participate in education meetings.

Residential care staff should in the first instance discuss the following with the residential care senior child and youth worker and/or supervisor:

- how best to support children and young people with their education
- determine who will participate in education meetings
- who will liaise with the child or young person's DCP case worker.

The [DCP Disability and Development Program](#) may also be able to provide support in liaising with education staff, and participate in education meetings where they are involved in supporting the child or young person (where appropriate).

The Department for Education has the responsibility to develop an education plan ([One Plan](#)) for all children and young people in care. The One Plan is a personalised learning plan that contains information to support a child or young person's inclusion and achievement in school. The plan should be developed in consultation with the child or young person's DCP case worker and residential care staff.

Non-government schools also have education plans. The DCP case worker is responsible for initiating the establishment of a child or young person's plan if they are attending a non-government school. The plan is then developed and monitored in collaboration with residential care, the DCP case worker and the school.



Identity

### Aboriginal and Torres Strait Islander Child Placement Principle Active Effort prompt

For Aboriginal and Torres Strait Islander infants, children and young people, identity and connection to family and community is critical in providing a culturally safe environment. Having a One Plan in place can support Aboriginal and Torres Strait Islander children and young people to feel strong in their identity. In addition to education, the One Plan covers social and cultural aspects for children and young people at school, and ensures accountability in relation to supporting the child or young person's cultural safety and wellbeing needs.



Connection

DCP (including DCP case worker and residential care staff) can participate in the development of a One Plan and discuss how the child or young person will be supported to develop and maintain their cultural identity in their educational environment. This can include how students work with Aboriginal Community Education Officers (ACEO) in schools, what school cultural activities they participate in and the provision of additional cultural and learning supports, as well as strategies that focus on cultural identity and feature language, art, stories and their Country.

It is important that there is a clear understanding between the DCP case worker and residential care in relation to the education of children and young people living in residential care. Residential care staff, in consultation with the child or young person's DCP case worker, should identify which education decisions residential care staff can make and which decisions require DCP case worker approval. Decision making processes and outcomes should be recorded in C3MS as a case note.

### Engage the child or young person in education

Children and young people in residential care may go through periods where they are not enrolled or are disengaged from education. If this occurs, ongoing efforts should be made to re-engage them. It is critical for residential care staff to support children and young people through these periods by engaging them in opportunities and activities that have an educational value. Examples include (but are not limited to):

- reading
- playing games that can provide teachable moments
- cooking or food shopping
- outings that include educational experiences such as visiting a library or museum.

[Youth adventure and recreational services \(YARS\)](#) is a specialised service that aims to provide support to children and young people with high-risk behaviours, who are disengaged from education or who have a disability.

The [Department for Education](#) provides a range of integrated education, training, health and child development services to benefit children and young people. For a variety of age-appropriate learning resources, refer to the [Department for Education](#) and [Education.com](#).

Residential care is responsible for costs commonly associated with education, including fees, books and uniforms. The DCP office with case management responsibility for the child or young person is responsible for additional costs such as tutoring and school camps. For guidance about education-related costs for children and young people in residential care, refer to [Financial responsibilities for children and young people in a DCP provided residential care placement](#).



For further guidance about supporting educational needs, including non-government schools, higher education, vocational education and training, refer to [Identify and support the child or young person's education and employment needs](#) in the Supporting children and young people in care chapter of the Manual of Practice.

## Support a child or young person to engage in extra-curricular activities

The child or young person should have the opportunity to explore activities that interest them, support their mental health and self-esteem and provide a sense of belonging and connection to their community. Extra-curricular opportunities can occur through the child or young person's schooling, the local community, local sporting clubs, at home or through other opportunities. It is important to be guided by the child or young person with consideration of their strengths, interests and developmental needs when exploring different options for extra-curricular activities.

When organising any extra-curricular activities, staff should first discuss the viability of individual extra-curricular activities with the residential care senior child and youth worker, taking in to consideration how to best support the child or young person's participation as well as continuing to provide care to other children and young people living in the home. Organising extra-curricular activities should occur in collaboration with the child or young person and their DCP case worker.

The [Sports Vouchers program](#) is a Government of South Australia initiative administered by the Office for Recreation, Sport and Racing. The program provides an opportunity for all primary school-aged children from Reception to Year 7 to receive up to \$100 discount on sports or dance membership or registration fees.

For further guidance about payment of extra-curricular related expenditure for children and young people in residential care, refer to [Financial responsibilities for children and young people in a DCP provided residential care placement](#).

## Care teams, case plans, identity support tools and annual reviews

### The child or young person's care team

Each child or young person in care has a care team. This is different from the team of residential care staff caring for the child or young person day to day. The care team sets goals and develops plans to ensure the child or young person has the support needed to reach their full potential.

Residential care staff form an important part of the child or young person's care team and should:

- contribute to planning and decision making by attending care team meetings and sharing information about the child or young person's strengths and support needs
- [seek the child or young person's views](#) about and share these views with the care team
- maintain regular contact with the DCP case worker and other care team members between care team meetings
- follow up care team meetings and provide the child or young person with an update (if they did not attend in person)

For further guidance about care teams, refer to [Support the placement](#) in the Supporting children and young people in care chapter of the Manual of Practice.

### Case plans

It is a requirement under section 28 of the *Children and Young People's (Safety) Act 2017* (CYPS Act) that every child or young person in care have a case plan. The DCP case worker is responsible for working in



partnership with the child or young person's care team including residential care staff, to develop, implement and review the case plan. The case plan must be reviewed regularly and when there are changes in the child or young person's circumstances that impact on their safety and/or needs, their living arrangements and/or the case direction.

Residential care staff can contribute to the development and implementation of the case plan by:

- working collaboratively with the DCP case worker to provide information about the child and young person's needs, strengths and development
- providing updates on the child or young person's behaviour, functioning and progress
- providing feedback about services or supports involved with the child or young person
- working with the care team to develop outcomes and actions in the child or young person's case plan
- seeking the child or young person's views and sharing these as part of case planning
- supporting the child or young person to share their views with the DCP case worker
- completing actions as assigned in the case plan and keeping the DCP case worker updated
- contributing to case plan reviews.

### Aboriginal Cultural Identity Support Tool

All Aboriginal and Torres Strait Islander infants, children and young people must have a current Aboriginal Cultural Identity Support Tool (ACIST) as part of their case plan. The ACIST is an important tool for planning to ensure the child or young person is supported to develop and maintain their Aboriginal or Torres Strait Islander cultural identity through:

- key relationships with family, kin, community and Elders
- participation in cultural events and activities
- connection with Aboriginal-specific services and organisations
- return to Country.

Residential care staff should familiarise themselves with, and actively support the implementation of a child or young person's ACIST. The [Identify and respond to the cultural needs of Aboriginal and Torres Strait Islander infants, children and young people](#) in the Supporting children and young people in care chapter of the Manual or Practice and the [Aboriginal Practice fact sheet 7- ACIST](#) provide critical guidance about supporting Aboriginal and Torres Strait Islander infants, children and young people to develop and maintain their cultural identity.

It is essential that residential care staff facilitate cultural connection and cultural safety in the house environment. Working closely with the Principal Aboriginal Consultant, having cultural conversations around identity and cultural safety regularly and providing a safe, inclusive environment are important ways in which residential care staff can actively support culture and identity for Aboriginal and Torres Strait Islander infants, children and young people.



Connection

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

Residential care staff can support Aboriginal and Torres Strait Islander infants, children and young people to connect to and engage in cultural activities such as return to country trips and key community events year round by actively advocating for Aboriginal and Torres Strait Islander infants, children and young people to participate in significant events, encouraging participation, engaging in and celebrating the rich culture with Aboriginal and Torres Strait Islander infants, children and young people and facilitating their attendance.



Prevention

### Aboriginal and Torres Strait Islander infants, Child Placement Principle active effort prompt

Aboriginal and Torres Strait Islander infants, children and young people have the right to connect with culturally specific services, such as local Aboriginal Community Controlled Health Organisations, mentoring programs, housing supports, extra-curricular activities, and Aboriginal education programs. Residential care staff can support Aboriginal and Torres Strait Islander infants, children and young people to connect with culturally specific services by advocating for, encouraging and facilitating their attendance.

## Culturally and Linguistically Diverse Identity Support Tool

All children and young people identified as being from a CALD background should have a CALD Identity Support Tool (CALDIST) in their case plan. The CALDIST is an important tool for planning to ensure the child or young person is supported to develop and maintain their cultural and religious identity through:

- key relationships with family, kin, community and religious leaders
- maintaining cultural and religious practices (such as language, dress, diet and religious worship)
- participation in cultural events and activities
- connection to culturally specific services and organisations.

Residential care staff have an important role in supporting a child or young person's cultural connection and cultural safety, this includes contributing to information that will support the child or young person's CALDIST.

Residential care staff should seek to understand a child or young person's cultural and religious background as this can impact on how to provide culturally appropriate support. Cultural and religious factors; for example can have implications on purchasing and preparing food, owning pets, clothing, routines or other daily activities or practices. Engaging in cultural conversations, sharing and participating in cultural activities and significant events and advocating for and supporting children and young people from CALD backgrounds to access culturally appropriate services such as language schools, extra-curricular activities and health services are important ways in which Residential care staff can actively support culture and identity.

Residential care staff can make a referral via the Referral tab in C3MS if seeking support from DCP Multicultural Services in the development of a CALDIST for a child or young person (for further guidance, refer to the [Referrals – C3MS Guide and C3MS Referrals Instructions](#)). Residential care staff can contact the [DCP Multicultural Services team](#) and refer to [Identify and respond to the cultural needs of children and young people who are culturally and linguistically diverse](#) in the Supporting children and young people in care chapter



of the Manual of Practice for cultural advice and support. For further advice about seeking cultural support, refer to the [Service Delivery Model for DCP Multicultural Services](#).

## Annual reviews

Annual reviews are undertaken every 12 months for each child and young person and are an opportunity to review whether the existing care arrangements continue to be in the child or young person's best interests, supporting them to grow up well cared for, happy, healthy, connected and empowered to reach their full potential. The office the child or young person is allocated to, is responsible for organising the annual review meeting. The [Conduct an annual review](#) in the Case planning, review and annual review chapter of the Manual of Practice provides further guidance about the annual review process.

Residential care staff hold valuable information about children and young people that should be considered at the annual review.

Residential care staff can contribute to annual reviews by:

- regularly communicating with the DCP case worker regarding the child or young person's progress, strengths and support needs
- attending and participating in the annual review meeting
- supporting the child or young to attend the meeting and/or make a submission to the annual review panel (where developmentally appropriate)
- seeking the child or young person's views and wishes and presenting these at the annual review meeting (if the child or young person is not in attendance)
- following up with the child or young person after the annual review meeting by providing an update (if they did not attend the annual review meeting in person)
- implementing recommendations made by the annual review panel.

Residential care staff have an important role as part of the child or young person's care team to actively contribute to the care team, case plan, identity support tool and annual reviews. For more information about case planning, identity support tools and annual reviews, refer to the [Case planning, review and annual review chapter](#) in the DCP Manual of Practice.

A DCP Principal Aboriginal Consultant should be included in all significant decisions relating to the safety and wellbeing of Aboriginal and Torres Strait Islander infants, children and young people, this will support cultural safety and the practice of genuine Aboriginal and Torres Strait Islander self-determination. For further information about the importance of Aboriginal and Torres Strait Islander self-determination, refer to [Aboriginal Practice fact sheet 14 – Aboriginal Self-determination](#).

## Residential Care: Wellbeing Plans

Children and young people who have experienced trauma may require support to manage their emotions. Trauma may adversely impact children and young people's ability to rationalise or problem solve when overwhelmed and experiencing emotions such as fear, anger, frustration, shame, or grief. Every child or young person is unique and it is best practice to adopt an individualised approach to support their healing and development.

The Residential Care Wellbeing Plan is designed to:

- support staff to identify behaviours that the child or young person may experience when in crisis
- provide strategies and responses needed to help the child or young person to co-regulate
- assist the child or young person to develop adaptive behaviours while keeping them safe.



Every child or young person living in DCP residential care requires a [Residential Care: Wellbeing Plan](#). The [Residential Care: Wellbeing Plan](#) aligns to the CPI Safety Intervention™ Program by supporting staff to recognise, prevent and manage crisis behaviours using person-centred and trauma-informed responses. A purposeful and current Residential Care: Wellbeing Plan can support staff to provide an appropriate response for each behaviour level in order to prevent or de-escalate a situation.

## Developing a Residential Care: Wellbeing Plan

The residential care supervisor and senior child and youth worker, with the child or young person's key worker should initiate the development of the Residential Care: Wellbeing Plan within four weeks of the child or young person's placement commencing and should liaise with the care team, the DCP case worker and other key stakeholders. The development and review of a Residential Care: Wellbeing Plan requires a collaborative approach.

The child or young person should be included in the development of the Residential Care: Wellbeing Plan. To do this, staff can support the child or young person to develop their [All About Me document](#) or their [All About Me Culture document](#) for Aboriginal and Torres Strait Islander infants, children and young people.

Supporting the child or young person with their All About Me document provides a genuine opportunity to learn the child or young person's strengths, likes and dislikes and can help staff understand how they can help them to feel safe and supported.

For Aboriginal infants, children and young people culture is integral to their safety and wellbeing, the All About Me Culture document includes space to celebrate and acknowledge their cultural identity.

Information learned during the creation of the All About Me or All About Me Culture document can then form part of the Residential Care: Wellbeing Plan development.



Participation

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

Empowering Aboriginal and Torres Strait Islander infants, children and young people to participate in decisions that affect them helps them to feel more valued and respected and gives them a sense of control over their own lives. It also assists decision makers in making well-informed choices about Aboriginal and Torres Strait Islander infants, children and young people's needs.

Residential Care staff should strive to create opportunities for Aboriginal and Torres Strait Islander infants, children and young people to express their views and to participate in decisions about them.

Proactively engaging the child or young person in the development of their Residential Care: Wellbeing Plan will also ensure the child or young person has a voice in the decisions that directly impact them.

It is necessary to understand what has happened to the child or young person because their trauma history and triggers can influence their behaviour, and impact on how staff should approach and respond to the child or young person. A child or young person's Trauma Profile can inform the contents of the Residential Care: Wellbeing Plan by providing detailed information about:

- what has happened to the child or young person
- what their behaviours look like
- what underlying need/s the behaviour/s are communicating.



The child or young person's Trauma Profile, All About Me (or All About Me Culture) and their Residential Care: Wellbeing Plan will also help the care team to understand the functions of the child or young person's behaviour and how to better support their strengths and resilience.

## Considerations when developing a Residential Care: Wellbeing Plan

When developing a Residential Care: Wellbeing Plan, the following should be considered and where applicable undertaken:

- refer to the [Wellbeing Plan Exemplar](#) for guidance about describing behaviour levels and appropriate staff responses
- consult and gather information from the child or young person's residential care team
- consult and gather information from key stakeholders about strategies currently being used in other settings which may be applicable in their placement, including the:
  - DCP case worker
  - Aboriginal child and youth workers
  - child or young person's school
  - child or young person's family
  - child or young person's current therapist
  - DCP Specialist Services Team (SST)
  - Principal Aboriginal Consultant
  - DCP Multicultural Services Team
- identify effective strategies that meet the underlying needs the child or young person's behaviour is communicating for each behaviour level, review the child or young person's Trauma Profile
- identify strategies that are known to work, as well as those that may exacerbate the situation and should be avoided
- consider possible reasons why some strategies are effective at some times, but not others. For example, is it because the strategy is only being used by some people, but not everyone, which makes it inconsistent and unpredictable for the child? How could this be resolved?
- utilise the S.E.L.F template ([Sanctuary resource](#)) when reviewing behaviours or in situations where there is a risk or safety concern
- incorporate the child or young person's All About Me or All About Me Culture information within the Residential Care: Wellbeing Plan
- for children or young people with complex or high-risk behaviours, consult with the Sanctuary practitioner and the CPI-Safety Intervention Program Coordinator for support and guidance
- ensure language is clear, respectful and empathetic and reflects the responsibility of the adult to consider "What's happened to you", and the underlying causes of behaviours. For further guidance, refer to the [Iceberg Model fact sheets and the child or young person's trauma profile](#)
- consider how to develop a Residential Care: Wellbeing Plan that is culturally safe and responsive for Aboriginal and Torres Strait Islander infants, children and young people
- consider how to develop a Residential Care: Wellbeing Plan that is culturally safe and responsive for children and young people from culturally and linguistically diverse (CALD) backgrounds



- consider the developmental needs of children and young people with developmental delay or disability and tailor approaches accordingly.

## Considerations for Aboriginal and Torres Strait Islander infants, children and young people

When developing a Residential Care: Wellbeing Plan for an Aboriginal or Torres Strait Islander infant, child or young person, it is essential to consider the impacts intergenerational trauma, past practices, and colonisation has had on infants, children and young people's feelings of safety and trust when engaging with DCP staff. This will assist residential care staff to consider how the Residential Care: Wellbeing Plan can support cultural safety and responsiveness. It is strongly recommended that residential care staff consult with the residential care Principal Aboriginal Consultant (PAC) and familiarise themselves with the [Aboriginal Child Placement Principles \(ACPP\)](#) when supporting Aboriginal and Torres Strait Islander infants, children and young people.



Prevention

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

The existence of cultural safety is critical to building relationships with Aboriginal and Torres Strait Islander infants, children and young people and supporting their healing journey. It is important to remember that it is the individual who decides what is culturally safe for them.

Consider how to support the Aboriginal or Torres Strait Islander infant, child or young person to feel culturally connected and safe when participating in the development of their Residential Care: Wellbeing Plan.

## Considerations for children and young people from CALD backgrounds

Engaging with [DCP Multicultural Services](#) and other cultural experts when caring for children and young people from culturally and linguistically diverse (CALD) backgrounds will further support children and young people's connection to culture and culturally safe practice.

## Considerations for children and young people with developmental delay or disability

A Residential Care: Wellbeing Plan should be responsive to the unique needs of children and young people with developmental delay or disability. The [DCP Specialist Services Team](#) provides specialist support to assist residential care staff to understand and respond to the needs of children and young people with developmental delay or disability and should be consulted with and included in the development of the Residential Care: Wellbeing Plan.

The additional needs of children and young people with developmental delay or disability may increase their likelihood of experiencing behavioural escalations requiring the use of restrictive intervention. They may also have disability or health related vulnerabilities that must be understood in the context of using restrictive intervention.

For children and young people who have a Positive Behaviour Support Plan (PBSP) developed by a NDIS funded behaviour support practitioner, any regular use of restrictive intervention must be detailed in the PBSP. Residential care staff should work in partnership with the child or young person's NDIS behaviour support practitioner and care team to ensure strategies and supports within the Residential Care: Wellbeing Plan are responsive and safe.



## Develop the Residential Care: Wellbeing Plan - behaviour levels and staff responses

When developing the Residential Care: Wellbeing Plan it is essential to prioritise proactive and effective strategies that meet the underlying needs of the child or young person. The Residential Care: Wellbeing Plan is divided into five sections. The initial section identifies how the child or young person may present when in a calm or regulated state and ways in which staff can actively engage and connect with the child or young person. The following four sections set out the behaviour levels (anxiety, defensive, risk behaviour and tension reduction) that the child or young person may experience during a crisis moment.

The Residential Care: Wellbeing Plan should provide a clear description about how the child or young person's behaviour may present at each behaviour level and provide clear directions for how staff should approach and respond at each behaviour level to:

- de-escalate the situation
- support the child or young person to co-regulate
- develop adaptive behaviours
- keep the child or young person safe.

Residential care staff should refer to the [Wellbeing Plan Exemplar](#) for further guidance about how to describe the child or young person's behaviour levels and staff responses when developing the child or young person's Residential Care: Wellbeing Plan.

The CPI Safety Intervention™ (SI) training booklet provided to residential care staff who have completed their mandatory CPI SI training provides further guidance on identifying and responding to the levels of crisis behaviours.

### Identifying calm or regulated behaviour

It is important for staff to be able to identify how the child or young person may present when in a calm or regulated state (typical behaviour). Being familiar with a child or young person's typical behaviour when calm or regulated will help staff to notice signs of change and adjust their approach and response for early intervention.

Identifying what is calm or regulated behaviour will be different for every child and young person because of what has happened to them and how their nervous system has learnt to respond to keep them safe.

### Level one: Anxiety behaviour and supportive approach

Anxiety is the first behaviour level and is defined as a change in typical behaviour. This can present as a change in facial expressions (such as staring, avoiding, ticks), general posture (such as slouching or crossing their arms) or general behaviour (such as pacing or responding differently than normal).

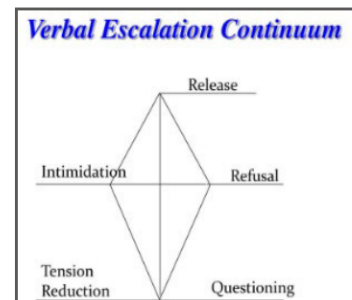
Staff should respond to the child or young person using a supportive approach. A supportive approach can reinforce a level of trust and rapport, which is key to reducing the likelihood of high-risk behaviour. This can encourage the child or young person in distress to convey their concerns and work towards resolution through problem solving and reasoning. If not addressed, anxiety-related behaviour can stimulate irrational thinking and escalate the situation.

### Level two: Defensive behaviour and directive approach

Defensive behaviour is defined as a need to protect oneself from a real or perceived challenge or threat. This level is the beginning stage of loss of rationality, when the child or young person is no longer able to process information easily. It is a critical point during a crisis event where residential care staff responses can easily escalate behaviour if it is not recognised.



Residential care staff should refer to the Verbal Escalation Continuum<sup>SM</sup> Model (Questioning, Refusal, Release, Intimidation and Tension Reduction) to recognise behaviours at the defensive level and the de-escalation strategies to use at each stage of the continuum. Not all stages of the continuum will always occur at the defensive level nor are they always in a linear formation.



The Verbal Escalation Continuum<sup>SM</sup>

### Level three: Risk behaviour and safety interventions

Risk behaviour is a total loss of physical and emotional control including behaviour that presents an immediate or imminent risk of physical harm to the child or young person, staff, or others. The child or young person is no longer able to maintain self-control, and verbal behaviour turns to physical risk behaviour.

To maintain safety and minimise harm, safety intervention responses, including non-restrictive (such as removing items that could be dangerous or removing other people) and restrictive interventions (for example, using a physical hold) should be applied.

#### The use of restrictive intervention

Restrictive intervention, combined with a loss of control, can be a frightening and unpleasant experience for the child or young person, especially when they have previously experienced trauma. Refer to [Understanding Restrictive Practices Practice Paper](#) for further information.

Restrictive interventions should only be used as a last resort when the nature of the behaviour poses a serious threat to safety and is more dangerous than the danger of using a hold. Restrictive intervention should be reasonable, proportionate and least restrictive to maximise safety and minimise harm.

The CPI-Safety Intervention Decision Making Matrix<sup>SM</sup> within the training booklet, should be used to assess the level of risk. The extent to which any restrictive intervention is used must be proportionate to the assessed level of risk (low, medium, high or extreme) and used only as a temporary risk management strategy and as a last resort.

The [Understanding Restrictive Practices Practice Paper](#) provides further guidance about what restrictive practices (including interventions) are, when and why they may be used, how to minimise their use, and how to ensure a child or young person's safety and their human rights.

If use of restrictive intervention is assessed by key stakeholders to be the required safety approach in the short-term, this must be documented in the Residential Care: Wellbeing Plan, with a noted review date.



Connection

#### Aboriginal Child Placement Principle active effort prompt

It is essential that any use of restrictive intervention does not impact connection to family, community, culture and Country. The [Understanding Restrictive Practices Practice Paper](#) provides further information about the impact of restrictive practice and intervention for Aboriginal and Torres Strait Islander infants, children and young people including the potential of re-traumatisation, as well as alternative strategies to support positive and adaptive behaviours.

#### The use of physical hold or intervention

Under regulation 6(3) of the *Family and Community Services Regulations 2024* (FACS Regulations 2024) any use of force (physical hold or intervention) by residential care staff against a child or young person, whether it is due to an incident or as a planned intervention identified within their Residential Care: Wellbeing Plan, requires a written report (incident report) to be completed by any staff member involved in the intervention as soon as is reasonably practicable after the incident. For further guidance about incident reporting, refer to the [Residential Care: Incident management Procedure](#).



Pursuant to section 6(5) of the FACS Regulations, a written account ([Reflection form](#)) must be written, signed and dated by the child or young person involved in the physical intervention. Any child or young person who has been physically held or where physical intervention has occurred, either due to an incident or as a planned intervention identified within their Residential Care: Wellbeing Plan must be given the opportunity to complete a Reflection form. To support the child or young person to complete a Reflection form, refer to 'Manage and respond to incidents' under [Support children and young people in residential care](#) in this chapter of the DCP Manual of Practice.

## Level four: Tension reduction and therapeutic rapport

Tension reduction refers to the point at which the child or young person begins to regain self-control and rationality. The child or young person may present with:

- a decrease in physical and emotional energy
- an appearance of being emotionally drained, withdrawn, or remorseful
- physically fatigued.

The child or young person experiencing the tension reduction level following a restrictive intervention has been through a potentially frightening and traumatic experience, some or all of which they may not be able to remember. The child or young person may be feeling emotionally vulnerable.

At the tension reduction level, it is important for residential care staff to focus on how to re-establish the relationship (building therapeutic rapport), reassure the child or young person, and create a sense of calm and safety.

## Finalise the Residential Care: Wellbeing Plan

The residential care senior child and youth worker and the residential care supervisor are responsible for finalising the Residential Care: Wellbeing Plan. The completed Residential Care: Wellbeing Plan should be:

- signed by the residential care senior child and youth worker, supervisor and by the child or young person's case worker
- uploaded to C3MS using the 'Plan' tab. For further information about uploading the plan to C3MS, refer to the [ICT Guide – Wellbeing Plans](#) on the DCP intranet under C3MS Guides
- discussed within care team meetings to support consistent approaches and responses from all care team members
- kept in a safe and accessible location within the child or young person's home for the care team to refer to when needed.

## Review the Residential Care: Wellbeing Plan

The child or young person's Residential Care: Wellbeing Plan is a dynamic document that requires regular review and updating. It should be reviewed at a minimum of every three months to ensure it is relevant and informs best practice for the child or young person and care team. The plan should also be reviewed and revised when circumstances or behaviours change. For example, the emergence of or a reduction in behaviours of concern or high-risk behaviours.

The residential care senior child and youth worker with the child or young person's key worker or designated child and youth worker is responsible for initiating the review of and finalising the reviewed Residential Care: Wellbeing Plan which should then be approved by the residential care supervisor.

When reviewing the Residential Care: Wellbeing Plan, DCP residential care staff should:

- discuss what is working, and ensure this is a focus of review meetings and communicated via email or in meeting minutes to all care team members



- refer to the 'Considerations when developing a Wellbeing Plan' section for guidance
- provide the child or young person an opportunity to participate in the review of their Residential Care: Wellbeing Plan with a supportive staff member and incorporate their views where safe and possible into the Residential Care: Wellbeing Plan
- where appropriate, engage the child or young person to gain their input and better inform strategies to support the child or young person's underlying needs and behaviours (how this should occur and who should be involved should be determined by the residential care supervisor and the child or young person's DCP case worker)
- if no changes are required, maintain the current Residential Care: Wellbeing Plan with a new review date and signed by the residential care senior child and youth worker, supervisor and by the child or young person's case worker
- discuss the Residential Care: Wellbeing Plan at care team meetings to support consistent approaches and responses from all care team members
- upload to C3MS using the 'Plan' tab. For further information about uploading the plan to C3MS, refer to the ICT Guide – Wellbeing Plans on the DCP intranet under C3MS Guides.

### Support children and young people with high risk and complex behaviours

Children and young people in residential care who have experienced trauma and harm can display high risk and complex behaviours. They require support and care that protects their rights, safety and wellbeing and that of other children and young people in the home. Children and young people may display multiple high risk or complex behaviours and while this can be challenging, it is important to remember these behaviours are communicating unmet needs and/or instinctive behaviours resulting from past trauma.

	<h4>Aboriginal and Torres Strait Islander Child Placement Principle active effort prompt</h4>
<p>Identity</p>	<p>Cultural safety is an essential part of providing therapeutic care and intervention. It is important to understand the impact that intergenerational trauma and the Stolen Generations have had on feelings of safety and trust for Aboriginal and Torres Strait Islander people. The healing and protective values of culture must be acknowledged when supporting Aboriginal and Torres Strait Islander infants, children and young people with high risk and complex needs.</p>
	<p>Involving the residential care Principal Aboriginal Consultant and actively contributing to a culturally safe home, as well as strengthening connections to family, community and culture is essential in ensuring culturally safe and responsive practice.</p>
<p>Connection</p>	

High risk and complex behaviours are behaviours that place the child or young person and others at increased risk of serious physical or emotional harm and/or compromised development. The [Supporting children and young people in care with high risk and complex behaviour Practice Paper](#) provides guidance in defining high risk and complex behaviour as well as trauma informed practice approaches for supporting children and young people who display these behaviours.

Examples of high risk and complex behaviours can include:



- criminal offending
- aggressive behaviours towards others
- self-harm and suicidal ideation
- being missing or absent from home
- alcohol and other drug use
- harmful sexual behaviour.

Residential care staff must adhere to the [Residential Care: Incident management Procedure](#) where an incident occurs and should refer to the 'Manage and respond to incidents' section. Consideration should also be given to whether the situation needs to be managed in accordance with the [Significant incident reporting Procedure](#).

In addition to managing and responding to the presenting behaviour, residential care staff should also seek to understand and respond to the child or young person's underlying needs and be conscious of the likelihood that traumatic experiences are contributing to their behaviour. Understanding what is happening underneath the surface for children and young people who are displaying high risk and complex behaviours and asking 'What happened to you?' is essential when managing and supporting their needs.

Residential care staff should familiarise themselves with the DCP [Iceberg Model factsheets, which](#) provides trauma informed approaches to understanding and managing children and young people's behaviours who have experienced trauma.

Children and young people in residential care require a wellbeing plan. A wellbeing plan, developed by the DCP senior child and youth worker, in conjunction with the DCP case worker and the care team, assists to identify behaviours, underlying needs and appropriate strategies and responses to support children and young people. The care team should review wellbeing plans regularly. Refer to the 'Residential Care: Wellbeing Plans' section in this key step and the [Wellbeing Plan exemplar](#) for further guidance.

The [Sanctuary S.E.L.F template](#) is a problem-solving framework based on Safety, Emotions, Loss and Future (S.E.L.F), which residential care staff and the care team (including the child or young person as appropriate), can use to assist in developing an understanding of high risk and complex behaviours.

Where a child or young person is displaying significant or ongoing high risk and complex behaviours, consideration must be given to accessing further supports and services. Residential care staff should seek further guidance from the residential care senior child and youth worker or residential care supervisor and the child or young person's DCP case worker. Refer to the [Therapeutic Residential care Supports and Services](#) and the [Identify and respond to the psychological and emotional needs of the child or young person](#) section in the Supporting children and young people in care chapter of the Manual of Practice as well as [DCP Disability and Development Program](#) provide further information about DCP services available. Other services such as Child and Adolescent Mental Health Service (CAMHS) and Yarrow Place may also provide supports and services to children and young people in residential care. DCP case workers are responsible for submitting such referrals. All referrals should be recorded in the Referrals tab in C3MS. For further guidance, refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#).

For children and young people who display high risk and complex behaviours where attempts to achieve improved outcomes through usual processes have been unsuccessful, residential care staff should consult with the child or young person's DCP case worker to consider making a DCP complex case review meeting



(CCRM) referral. Refer to [Respond to the complex needs of a child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice for further information.

## Manage and respond to aggressive behaviour

When managing and responding to threatening and aggressive behaviour, the safety of children and young people is the paramount consideration. Residential care staff's first response should be to protect the child or young person, their own immediate safety and that of any others at risk.

Where residential care staff believe that they cannot effectively manage a situation and their immediate safety or that of another person is threatened, residential care staff must call 131 444 for police assistance or 000 in the case of a life-threatening emergency. If residential care staff are unable to reach the mobile but have access to a duress alarm, this can be activated for emergency assistance.

When a child or young person is at any level of crisis, how residential care staff communicate in that moment can prevent or de-escalate the situation. Identifying cues that the child or young person is becoming heightened, and matching the response to their presentation can influence the situation and potentially prevent escalation.

Children and young people who have experienced trauma often have limited capacity to manage their emotions. They may lack the skills to rationalise or problem solve when overwhelmed and experiencing emotions such as fear, anger, frustration shame or grief. Experiences or situations that make a child or young person feel anxious, fearful or overwhelmed can be a trigger that can cause them to engage in high risk and complex behaviours, including aggression.

It is important for residential care staff to know and understand as much as possible about each child and young person's individual triggers. A child or young person's triggers may not be obvious to others and may be something that would be unlikely to trigger another person. It is also important to understand that children and young people may not be aware of their triggers.

Triggers may be as simple as living in a residential care house with other children or inconsistency in staffing. It may also be a certain smell or sound, family visits being cancelled or something that reminds them of a past traumatic event.

When responding to a child or young person displaying aggressive behaviours, consideration should be given to:

- the child or young person's age
- the child or young person's developmental ability including any disability or communication impairment (intellectual disability, autism spectrum disorder, difficulties with understanding)
- the information contained in the child or young person's case plan, wellbeing plan, All about me and Trauma profile
- information contained in other current safety plans or strategies
- what level of the Crisis Development Models the child or young person is at (Anxiety, Defensive, Risk Behaviour, Tension Reduction) and the appropriate response approach
- asking for assistance from another residential care staff member (or on-call support) if available, as they may be able to de-escalate the situation
- encouraging other children and young people who may be at risk of harm to move away from the situation to a safer area if possible



- removing potentially dangerous objects that the child or young person could use to harm themselves or another person if possible.

In the event that the aggressive behaviour escalates to a physical assault, unlawful threats, property damage or other unsafe behaviour that may be unlawful and put others at risk, further consideration must be given to:

- the nature of the assault, threat or property damage
- assessing risk behaviour to determine the safety intervention which meets the criteria of reasonable, proportionate to the risk, and least restrictive responses (restrictive interventions should only be used when the child or young person's level of unsafe behaviour is more dangerous than the danger of using restrictive intervention)
- the extent of harm or injury sustained
- the circumstances surrounding the assault
- the victim and their needs and wishes
- the child or young person's history of behaviour/offending
- the risks associated with charges being laid against a child or young person (for example, criminalisation and involvement with youth justice system)
- the risks associated with charges not being laid against a child or young person (for example safety of staff, other residents and the community)
- if/when, it may be necessary to contact SAPOL to report a situation.

The residential care senior child and youth worker and/or residential care supervisor or after-hours mobile night team should be contacted for guidance whenever residential care staff are unfamiliar with the child or young person, their history or any strategies and plans that are current for the child or young person.

If a child or young person's behaviour results in property damage, it is generally best managed by residential care staff and the care team, without involving SAPOL. However, residential care staff should consult with the residential care senior child and youth worker or residential care supervisor, and refer to the child or young person's wellbeing plan or other documented strategies or individual responses. Residential care staff should ensure that rationale for a decision to involve SAPOL is recorded in line with the [Residential Care: E-log \(electronic log\) Procedure](#).

Action any property repair works by completing the [DCP Residential Care maintenance request form](#) and email it via [DCPOoHCFacilities@sa.gov.au](mailto:DCPOoHCFacilities@sa.gov.au) during business hours. For urgent after hours repairs where property damage poses a security or safety issue, contact the Ventia Helpdesk on 1300 903 063.

DCP Residential Care aims to reduce a child or young person's contact with SAPOL and Youth Justice wherever possible and appropriate to minimise the criminalisation of children and young people's behaviour.

Some behaviours are however a criminal offence. Whether to charge a child or young person with an offence will be determined by SAPOL. Residential care staff may be involved in assessing whether or not a possible offence is reported to police.

The [SA Law handbook](#) provides further information relating to children and young people and the law, including information about [young offenders](#) and [criminal responsibility](#).



In the case that a child or young person is involved with SAPOL or Youth Justice, residential care staff should familiarise themselves with the 'Support a child or young person involved with SAPOL, Youth Court and Youth Justice' section.

## Support children and young people at risk of self-harm and suicide

Children and young people living in residential care may be particularly vulnerable and at higher risk of self-harm and suicide. Residential care staff should follow their first aid training and call an ambulance immediately on 000 if at any time they believe a child or young person is at serious risk of harm and refer to the [Residential Care: Supporting children and young people at risk of self-harm and suicide Procedure](#), and the [Residential Care: Safe use of rescue knives Procedure](#) for guidance.

The [Residential care quick guide for self-harm and suicidal behaviour](#) provides critical guidance for residential care staff who are supporting children and young people at risk of self-harm and suicide.

A [My safety action plan](#) is a support tool for children and young people. The purpose of this plan is to reinforce the importance of remaining safe and providing the child or young person with their own strategies to help them to keep safe when they are having self-harm or suicidal thoughts. Residential care staff should follow guidance in the [Residential Care: Supporting children and young people at risk of self-harm and suicide Procedure](#) when supporting a child or young person to complete a My safety action plan.

## Respond to alcohol and/or other drug use

Alcohol and/or other drug use carries a number of different risks for children and young people, including it may lead to serious health issues and increased risk of physical, emotional or sexual harm. [Health Direct – Young people and alcohol](#) and [Health direct - Young people and drugs](#) provides information for residential care staff when supporting a child or young person who may be affected by alcohol and/or other drugs.

Residential care staff should follow their first aid training and call an ambulance immediately on 000 if at any time they believe a child or young person is at serious risk of harm. [SA Health - Drug and alcohol emergency information](#) and the [Health Direct – How to help someone who is misusing drugs or alcohol](#) provide critical information about signs and symptoms of alcohol and other drug use and how to support someone who may be intoxicated including when to seek urgent help.

## Recognising intoxication

Signs of intoxication can be similar to signs of a head injury or underlying condition, such as diabetes or hypothermia. [Health Direct](#) and [Health Direct- Head Injuries](#) provide further guidance about signs and symptoms to be aware of for head injuries, underlying health conditions and intoxication. Where there is a possibility of a head injury or underlying condition, residential care staff should seek advice from Health Direct by telephoning 1800 022 222.

When assessing whether a child or young person is intoxicated, staff need to consider their typical behaviour. If the staff member does not regularly work with a child or young person, they should refer to the child or young person's wellbeing plan and contact the residential care senior child and youth worker or residential care supervisor or after hours mobile night team for advice.

It is important for residential care staff to gather as much information as possible as this will enable an appropriate response. Talking with the child or young person and their friends (if possible), observing their behaviour and reading any documentation relating to the child or young person such as their wellbeing plan or case plan can provide critical information to support an appropriate response and subsequent follow up.

Children and young people in residential care who may be intoxicated may or may not disclose what substance they have taken or know what the substance is. The [Residential Care: alcohol and/or other drug](#)



[use observations and questions Checklist](#) can support staff in identifying if a child or young person may be intoxicated or if there are other underlying conditions that may need to be responded to.

## Safely respond to an intoxicated child or young person

Where a child or young person is intoxicated, residential care staff should respond in a supportive and nurturing manner, and remain in close proximity to observe for any changes in their condition.

Residential care staff should follow the supportive care steps below to ensure safe and effective management when responding to an intoxicated child or young person:

- refer to the [Residential Care: alcohol and/or other drug use observations and questions Checklist](#) to help identify if the child or young person may be intoxicated and/or need further medical support
- continually monitor the child or young person for any changes and seek medical advice if needed
- let other staff on shift know that you are caring for an intoxicated child or young person
- if the intoxicated child or young person is in the company of another young person that they live with, treat them individually
- reduce the possibility of accidents by removing hazards (for example, moving objects out of the way). Help them if they are unsteady on their feet.

If residential care staff feel that the risk of managing and responding to a child or young person who is intoxicated at home is too high, the residential care staff member should discuss other options with the residential care senior child and youth worker or residential care supervisor or after-hours mobile night team.

The residential care senior child and youth worker, residential care supervisor or after hours mobile night team will be able to provide further support and guidance and should be informed as soon as possible where a child or young person requires an ambulance or where there are concerns with possible intoxication from alcohol and/or other drugs.

All children and young people in care are covered for the cost of ambulance transport to an appropriate medical facility to receive medical treatment. Refer to the [SA Ambulance Cover Procedure](#) for further information about automatic ambulance cover between the Department for Child Protection and SA Ambulance Service Incorporated.

## Progression of intoxication to overdose

Overdose is defined as when a person takes more than the recommended therapeutic dose of a particular substance or it is beyond their tolerance and is indicated by decreasing consciousness. Refer to the [Health Direct page – accidental overdose of medicines](#) for further information about signs of overdosing as well as what to do if someone has overdosed.

Residential care staff must call an ambulance immediately on 000 and follow their first aid training if a child or young person presents as unconscious or loses consciousness at any time or where a potential overdose has occurred.

## Loss of consciousness versus sleep

A person who is asleep will be able to be roused with stimuli such as noise or gentle touch. Sometimes people react with aggression if they are startled on waking, especially if they are under the influence of substances. Residential care staff should use their voice first to rouse the child or young person and if this does not work, gently tap or shake their feet so that you can move away safely if needed. An unconscious person will not be roused by any kind of stimuli.



## Paracetamol overdose

Paracetamol (also known by brand names Panadol, Panamax, Tylenol) is commonly taken by young people in an attempt to harm themselves. Signs of paracetamol overdose include nausea, vomiting, drowsiness, abdominal pain, seizures and unconsciousness.

Large amounts of paracetamol are very dangerous and can cause liver damage or death. Sometimes the effects of an overdose will not be evident until two to three days after ingesting the paracetamol.

If it is suspected that a child or young person has ingested a quantity above the recommended dose of paracetamol, residential care staff must immediately call an ambulance 000 or take them to the nearest hospital emergency department. Similarly, if a young person is found to be in possession of empty or full packets of paracetamol, staff must treat it as an overdose and take them to the hospital for an assessment.

If a child or young person regularly overdoses on paracetamol, residential care staff should liaise with the residential care senior child and youth worker or residential care supervisor to convene a [care team meeting](#) or red flag meeting with the child and young person's DCP case worker and care team. Refer to 'Work in partnership with the child or young person's care team' in the [Support the placement](#) key step of the Supporting children and young people in care chapter of the Manual of Practice.

## Manage and respond to harmful sexual behaviour

Residential care staff have a responsibility to support and educate children and young people about protective behaviours and sexual safety. Residential care staff should refer to 'Safeguarding children and young people' in [Create a safe and nurturing home in residential care](#) in the DCP Residential Care chapter of the Manual of Practice and [Protective behaviours and sexual education for children and young people in care Practice Paper](#) for further guidance.

Where a child or young person displays harmful sexual behaviours, the child or young person's care team (including residential care staff, the child or young person's DCP case worker, the child or young person's therapist and other key members), must work together to support therapeutic interventions and safeguard all children and young people living in the residential care home. [Wellbeing plans](#) are used to support safety, identify underlying causes of behaviours and identify appropriate responses and strategies to support and assist children and young people, including those who display harmful sexual behaviours.

Residential care staff should familiarise themselves with [Supporting children and young people who display harmful sexual behaviour Practice Paper](#) which provides guidance about understanding the difference between developmentally appropriate sexual behaviour and harmful sexual behaviours, and provides essential guidance about how to support a child or young person who is displaying harmful sexual behaviours.

For additional guidance, refer to [Identify and respond to the psychological and emotional needs of the child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice and the [Safeguarding children and young people Practice Paper](#).

Children and young people may be at risk when displaying harmful sexual behaviours or when affected by harmful sexual behaviours of another child or young person. DCP residential care staff must understand their responsibilities under the [Reporting a suspicion a child or young person is at risk procedure](#), which sets out the process for reporting a suspicion on reasonable grounds that a child or young person is at risk.



Incidents relating to harmful sexual behaviour may be considered a significant incident. DCP residential care staff must refer to the [Residential Care: Incident management Procedure](#) and the [Significant incident reporting Procedure](#) for further guidance about their reporting obligations.

## Manage and respond to incidents

Safety is the paramount consideration when managing and supporting the child or young person through an incident. To support the safety of children and young people living in residential care, staff should employ the four pillars of Sanctuary, which outlines trauma theory, the Sanctuary commitments, the S.E.L.F. framework and the Sanctuary toolkit.

DCP has responsibilities and functions under a range of legislation when responding to incidents relating to children and young people living in residential care. The Children and Young People (Safety) Act 2017 requires that children and young people be heard and have their views considered. Residential care staff must adhere to the [Residential Care: Incident management Procedure](#) when an incident occurs.

Residential care staff should familiarise themselves with the 'Supporting children and young people with high risk and complex behaviours' section in the DCP Residential Care chapter of the Manual of Practice which provides guidance about understanding and supporting a child or young person with complex behaviours that may lead to an incident.

Under Regulation 6(5)(6) and (7) of the *Family and Community Services Regulations 2024* (FACS Regulations), where an incident occurs involving physical intervention (use of force) by a residential care staff member against a child or young person, the child or young person must be offered reasonable opportunity (by any staff member not present during the incident) to record their account of the incident either by using a [reflection form](#) or another means of their choice. For further information, refer to the 'Support children and young people to record their account of the incident (reflection form)' section.

Where a significant incident occurs, residential care staff must also follow the [Significant incident reporting Procedure](#), which ensures that incidents of a significant and/or sensitive nature are appropriately escalated for response and management.

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

### Support children and young people to record their account of an incident (reflection form)

Under Regulation 6(5)(6) and (7) of the FACS Regulations 2024, a child or young person against whom physical intervention (use of force) was used must be offered reasonable opportunity (by a staff member not present during the incident) to record their account of the incident either by completing a [reflection form](#) or another means of their choice.

Any child or young person who has been involved in or witnessed any type of incident must be offered a reasonable opportunity to record their account of the incident and residential care staff make active efforts to support and encourage any child or young person should they want to record their account.

Children and young people should feel supported by residential care staff when they are recording their account of an incident. Residential care staff should reassure the child or young person that their voice and concerns (if any) are important and will be listened to and respected. [The Your way to have a say in residential care for over 12s](#) and [Your way to have a say in residential care for under 12s](#) CREATE pamphlets provide information about reflection forms which can be shared with children and young people.



The use of [Sanctuary tools](#), for example psychoeducational games, [S.E.L.F template](#) or even a community meeting in some instances can be useful as part of and/or to assist children and young people with the reflection process.

Residential care staff member(s) involved in or present during the incident must not be a support person assisting the child or young person to record their account of the incident.

If the child or young person accepts the offer to record their account of the incident, the account must be:

- written, signed and dated by the child or young person; or
- if the child cannot write or would prefer to have someone record their verbal account
  - written on the instructions of the child or young person, and signed and dated, by a person nominated for the purpose by the child or young person; and
  - signed by the child or young person

A residential care senior child and youth worker or residential care supervisor must ensure the child or young person is assisted by an appropriate staff member or person nominated by the child or young person to complete a reflection form (or other form of written account).

If the child or young person cannot write, they can nominate any adult to write on their behalf. For example, the child or young person can nominate their DCP case worker, residential care child and youth worker, senior child and youth worker, supervisor, cultural adviser, lawyer or other safe adult. However, the nominated person cannot have been present during the incident.



Participation

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

To support optimal participation for Aboriginal and Torres Strait Islander children and young people to record their account and feel they can share their voice openly, offering a cultural representative to support them is important to ensure their cultural safety. It also supports culturally responsive practice. Aboriginal and Torres Strait Islander children and young people may wish to speak with a representative from the Aboriginal Legal Rights Movement (ALRM), Aboriginal staff from the Office of the Guardian, an Aboriginal youth worker, Principal Aboriginal Consultant or another safe community member.

The record of account (reflection form or other form of written account) should express the child or young person's feelings and views and (if possible) be in their own words.

The staff member assisting the child or young person to record their account should:

- explain processes, if needed, such as how and why their record is used, who sees it and who they can speak to if they do decide they want to speak with someone else about the incident. The staff member should ensure the child or young person understands how important it is to be truthful when answering because the information they give will be read by others and taken seriously
- ensure that there are opportunities wherever possible to use the conversations to repair any rupture in the relationship based on the incident
- allow enough time to support the child or young person to record their account
- explain that it is the child or young person's right to record how they feel about what happened and that you want to help them, understand how they feel and hear their version of events



- rephrase questions or give examples, if needed, depending on the age and developmental level of the child or young person
- where a child or young person has limited capacity to understand or engage in the process due to a disability or communication impairment, seek advice from the child or young person's treating therapist (if applicable), the Specialist Services Team, or another person with a good understanding of the child or young person's functioning, if required
- inform the child or young person of their right to make a complaint to the Chief Executive and ensure they are supported to do so, if they wish
- ask if they would like feedback. Any request for feedback from the child or young person should be followed up by the residential care supervisor as part of their incident report follow up in C3MS.

When using a reflection form, it is the child or young person's right to decide which questions they want to answer. They may refuse to answer some or all questions, but they must be given the opportunity to answer those questions and be offered help and support.

If the child or young person does not wish to record their account, the staff member should record this on a reflection form, which should then be signed by the child or young person, if possible. Where the child or young person does not want to record their account of the incident, the supervisor must when following up the incident report in C3MS state in the 'Comment' field what reasonable attempts were made to encourage the child or young person to provide their feedback.

## Supporting Culturally and Linguistically Diverse young people involved in an incident

Supporting children and young people from culturally and linguistically diverse (CALD) backgrounds in residential care requires a sensitive, inclusive, and culturally competent approach. Children from CALD backgrounds may face unique challenges related to their identity, language barriers, and cultural differences, making it essential for caregivers to provide tailored support. Refer to [working with CALD practice paper](#) for further guidance.

To support optimal participation for children and young people from CALD backgrounds in residential care and ensure they feel comfortable sharing their experiences, offering a culturally relevant representative is essential. This helps ensure cultural safety and promotes culturally responsive practices. CALD children may feel more at ease speaking with a cultural representative who understands their background, such as a community leader, a cultural liaison, or a staff member who shares similar cultural experiences. This approach allows them to voice their concerns and experiences with confidence and trust. Consulting with DCP Multicultural Services can assist in identifying suitable representatives.

When working with CALD children, it's important to take extra care to build rapport and communicate effectively. This can be achieved by recognising the need for patience and allowing sufficient time for children to feel heard without rushing them. Being mindful of non-verbal communication is essential, as gestures, facial expressions, and body language can carry different meanings across cultures. Workers should practice active listening and empathy, especially when sensitive topics are being discussed, as sharing personal information can sometimes evoke feelings of shame or discomfort.

If a complaint or concern arises about the experiences of a CALD child or young person, it is important to approach the situation with cultural awareness. Consulting with cultural advisors ensures that the issue is handled in a way that respects the child's background. Staff should seek guidance from Multicultural Services who can provide advice on the most effective and respectful way to resolve the matter while ensuring the child's cultural needs are met. Refer to Multicultural service delivery model for guidance on how to request a referral- [hyperlink the service delivery model](#).

By integrating culturally sensitive practices, residential care staff can create an environment where CALD children and young people feel safe, respected, and empowered to share their voice and engage fully in their care experience.



## After the child or young person's account of the incident has been completed

The staff member supporting the child or young person to record their account must, if they have access, upload the completed form to C3MS as an attachment to the incident report or alternately provide a hard copy to the residential care supervisor to upload to C3MS as an attachment to the incident report.

Where a child or young person chooses not to record their account of the incident, the residential care supervisor must when following up the incident reporting in C3MS state in their comment section provide an explanation of the steps taken to ensure the child or young person was provided with a reasonable opportunity to provide their account, if this has not been recorded by the staff member who provided reasonable opportunity to the child or young person to record their account of the incident.

Pursuant to regulation 6 of the *FACS Regulations 2024*, the child or young person's account must be attached to the original incident report recorded in C3MS. The residential care supervisor should not approve an incident report (where physical intervention occurred) without the child or young person's account or a written explanation of what steps were taken to ensure the child or young person was provided with a reasonable opportunity to provide their account

The residential care supervisor must follow up any complaint or feedback requested from the child or young person within 48 hours of the record of account being completed. If the residential care supervisor is unable to follow up within this timeframe (for example, because they are offsite), they must advise the child or young person know and offer alternative supports such as the residential care senior child and youth worker or their DCP case worker to follow up.

When following up complaint and feedback requests that have been recorded or raised, the residential care supervisor should consider:

- the age and developmental level of the child or young person, including disability, trauma experiences or communication impairment
- ensuring that time and space is available to be able to genuinely listen and respond to the child or young person's concerns
- seeking clarification if they are unsure of an answer or solution and letting the child or young person know this is what is happening
- avoiding making promises that cannot be kept such as possible outcomes, solutions or maintaining confidentiality in certain situations
- how and where to document the child or young person's complaint (for example, whether e-log, C3MS or email is the most appropriate option) to ensure confidentiality is maintained whilst communicating with appropriate people and other members of the care team
- maintaining communication with the child or young person about progress or developments from their complaint or feedback request
- checking with the child or young person that they understand any information provided to them and invite them to ask questions
- giving the child or young person the option to choose how and when they will be kept informed of the progress of their complaint if possible.



Participation

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

It is important to consider ways to improve communicating effectively with Aboriginal and Torres Strait Islander infants, children and young people to build rapport to support participation. Residential care staff can do this by recognising the importance of giving time and space and not rushing the process, by being mindful of non-verbal communication and how this can be interpreted, and by using active listening and empathy in understanding that sharing private information may evoke feelings of shame.



Partnership

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

When a complaint is received from or about the experiences of an Aboriginal and Torres Strait Islander infant, child or young person, consideration should be given to seeking cultural consultation to provide advice about the best way to approach and resolve the issue. Residential care staff should consult with the Principal Aboriginal Consultant for further advice about Aboriginal and Torres Strait Islander advocates that are available to support and provide advocacy.

The residential care supervisor must engage in open communication with the child or young person's care team (where appropriate) about any feedback provided from the child or young person or of any actions that need to be followed up by the care team. This will ensure the care team is informed and can continue to work cohesively to provide quality care to the child or young person.

## Respond to allegations of harm or misconduct

If allegations of harm or misconduct are made, it is the role of the person who is assisting the child or young person to complete their record of account to provide them with support. Information must be forwarded immediately to the residential care supervisor (or after hours supports notified where necessary).

The residential care senior child and youth worker, residential care supervisor or residential care mobile night team should be contacted for further guidance as needed.

All allegations or suspicions on reasonable grounds that abuse, harm or risk of harm has occurred (or may occur) requires an immediate notification to the Child Abuse Report Line (CARL). For further information, refer to [Raising a Care Concern Referral](#) in the DCP Manual of Practice and the [Reporting a suspicion a child or young person is at risk Procedure](#).

Any information about child protection notifications of a sensitive nature (for example, because it implicates or involves a staff member or there are other concerns about the security of the information) must be recorded in a secure attachment to an email to the supervisor or next most senior appropriate person. Refer to [Residential Care: Incident management Procedure](#).

If there is suspicion that a DCP employee (including a student, volunteer or agency carer) is engaging in or is likely to engage in the sexual abuse of a child or young person, refer to the [Reporting a suspicion a child or young person is at risk Procedure](#). In accordance with section 64A of the *Criminal Law Consolidation Act 1935*, it is an offence for a DCP employee not to report to SAPOL if they know or suspect sexual harm of a child or young person has been perpetrated by another DCP employee. Failure to report any suspected child



sexual abuse to SAPOL has a maximum penalty of imprisonment for three years. Under section 65 of the *Criminal Law Consolidation Act 1935*, it is also an offence for a DCP employee to negligently fail to reduce or remove a substantial risk of sexual harm of the child or young person allegedly perpetrated by a current DCP employee and has a maximum penalty of imprisonment for 15 years.

## Support and respond to children and young people who go missing or are absent

When a child or young person is missing or absent from their residential care home, the safety of the child or young person is paramount and residential care staff must follow the [Residential Care: Missing or absent from placement Procedure](#) for guidance.

The DCP and South Australia Police (SAPOL) [Memorandum of Administrative Arrangement \(MoAA\)](#) outlines the responsibilities of both agencies to work together to ensure a safe and coordinated response for children and young people who are in the custody or under the guardianship of the Chief Executive and who are missing. The DCP and SAPOL [Protocol](#) establishes joint working arrangements between DCP and SAPOL for timely, coordinated and effective responses to locate and safely retrieve children and young people in the care of the DCP Chief Executive, who are being harboured and/or concealed.

DCP residential care staff should seek to understand why a child or young person might want to leave their home and how they can make the child or young person feel safer, happier and more connected to their home in residential care.



Connection

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

Connection to family, culture, community and country is crucial to the physical, emotional and psychological wellbeing of Aboriginal and Torres Strait Islander infants, children and young people. Residential care staff should consider whether the reason why an Aboriginal or Torres Strait Islander child or young person is going missing or becoming absent could be culturally related (such as cultural safety or cultural connection) and should consider how to ensure cultural safety within the home, community and family.

This can be done by ensuring the home is culturally safe, exploring cultural connections within the community with the child or young person and supporting family connections in line with the child or young person's DCP case plan. Residential care staff should consult with the DCP case worker and the DCP residential care Principal Aboriginal Consultant and refer to the: [Aboriginal Practice page](#) for guidance.

It is important for children and young people living in residential care to be able to contact staff whenever they need to. Residential care staff should ensure children and young people know the house contact number and other important numbers they can contact if they need help or in case of an emergency, including SAPOL, the DCP Call Centre, Office of the Guardian, Kids Helpline and their DCP case worker.

Children and young people who are living in residential care may go missing or be absent for a range of reasons. Often the fear of feeling bored, lonely or disconnected feels greater than the risk of going missing/becoming absent. Anxiety, seeking safety, or looking for connections and relationships in the community can all contribute to children and young people going missing or becoming absent and can be categorised as push and pull factors.



## Push and pull factors

Push factors can be things or situations related to the home environment that can cause significant stress and can lead to a child or young person going missing or becoming absent.

A push factor (also known as a trigger) for a child or young person may seem insignificant to others, but it may remind the child or young person of past traumatic experiences, and make them feel they do not want to remain there.

When a child or young person is missing or becomes absent in response to a 'push factor', particularly a traumatic event or confrontation, it is an immediate reflex response that may have helped them feel safer when they felt frightened, anxious or upset in the past.

Pull factors are things or situations that entice a child or young person to leave their home. Sometimes children and young people who live in residential care feel like they would rather be somewhere else and they may feel a strong desire (or 'pull') to find connection and seek familiarity elsewhere.

Examples of push factors	Examples of pull factors
A major incident at the house such as a physical intervention, confrontation with a staff member or another young person	Worrying about family and wanting to protect or be with family
Sharing a home with other children and young people	Wanting to return to a familiar place or be with familiar people
Feeling like no one cares or that they have been treated unfairly	Seeking cultural connection
Not liking the rules or boundaries imposed	Wanting to access alcohol and/or other drugs
Feeling pressured by other children or young people at the house to leave the home with them	Wanting to impress peers
Feeling culturally unsafe or disconnected from family and culture.	Wanting to feel needed, connected or admired
	Seeking thrills or excitement.

## Helping to reduce or prevent children and young people going missing or becoming absent

Forming a strong relationship with a child or young person is an important protective factor. Providing a home where the child or young person feels safe, supported, nurtured, cared for and valued can reduce the push and pull factors that contribute to children and young people going missing or becoming absent. Residential care staff, and in particular the child or young person's key worker, should seek to build a relationship that is genuine, responsive and safe for the child or young person.

Understanding a child or young person's push and pull factors and working with them and the care team to reduce or manage these triggers can further reduce the likelihood of the child or young person going missing or becoming absent.

Residential care staff should consider completing the [S.E.L.F tool](#) with the child or young person and consider the following to identify and develop strategies against push and pull factors:



- Include the child or young person when developing strategies. Ask them how they were feeling when they went missing/became absent. What happened to make them feel that way? What could we do differently to help next time?
- Reflect on what was happening just before the child or young person went missing/became absent. How were they responding? Were there any clues that they were feeling anxious or upset? If so, what are the warning signs to look out for next time?
- Encourage and support the child or young person to update their All About Me template. This can support the child or young person and the care team to understand and recognise some of their feelings and times when they may feel unhappy, angry or sad. This information supports residential care staff to work together with the child and young person and the care team, to help keep them safe, to understand how they are feeling and to support them to feel better.
- Consider whether the home is culturally safe and responsive for Aboriginal and Torres Strait Islander infants, children and young people. Residential care staff should consult with the DCP residential care Principal Aboriginal Consultant (PAC) to consider whether cultural safety is a push factor for Aboriginal and Torres Strait Islander infants, children and young people. The Aboriginal Practice intranet page can also provide further guidance.
- Actively support Aboriginal and Torres Strait Islander infants, children and young people to develop connections to culture and community. This can be actioned through identity and connection to Aboriginal practice tools such as the Aboriginal Cultural Identity Support tool (ACIST) within the case plan, and the Aboriginal Life Story Book; and
  - advocating and supporting a child or young person to engage in regular return to Country experiences. Return to Country planning should include the child or young person, PAC, DCP case worker, care team and if safe to do so should be inclusive of the child or young person's family/kinship structure
  - reading books, including stories, artwork or language specific to the child or young person's clan group or Nation
  - watching films, television programs or videos featuring Aboriginal and Torres Strait Islander stories, culture, communities and history
  - supporting and engaging in Aboriginal and Torres Strait Islander significant events and activities.
- Consider whether the home is culturally safe and responsive for children and young people from a culturally and linguistically diverse background. Residential care staff should consult with the DCP Multicultural Services Team to consider whether cultural safety is a push factor and should refer to the [Working with cultural diversity Practice Paper](#) for further guidance.
- Actively support children and young people from culturally and linguistically diverse backgrounds to develop connections to culture and community. The DCP Multicultural Services team can provide cultural advice and guidance to support connections to culture and communities and the CALD Identity Support tool within the case plan ensures that every child or young person from a CALD background is given an opportunity to build and retain connections to family, community and culture.
- Reflect on what changes may be able to occur within the home or what current approaches can change to make the child or young person feel heard, safe and cared for.
- Utilise Sanctuary tools and consult with the Sanctuary Practitioner and/or Aboriginal Sanctuary Practitioner for further support.
- Consider how to ensure children and young people know that residential care staff care about them and want them to be safe. What can residential care staff say and do to demonstrate this?



- Connect and spend time with the child or young person in their home. Everyday and incidental interactions, including just being in the same vicinity as the child or young person, chatting during meal preparation, enjoying meal times together and showing interest in what a child or young person is doing fosters connection and belonging.
- Minimise time spent in the staff office and prioritise spending time in common areas.
- Involve the child or young person to make the house feel and look like their home. Consider engaging the MyPlace residential care program.
- Support the child or young person to feel connected to their local community, help them to feel orientated to their new environment by driving, walking, or bike riding with them around the community and neighbourhood.
- Engage the child or young person in safe, fun, positive activities that build on their interests. Support their involvement in community activities, such as sports teams, youth groups or clubs.
- Support and foster safe connections with family and friends in line with the child or young person's case plan and contact determinations. For example; consider organising friends and family to visit the child or young person in their home or support the child or young person to visit family and friends' homes. For further information about supporting visitors for children and young people refer to the 'Managing visitors and supporting contact' section in [Create a safe and nurturing home in residential care](#).
- Share the experience of taking the child or young person to safe and fun places that they already know about or remember fondly. This will help them to associate staff with positive memories and help to build trust and a sense of security.
- Connect and make time to spend with the child or young person, call or text if they are missing or absent from home.
- Write notes and positive affirmations for the child or young person if you are not going to see them for a few days.

The residential care senior child and youth worker in collaboration with the child or young person's key worker should ensure that information and strategies are shared with the care team and are considered as part of the child or young person's wellbeing plan.

It is important for residential care staff to watch for warning signs that may occur when a child or young person may be considering going missing or becoming absent. Building a positive and honest relationship with a child or young person in residential care will provide residential care staff and the care team the best opportunity to identify warning signs that may reduce or prevent them from going missing or becoming absent.

### Signs that a child or young person might be considering going missing/becoming absent

Possible signs that a child or young person is planning to go missing/become absent from their placement include (but are not limited to):

- changing clothing or carrying a bag for no apparent reason
- asking for access to a bike, skateboard or bus ticket that is different to their usual day to day activities
- wanting to be outside alone
- showing signs of being anxious or nervous (such as pacing, fidgeting or acting differently)
- whispering or being secretive with other children and young people



- making a high volume of secretive telephone calls or texting
- asking for access to valuable items (such as pocket money)
- asking repeatedly to visit friends or family, knowing that this is not possible
- talking about drugs, alcohol or cigarettes
- staring at staff or watching them unusually.

If residential care staff suspect that a child or young person is considering going missing or becoming absent, they should have a discussion with the child or young person about how they are feeling.

When talking with a child or young person about going missing or becoming absent, it is important that conversations focus on safety rather than rules and consequences. Being consistent with this message may support the child or young person to recognise that they deserve to be safe and that they matter.

Refer to 'Safeguarding children and young people in residential care' section in [Create a safe and nurturing home in residential care](#) for guidance about engaging in conversations with children and young people about protective behaviours.

Residential care staff should also seek guidance from the residential care senior child and youth worker or residential care supervisor if they have concerns a child or young person may go missing/become absent.

### Support a child or young person who is at risk of being harboured and/or concealed

When a child and young person goes missing or becomes absent they are highly vulnerable and may be at risk of being exploited or harmed. In these circumstances, DCP may issue a written direction to prevent future inappropriate contact between an adult and a child or young person. The child or young person's DCP case worker is responsible for preparing a written direction based on the legislative provisions under section 86(1) or (2) of the CYPS Act. Refer to [Support the safety of the child or young person in care by issuing a written direction](#) in the Supporting children and young people in care chapter of the Manual of Practice, which provides further information about the process required to issue a written direction.

Residential care staff should discuss any concerns they may have that a child or young person is at risk of harm, or of being harboured and/or concealed by a person or where they feel a written direction has been breached with the residential care senior child and youth worker or residential care supervisor and the child or young person's DCP case worker.

Signs for residential care staff that a child or young person is at risk of harm or of being harboured and/or concealed include:

- change in patterns of going missing or periods of absence, such as going missing or becoming absent for longer periods of time, particularly overnight or without making contact
- returning with new items, gifts or money without explanation
- hearing concerning talk or rumours about a particular friend or person in the community, whom the residential care staff member has never met or heard about or who they believe may pose a risk
- concerning information about a particular place or person provided by South Australia Police (SAPOL)
- returning to the placement substance affected
- returning unwell or injured or with a dirty, dishevelled or unkempt appearance
- increased talk concerning topics such as crime, gangs, violence, drugs or sexual acts



- increased discussion with other young people or residential care staff regarding sexual behaviours (for example, pornographic material) or the child or young person is worried about some of the behaviours being considered 'ok' or 'normal'.

Where residential care staff believe a child or young person is at risk of harm or is being harboured and/or concealed, they should:

- reassure the child or young person they are not in trouble and that their safety is paramount
- talk with the child or young person about where they have been and whom they were with (including their full name, address and details of when they have had contact with the person if they know or are willing to share)
- record all information in the e-log, C3MS, email if required, and inform their supervisor and the child or young person's DCP case worker as soon as possible
- monitor the situation closely. If the child or young person goes missing or becomes absent, ensuring the details of the person and their concerns about harbouring or concealing are passed on to their supervisor and SAPOL making a report. This information should also be taken into consideration when assessing urgency
- pass any new information about to the residential care supervisor, DCP case worker and SAPOL as necessary
- if after hours, contact the residential care on call support to provide information and where required contact the DCP Call Centre on 131 611 or [REDACTED]

## Respond when a child or young person is missing or absent

When a child or young person is missing or absent, residential care staff must follow the [Residential care: Missing or absent from placement Procedure](#). This will help to determine how urgent the situation is and whether SAPOL involvement is required. This procedure also contains guidance about responding when a child or young person returns home. Residential care staff must also take any other actions outlined in the child or young person's case plan and wellbeing plan.

The child or young person's key worker should make regular contact with the child or young person every time they are on shift, when the key worker is not on shift, the residential care senior child and youth worker should ensure another staff member is allocated to make regular attempts to keep in contact with the child or young person.

Residential care staff should never threaten to punish a child or young person because they have gone missing or become absent; this is likely to make them want to stay away longer and will reinforce negative feelings and beliefs that they already have about themselves and about the residential care home.

For a child or young person who is regularly missing or absent, residential care staff should keep a record documenting previous locations and information, as this may be useful in supporting and responding to future situations when the child or young person may go missing.

## Support a child or young person involved with SAPOL, Youth Court and Youth Justice

Children and young people in residential care are at greater risk of involvement with South Australia Police (SAPOL) and the Youth Justice system due to systemic factors and their history of trauma. For Aboriginal and Torres Strait Islander children and young people, the risk is further increased due to systemic racism and effects of intergenerational trauma. The disproportionate number of Aboriginal and Torres Strait Islander young people in the Youth Justice system is complex and related to systemic disadvantage experienced due



to invasion and subsequent colonisation and past government and legal policies and practices. Aboriginal and Torres Strait Islander children and young people's experiences of community and social disconnection, and loss of cultural identity further places them at higher risk of Youth Justice involvement. It is important for residential care staff to be mindful of this and where appropriate and possible, to help reduce the criminalisation of children and young people's behaviour.

The [Summary Offences Act 1953](#) equips police officers with powers in relation to investigation of offences, and gives certain rights to young people arrested by SAPOL on suspicion of having committed an offence. The [Young Offenders Act 1993](#) and the [Youth Justice Administration Act 2016](#) regulate the Youth Justice system in South Australia.

DCP case workers and supervisors are primarily responsible for responding to matters where the child or young person is involved with SAPOL and/or Youth Justice. However, DCP residential care staff also play an important role in supporting the child or young person in such matters.

The [SA Law handbook](#) provides further information relating to children and young people and the law, including information about [young offenders](#) and [criminal responsibility](#).

It is important to ensure that the child or young person is aware of their rights when involved with SAPOL. [The Police and You fact sheet](#) and [Complaints about the police factsheet](#) provide child-friendly guidance to support children and young people to understand their rights. Residential care staff should provide a copy to the young person and support them to understand their rights.

Sharing and gathering information in a timely manner is critical to developing a collaborative response to children and young people's needs. For further guidance about gathering and sharing information, refer to the [Information gathering and sharing chapter](#) of the Manual of Practice.

Children and young people in DCP Residential Care may encounter SAPOL or Youth Justice for a range of reasons including circumstances where:

- they are missing from their residential care home
- they have been the victim of a crime
- they have been a witness to criminal activities
- they are suspected or alleged to have been involved in criminal activity.

Where a child or young person is missing from their residential care home, residential care staff must follow the [Residential Care: Missing or absent from placement Procedure](#). Residential care staff should also seek guidance from the [Supporting children and young people in care with high risk and complex behaviours Practice Paper](#) and the 'Respond to children and young people who go missing or are absent' section.

## Respond to finding illicit drugs or paraphernalia

Supporting children and young people who are suspected of drug use should be managed as a first aid response in the first instance. Refer to the 'Respond to alcohol and other drug use' section under 'Support children and young people with high risk and complex behaviours' for more information. The child or young person's care team, including their DCP case worker, residential care staff and other significant people, should subsequently engage in a [care team meeting](#) or red flag meeting to ensure that the relevant supports and interventions are included in case planning. Refer to 'Work in partnership with the child or young person's care team' in the [Support the placement](#) key step of the Supporting children and young people in care chapter of the Manual of Practice.

In the event that the residential care staff member finds a (suspected) illegal drug or related paraphernalia in a residential care house, the residential care staff member should:



- remove the materials from the bedroom or common area and temporarily store safely in the house office
- contact SAPOL on 131 444 and request collection by a patrol
- note the type of substance found (if known) and the time SAPOL were called on [E-log](#) or in the [Observation Log Book](#) if E-log is not available
- when SAPOL have collected and issued an exhibit notice, note the exhibit notice number and the time SAPOL collected on E-log or in the Observation Log Book if E-log is not available
- complete an incident report in alignment with the [Residential Care: Incident management Procedure](#).

For substance paraphernalia, the residential care staff member should:

- bag and dispose of the items in the general rubbish bin outside the house
- note the details of the paraphernalia in the [E-log](#) or in the [Observation Log Book](#) if E-log is not available.

## Support a child or young person through police interviews

If SAPOL request to interview a child or young person, it is the responsibility of the residential care staff member to inform the residential care supervisor and the child and young person's DCP case worker prior to SAPOL conducting the interview, where possible. Where this situation arises after hours, residential care staff should contact [DCP After-hours](#) once they have consulted with the residential care mobile night team.

SAPOL may make a request to conduct an interview at the residential care house, DCP office or at a police station. If there are concerns regarding SAPOL conducting an interview at the house (such as concerns that it may cause further trauma or may impact on confidentiality), then this should be discussed with the residential care supervisor, on-call manager or residential care mobile night team and alternate options should be discussed with SAPOL, such as a police station or DCP office.

When SAPOL interview a child or young person, residential care staff should ensure the child or young person is aware of their right to have an independent appropriate adult present. This may be a legal representative or a relative or suitable person identified by the child or young person. The person must be 18 years or older and considered appropriate by DCP.

A child or young person is entitled to legal representation during a police interview and residential care staff should strongly recommend for this to occur, particularly for indictable offences which are more serious criminal offences (for example murder, robbery or sexual assault). For further information about supporting a child or young person to access legal representation refer to [Obtain legal advice](#).

The [Aboriginal Legal Rights Movement](#) (ALRM) is available to provide representation for Aboriginal and Torres Strait Islander children and young people and can be contacted on 8113 3777 or free call 1800 643 222. Aboriginal and Torres Strait Islander children and young people have the right to culturally safe and appropriate legal support. For many reasons including shame, confidentiality and conflict of interest, they may choose not to have support from these avenues however they should be sought out, offered and discussed.

Where a child or young person does not nominate one of the above parties or where one of the above is not available, it is the responsibility of SAPOL to secure the presence of a person delegated by DCP to represent the interests of children and young people subject to criminal investigation. Where no such person is available, SAPOL can organise a person who in the opinion of SAPOL is suitable to represent the views of the child or young person. This person cannot be a minor or a person employed by SAPOL.

Residential care staff may be asked to observe, support and advocate for the child or young person during the interview. Care must be taken to ensure that the residential care staff member does not have a conflict of interest. A conflict of interest may include circumstances where the residential care staff member has been involved in the management of an incident and are a witness, a victim or alleged to be the perpetrator.



If it is unclear whether a conflict of interest exists, the residential care staff member should refer to the [Conflict of Interest Policy](#) and discuss the matter with the residential care senior child and youth worker or residential care supervisor (or mobile night team if after hours), and the police officer attending to the matter.

Where there is a conflict of interest, SAPOL will need to be advised. Arrangements should be made with the residential care senior child and youth worker or residential care supervisor (or mobile night team if after hours) to determine the most appropriate person to take on this role.

Residential care staff present during an interview may assist in making the process less intimidating for the child or young person and ensure that SAPOL conduct the interview in a fair and respectful manner. Residential care staff should be aware that statements made by the child or young person might be used against them in court.

When supporting a child or young person through an interview process, residential care staff should ensure that the child or young person understands the process, their entitlement to legal representation and that an interpreter is available if required.

Where possible, residential care staff should note information including:

- the date and time (start and finish time) of the interview process
- information relevant to the child or young person
- any requests made by staff or the child or young person that were denied by SAPOL
- observable characteristics of the child or young person's demeanour or emotional state.

It is also important to obtain and record the name, rank and local service area of the interviewing officer and the general nature and purpose of the interview in the [E-log](#) (or [Observation Log Book](#) where E-log is not available).

Residential care staff should request that SAPOL provide them with a copy of the interview transcript.

If at any time the child or young person does not understand a question or if the interview process is causing undue distress, residential care staff can ask SAPOL to reframe the question or remind the child or young person about their right to remain silent. Alternatively, residential care staff can request that the interview be adjourned. In this situation, residential care staff should discuss the adjournment with the SAPOL officers involved, explaining their concerns about the child or young person, record the details in the E-log (or Observation log where E-log is not available) and C3MS, and inform the DCP case worker.

Residential care staff can also request that SAPOL record any objections raised as the child or young person's advocate.

If required by law, residential care staff may be called as a witness in subsequent court proceedings for either the prosecution or the defence.

## Obtain legal advice

A child or young person is entitled to legal representation during a police interview. Residential care staff should strongly recommend legal representation to the child or young person, particularly for indictable offences which are more serious criminal offences (for example murder, robbery or sexual assault). If a child or young person would like legal representation during a police interview, residential care staff should contact the child or young person's DCP case worker and request to arrange legal representation. Where the DCP case worker is not available, the residential care staff member should contact the residential care senior



child and youth worker (or residential care supervisor or residential care mobile night team) for further guidance.

Where a child or young person has requested legal representation, it is important to advise the child or young person not to answer any questions until their legal representative arrives.

Cultural safety is a priority. Where possible residential care staff, in consultation with the child or young person's DCP case worker, should seek advice from a DCP Principal Aboriginal Consultant (PAC) and the [Aboriginal Legal Rights Movement](#) (ALRM) when supporting Aboriginal and Torres Strait Islander children and young people who are involved with SAPOL.

Residential care staff, in consultation with the child or young person's DCP case worker, should seek cultural advice from [DCP Multicultural Services](#) or consult with CALD SAPOL community constables who are available to support children and young people from CALD backgrounds who are involved with SAPOL.

It should be noted that SAPOL will not suggest or recommend legal representation to the child or young person.

## Children and young people's rights

It is important that children and young people know their rights when being interviewed by SAPOL. Children and young people have the right to:

- seek legal advice before an interview
- know if they have been arrested and what they have been arrested for
- have their guardian informed, and have their guardian or an adult person present, Pursuant to section 14(2) of the *Young Offenders Act* and also section 79A(1a) of the *Summary Offences Act 1953*
- cultural safety and free from racial discrimination
- talk to their support person in private
- obtain legal advice
- use an interpreter
- remain silent and not answer questions beyond those questions relating to their name, address and date of birth
- refrain from signing statements (such as police record of interviews)
- end a police interview at any time.

## Recorded interviews

Residential care staff participating in interviews may also be recorded. It should be noted that the child or young person can request and be provided with a copy of the interview.

Before the interview commences, residential care staff have the right to request that their image not be recorded. However, staff will be asked to identify themselves (verbally) in any interview.



## Considerations when a child or young person is suspected or alleged to have been involved in criminal behaviour

SAPOL may speak to a child or young person in relation to their suspected offending behaviour before an arrest. They may approach a child or young person to speak to them voluntarily (the child or young person is only obliged to provide their name, date of birth and address).

If a child or young person is detained, SAPOL must read them their rights and organise a support person for the child or young person during any subsequent interview.

Children and young people with communication impairment who have contact with SAPOL and the criminal justice system may require the support of a trained communication partner to ensure they can understand questions being asked of them and can communicate adequately during discussions and proceedings. The DCP case worker with the support of a DCP disability consultant can arrange access to a communication partner in these circumstances.

After an arrest, SAPOL may charge the child or young person with an offence, organise police bail pending further investigation, or allow the child or young person to leave with no further action.

If a child or young person goes with SAPOL either voluntarily or is detained, residential care staff must ensure the following:

- the child or young person is to be accompanied by a support person. If there are issues in arranging a support person, residential care staff should contact the residential care senior child and youth worker, supervisor or mobile night team
- information is clearly and accurately recorded in the [E-log](#) (or [Observation Log Book](#) where E-log is not available) and C3MS via quick notes
- the child or young person's DCP case worker (or the DCP After-Hours team) is notified and Youth Justice worker (if allocated)
- consider the requirements as prescribed within the [Residential Care: Incident management Procedure](#) and/or the [Significant incident reporting Procedure](#).

## Interpreting and translating assistance

Any child or young person who is not fluent in English is entitled to the assistance of an interpreter during an interview.

Pursuant to section 83(a) of the *Summary Offences Act 1953*, SAPOL must inform the child or young person of their right to an interpreter and must not proceed with any questioning until an interpreter is present.

The Aboriginal and Torres Strait Islander Youth Justice Principle (contained in regulation 5 of the *Youth Justice Administration Regulations 2016*) states that where necessary Aboriginal and Torres Strait Islander youths will be provided with an interpreter, and where possible translated documents.

The [Interpreting and Translating Procedure for Culturally and Linguistically Diverse \(CALD\) Families](#) provides information about supporting children and young people from a CALD background who need of an interpreter.

The [Interpreting and Translating Centre](#) provides onsite and telephone interpreting services in over 100 languages and dialects, including some Aboriginal languages. Phone 1800 280 203 or ONCALL services on 8203 8900.



The [Interpreting and translating Centre – Aboriginal languages](#) provides an interpreting service for Aboriginal Languages. Phone 8113 3777 or free call 1800 643 222.

[DCP after-hours](#) can arrange interpreting services after hours.

## Support a child or young person through Youth Court and Youth Justice

The [Young Offenders Act 1993](#) and the [Youth Justice Administration Act 2016](#) regulate the Youth Justice system in South Australia.

Youth Justice is a division of the Department of Human Services (DHS) and has a statutory responsibility for the supervision of young people subject to a range of criminal justice mandates. The Youth Justice system recognises that a child or young person who is guilty of an offence must be provided with the opportunity to make restitution and learn from their mistakes and enables them to develop and reach their full potential.

The [Youth Court](#) deals with charges against young people aged between 10 and 18 years at the time the offence was committed. Youth Justice provides [community-based supervision and case management](#) to young people on court orders, such as bail, home detention and community service. Youth Justice is also responsible for the case management and care of young people who are remanded in the [Adelaide Youth Training Centre – Kurlana Tapa](#).

Residential care staff should refer to [Young people and the law website and the Charter of rights for children and young people detained in training centres](#) for further information.

[Youth Aboriginal Justice Officers \(YAJO\)](#) provide a range of services and information to Aboriginal and Torres Strait Islander children and young people appearing before the Youth Court by undertaking a variety of roles which contribute to culturally safe and responsive operations of the Youth Court.

DCP case workers are primarily responsible for responding to matters where the young person is involved with Youth Justice including attending the Youth Court. However, it is important for residential care staff to provide support to the young person who is involved in the Youth Justice system. Residential care staff can provide support by:

- providing transport to and from Youth Court when needed
- being a support person for the young person whilst attending Youth Court (generally the DCP case worker would attend Youth Court but in some instances residential care staff may need to attend with the young person)
- being mindful that young people who are involved in Youth Justice, including attending Youth Court, may feel anxious, which may influence their behaviour. It is important that residential care staff are tuned in to a young person's feelings and understand the reasons underlying behaviours, which may occur in the lead up, during and after attendance at court or a Youth Justice appointment. Completing the [S.E.L.F tool](#) can support staff in understanding what is happening and how to support the young person
- engaging in open communication with the young person's care team, including the DCP case worker, Youth Justice case coordinator, and cultural advisors for Aboriginal and Torres Strait Islander young people (including a PAC and Youth Justice cultural advisor) as this will enable a cohesive support system and optimal outcomes for the young person
- maintaining a relationship with the young person who has been detained or is remanded in Kurlana Tapa; this can include organising regular visits and phone calls with the young person
- ensuring the young person feels supported in understanding what is required if on bail agreement or home detention



- supporting the young person to attend community service - this may include providing transport, providing appointment time reminders and supporting them through the process
- providing a culturally safe, trauma-informed and nurturing home for the young person.

### 3. Support placement transitions from residential care

#### Supporting placement transitions

##### DCP Residential Care: Placement transitions

Children and young people who are living in residential care are likely to have experienced a number of placement transitions. Transitions can be a time of uncertainty and anxiety for children and young people due to their past experiences and their feelings of grief and loss, disconnection and uncertainty. The Iceberg Model fact sheets [Change](#) and [Transitions](#) provide information to help understand and respond to the child or young person.

A placement transition may be required for children and young people:

- reunifying with their family (refer to the [Reunification for children and young people Practice Paper](#) for further guidance)
- moving to or from a foster or [kinship care placement](#)
- moving to a [Supported Independent Living Services \(SILS\)](#) placement
- moving to or from a [Placement and Support Packages \(PaSP\)](#) placement
- moving from one residential care placement to another (either DCP residential care or NGO residential care)
- moving to an independent living arrangement (such as a South Australian Housing Authority property, Community housing, or private arrangement)
- moving to a [Next Steps Pilot Service](#) placement.

Where a decision has been made for the child or young person to transition from their residential care house, the DCP case worker, in consultation with the care team, will develop a transition plan (for further guidance, refer to [Support the child or young person to transition between placements](#) in the Supporting children and young people in care chapter of the Manual of Practice). It is essential that the views and wishes of the child or young person are sought and considered during transition planning and throughout the transition. This plan ensures that supports are in place for the child or young person and their future placement and enables the care team to provide responsive and consistent care that will contribute to a positive and supportive transition.

In some situations, residential care management may be required to make a decision to transition a child or young person from one DCP residential care house to another. In these circumstances, residential care leadership staff will lead the transition plan, in consultation with the child or young person's care team.

When a child or young person living in residential care turns 15 years of age (or as soon as possible if they enter care at a later age), the DCP case worker, in consultation with the young person and their care team, must commence transition planning. For further guidance about preparation and planning, developing the case plan to support the transition from care, supporting the young person to leave care and providing post care support, refer to the [Transition to adulthood](#) chapter in the DCP Manual of Practice.

Finding Families is an initiative to support children and young people to transition from residential care into the care of family, kin and other people of significance to the child or young person. For further information about the Finding Families initiative and the referral process refer to the [Finding Families Procedure](#).



Referrals to Finding Families should be recorded in the Referrals tab in C3MS. For further guidance, refer to [Referrals – C3MS Guide](#) and [C3MS Referrals Instructions](#).

## Consider the placement transition needs of Aboriginal and Torres Strait Islander infants, children and young people

When a placement transition is planned for an Aboriginal and Torres Strait Islander infant, child or young person, it is essential that DCP staff undertake active efforts to implement the [Aboriginal and Torres Strait Islander Child Placement Principle \(ATSICPP\)](#) and understand the importance of Aboriginal and Torres Strait Islander infants, children and young people staying connected to their family and culture and having [self-determination](#).

Ensuring that transition planning includes planning to reinforce and support the infant, child or young person's cultural identity in their new placement, as well as maintaining positive connections with their previous placement is essential as Aboriginal and Torres Strait Islander infants, children and young people have better outcomes when they develop a strong sense of identity, belonging and connectedness to family and culture. Cultural identity and connection are protective factors and contribute to an Aboriginal and Torres Strait Islander infant, child or young person's resilience and wellbeing.

A Principal Aboriginal Consultant should be included in placement transition plans to ensure active efforts to support [Family Led Decision Making \(FLDM\)](#) and cultural safety are included in the plan.



### Participation

#### Aboriginal and Torres Strait Islander Child Placement Principle Active Effort prompt

Consider how to support the infant, child or young person's transition journey to be culturally safe and responsive and how to honour the [ATSICPP](#).

Share knowledge of the infant, child or young person's strengths, likes and needs as well as their goals to ensure connections to family, community, culture and country are maintained.

Empower the child or young person to participate and use their voice in their transition journey and advocate on behalf of the infant, child or young person where you feel their voice is not being heard.



Connection

### Aboriginal and Torres Strait Islander Child Placement Principle Active Effort prompt

Actively support the infant, child or young person's connections with services that will support their transition journey and placement, and importantly reinforce the [Closing the Gap](#) initiative aiming to improve Aboriginal and Torres Strait Islander people's life outcomes and reduce disadvantage.

Support continuity of Aboriginal and Torres Strait Islander health services, school and community (for example, where they have family and kin attending) wherever possible and appropriate.

## Consider the placement transition needs for children and young people from culturally and linguistically diverse (CALD) backgrounds

The needs of children and young people and their families from CALD communities can differ based on factors such as their migration pathway, pre- and post-migration experiences, and levels of acculturation. Children and young people from CALD backgrounds may have unique needs that require consideration when planning placement transitions. These may include, but are not limited to:

- cultural practices, such as diet and clothing
- religious observances, including prayer or religious worship
- language factors and proficiency in English, consider opportunities to engage in and learn the child or young person's language.

DCP residential care staff who are caring for a child or young person from a CALD background who is transitioning from DCP residential care should contact the [DCP Multicultural Services Team](#) for advice and guidance.

## Support placement transitions

A child or young person who is transitioning to another placement may experience a range of emotions and behaviours, including, but not limited to:

- difficulty separating from current carer/s
- regression to previous developmental stages and needs
- increased self-soothing behaviours
- seeking reassurance about what is happening and wanting things repeated frequently
- seeking out verbal or physical affection
- withdrawing behaviours
- anger, sadness, guilt or blame
- some escalation in established challenging behaviour
- sleep disturbances.

Regardless of where the child or young person is transitioning to, there are certain things residential care staff can do to support the child or young person. Residential care staff should:



<p>Participate in the development of the transition plan</p>	<p>Share knowledge of the child or young person's strengths, likes and needs with the DCP case worker and the care team.</p> <p>Share the child or young person's 'About me' Sanctuary tool.</p> <p>Provide feedback about how the plan is progressing and how the child or young person is managing the transition.</p> <p>Participate and actively contribute to care team meetings and other meetings such as <a href="#">Green Flag</a> or <a href="#">Red Flag</a> meetings.</p>
<p>Support the voice of the child or young person</p>	<p>Empower the child or young person to understand they have the right for their voice to be heard.</p> <p>Build the child or young person's confidence and ability to use their voice and provide alternate ways in which they can express their views, such as engaging in the <a href="#">My Voice Our views survey</a> with their DCP case worker, writing a letter, drawing, having someone they trust speak on their behalf or support them when they are voicing their view. For further guidance, refer to the <a href="#">Supporting the participation of children and young people in decision making Practice Paper</a>.</p> <p>Support an Aboriginal and Torres Strait Islander infant, child or young person to feel culturally safe to voice their views by providing a culturally safe space where the infant, child or young person can have their voice heard, or having a cultural support person that they trust to speak on their behalf or support them to voice their view.</p> <p>Establish trust and rapport with a child or young person from a CALD background to feel culturally safe to voice their views.</p> <p>Support open communication with the child or young person and work with the DCP case worker to ensure any concerns or questions they have about their placement transition are responded to in a timely manner.</p> <p>Inform the DCP case worker of the views or wishes of the child or young person and advocate on the child or young person's behalf.</p>
<p>Provide opportunity for the child or young person to share their views about how the transition should happen and help to identify ways they can participate meaningfully as the change is occurring</p>	<p>Consider sharing photos of the new home with the child or young person.</p> <p>Involve the child or young person with buying items for their new home, assisting them to bring their belongings to the new placement if they want, sharing photos, or calling their new carers.</p> <p>Support the child or young person to participate in meetings (where appropriate) or having the opportunity to share their feelings, views and wishes.</p> <p>Be mindful that the level of engagement may depend on age/developmental profile, emotional capacity, previous</p>



	<p>experience of transitions, relationships and willingness to engage.</p>
<p>Support the child or young person with emotional regulation and behaviour</p>	<p>Support the child or young person to understand what is happening for them and how they may be feeling. For example, they may have feelings of uncertainty, grief and loss about the end of placement or worries that the transition may not be successful.</p> <p>Complete a <a href="#">S.E.L.F</a> template with the child or young person to work through their feelings and worries.</p> <p>Buffer the child or young person from any complicated needs and feelings in the adults around them.</p> <p>Reassure the child or young person that their feelings and responses or mixed emotions (such as excitement and fear, anxiety and hope) are normal and that their support network and care team can handle them.</p> <p>Check in with how the child or young person is feeling during the transition journey.</p> <p>Support the child or young person in the lead up to spending time with their family/kin, foster carers or new placement; engaging in positive conversations, stories and activities about their family/kin, foster carers or new placement. Making sure they have everything they need in the lead up to the transition visits.</p> <p>Support the child or young person after spending time with family/kin, their new carers or new placement – be available to discuss about how they are feeling. Organise an activity that makes them feel happy, calm or regulated such as cooking something together, playing music, watching a movie together or going for a drive.</p> <p>Discuss with the child or young person how they may like to commemorate their time in their current placement, such as a cake, party or dinner, photos of staff and other young people, or other mementos.</p> <p>Let the child or young person know that they will be missed by their carers (make sure that this is not done in a way that overwhelms them).</p>
<p>Support each other and the care team with emotion management and behaviour</p>	<p>Support other staff to manage feelings that may arise about the child or young person leaving their residential care house.</p> <p>Participate in and encourage <a href="#">community meetings</a>, remind one other to utilise strategies in their <a href="#">Chill cards</a>. Work through any problems or worries using <a href="#">S.E.L.F</a></p>
<p>Support consistent and supportive care for the child or young person</p>	<p>When talking to the child or young person or their family, it is best practice to use more informal language such as 'going home', 'visiting family' or 'house' instead of the formal</p>



	<p>language that may be used between the care team and the DCP case worker, such as reunification, family contact, placement or transition.</p> <p>Ensure residential care staff who are not familiar with the child or young person have access to key information about their needs, such as likes, dislikes, triggers, developmental and communication needs and can access the child or young person's All about me and Wellbeing Plan.</p> <p>Ensure thorough hand overs take place during shift changeover.</p> <p>Minimise changes in the child or young person's environment and other areas of their life – where possible have a consistent care team and maintain routines that the child or young person is familiar with.</p> <p>Where possible ensure a consistent carer who has a good relationship with the child or young person is involved in supporting the transition.</p>
<p>Consider celebrating the transition/milestone with the child or young person and care team</p>	<p>Celebrating milestones can help children and young people feel valued and important, can give them a sense of accomplishment and create lasting positive memories.</p> <p>Include the child or young person in how they would like to celebrate their transition, such as a dinner or party.</p>
<p>Maintain open communication with the DCP case worker, care team and the child or young person</p>	<p>Consider displaying a calendar for the child or young person and the care team of planned time at their new placement so that the child or young person can anticipate the plan and any changes.</p> <p>Ensure appropriate information is shared with other key stakeholders within the child or young person's care team (such as their school or therapist). Refer to <a href="#">Share information</a> in the Information gathering and sharing chapter of the DCP Manual of Practice for further guidance.</p>

Consideration should be given to how a child or young person with developmental delays or disabilities can be supported with all of the above strategies in developmentally appropriate ways. The [DCP Specialist Services Team](#) can provide guidance and strategies for residential care staff who are supporting a child or young person with developmental delays or disabilities.

### Considerations for young people transitioning to independent living

It is essential for residential care staff to consider how they can help prepare a young person who is transitioning to independent living and build their skills for the transition to adulthood. Active efforts must be made to support them to develop their skills and knowledge so that they can reach their full potential.

For detailed guidance about supporting transition from care, refer to the [Transition to adulthood chapter](#) of the Manual of Practice, including [Support a young person to leave care](#) which provides details of critical tasks to be considered when supporting a young person to leave care.

The [CREATE Foundation](#) has developed a [Go Your Own Way \(GYOW\) Kit](#), a resource for young people aged 15 and above who are starting to plan for their transition to adulthood and independence. The kit is filled



with resources and information, including life skills, money, handling emergencies, education and employment, identity and relationships, health and wellbeing, housing information, and legal rights and responsibilities to assist the planning and process and provide young people and their carers with information they need to plan for a successful transition. Residential care staff should explore the GYOW Kit including the GYOW checklist with the young person and assist them with any areas that they need further support with.

## Supporting the transfer of documents between placements

When a child or young person has transitioned from a DCP residential care house the residential care senior child and youth worker or the residential care supervisor must complete a [Residential Care Admission/Discharge form](#) and email it to [DCPResidentialCareAdmissionandDischarge@sa.gov.au](mailto:DCPResidentialCareAdmissionandDischarge@sa.gov.au), the Placement Services Business Officer, the Placement Services Information Data Officer and the Residential Care Business Support Team.

The residential care senior child and youth worker will need to ensure the following documents are provided to the child or young person's DCP case worker:

- Medicare and Health care card
- Community Residential Care Client File (93 file) - physical file (staff will also need to email the residential care business manager to request the file be transferred in File tracker to the DCP office with case management responsibility for the child or young person, or DCP residential care house if transitioning between houses)
- medication folder
- any other legal documentation
- Wellbeing plan
- All About Me plan.

If the young person is transitioning to another DCP residential care house, the documents should be provided to the future DCP residential care supervisor.

For further guidance about providing the young person with their essential documents, personal belongings, and key contacts, refer to [Support the young person to leave care](#) in the Transition to adulthood chapter of the Manual of Practice.

## Personal items, documents and information


When a child or young person is transitioning from residential care, it is important that all their personal belongings move with them. Residential care staff who are supporting a child or young person to transition should complete a thorough check to make sure no belongings are misplaced or left behind. It is important to understand that children and young people who are living in residential care have not always had someone to look after their belongings and ensure they are stored safely and move with the child or young person. It is also important to understand that a child or young person's belongings are important to them even if they do not appear to have any significance or value. Engaging in open communication with the child or young person will help to understand what they want to take with them.

Personal items may include:

- photographs, certificates or mementos
- [life story work](#) and [Aboriginal life story books](#)
- posters or pictures
- clothing



- food or drinks
- furniture and home furnishings
- pocket money.



**Identity**

**Aboriginal and Torres Strait Islander Child Placement Principle**  
**Active Effort prompt**

For Aboriginal and Torres Strait Islander infants, children and young people [life story work and Aboriginal life story work](#) supports active efforts to ensure connection to culture, family and communities, Country, traditions and language. Residential care staff should actively contribute to life story work and Aboriginal life story work and ensure that they move with the infant, child or young person when they transition from a residential care house.

The [Support the young person to leave care](#) section of the Transition to adulthood chapter of the Manual of Practice provides further information about providing the young person with their essential documents, personal belongings, and key contacts.

### If a placement transition does not proceed

There may be times when a planned transition does not progress due to a range of reasons, such as:

- the placement no longer meeting the child or young person's needs
- reunification is no longer viable, or
- a foster or kinship carer's circumstances may have changed.

In these circumstances the care team plays a pivotal role in supporting the child or young person to understand what is happening and help them to process their emotions. Residential care staff can support the child or young person by:

- engaging in open communication with the DCP case worker and care team and being clear about what the child or young person should be told, why the decision was made and what will happen next
- engaging in developmentally informed narrative with the child or young person about what is going on and why it is happening
- asking about, acknowledging and normalising the child or young person's feelings (which might include sadness, anger, fear, relief)
- minimising stressors and changes in the placement and keeping staff consistent where possible
- monitoring the child or young person and discuss any concerns with the DCP case worker and care team, and other professionals involved in supporting the child or young person, including seeking further support for the child or young person if there are concerns with their mental health
- advocating for a suitable placement and transition plan to suit the child or young person's needs.



Partnership

### Aboriginal and Torres Strait Islander Child Placement Principle Active Effort prompt

Consult with a DCP Principal Aboriginal Consultant and local Aboriginal and Torres Strait Islander services to ensure the young person is linked to opportunities to develop and maintain connections with their cultural community and to those who can continue to support and provide culturally safe mentorship.

## Document control

<b>Reference No./ File No.</b>			
<b>Document Owner</b>		<b>Lead Writer (position)</b>	
Directorate/Unit: Residential Care Directorate		Senior Project Officer, Out of Home Care Operational Support	
Accountable Director: Director Residential Care			
<b>Commencement date</b>	22 December 2025	<b>Review date</b>	14 April 2026
<b>Risk rating</b> <a href="#">Risk Assessment Matrix</a>	<b>Consequence Rating</b>	<b>Likelihood</b>	<b>Risk Rating</b>
	Minor	Unlikely	Low

REVISION RECORD		
Approval Date	Version	Revision description
14 April 2023	1.0	New Manual of Practice chapter
4 August 2023	1.1	Addition of new section, Care teams, case plans, identity support tools and annual reviews.
10 August 2023	1.2	Minor amendment to align with transport guidance in the Supporting children and young people in care chapter of the Manual of Practice.
1 December 2023	1.3	Minor amendment to include additional guidance about relationship based practice and information sharing.
29 February 2024	1.4	Minor amendments to reflect updated guidance about transporting children and young people in care.
1 March 2024	2.0	Amended to include new key step 'Support placement transitions from residential care' and updated guidance about e-safety, Wi-Fi, mobile telephones and other communication devices.
27 March 2024	2.1	Amended to include additional guidance about care team meetings.
19 April 2024	2.2	Minor amendments to include guidance regarding the new Multicultural Services Service Delivery Model.
8 July 2024	2.3	Minor amendments to update the chapter to align with the <i>Family and Community Services Regulations 2024</i> and to update guidance about e-safety.
2 August 2024	2.4	Amended to include new sub-section Residential Care: Wellbeing Plan', minor amendments to include references to Wellbeing Plan section in Support children and young people



<b>REVISION RECORD</b>		
<b>Approval Date</b>	<b>Version</b>	<b>Revision description</b>
		with high risk and complex behaviours section, and minor amendment to clarify guidance about supporting a child or young person during a SAPOL interview.
20 August 2024	2.5	Minor amendments to clarify requirements for recording referrals in C3MS.
1 October 2024	2.6	Minor amendments to clarify process for uploading Wellbeing plans in C3MS.
20 March 2025	2.7	Amended to expand guidance about safeguarding children and young people.
7 March 2025	2.8	Minor amendments reflecting change of incident reporting system from C3MS to CIMS and the inclusion of references to the DCP Incident Management Unit (IMU).
5 August 2025	2.9	Minor amendments to the Transport children and young people section to add content about safe transport in DCP Residential Care and link added to the new Safe Transport in DCP Residential Care template.
10 September 2025	2.10	Minor amendments to update guidance about recording visitors to residential care houses and to update guidance to include additional considerations for planning handover as part of transporting children and young people.
5 December 2025	2.11	Minor amendments including referral to Finding Families and updating references from ACPP to ATSCPP.