

DCP Psychological Services Clinical Guidelines for undertaking psychological assessments

1. Purpose

The Clinical Guidelines assist Department for Child Protection (DCP) psychologists to plan and conduct psychological assessments and write associated reports but are not prescriptive in nature. DCP psychologists are encouraged to use their clinical knowledge, skills and judgement when undertaking assessments and completing reports, and to seek supervision as appropriate.

2. Scope

This procedure applies to all DCP psychologists (to be referred to herein as psychologists) undertaking psychological assessments and writing associated reports. They should be read in conjunction with the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families within DCP](#) for guidance regarding working with Aboriginal children, young people and families.

3. Authority

3.1 Legislative context

The [Children and Young People \(Safety\) Act 2017](#) (CYPS Act) ensures that keeping children and young people safe from harm is paramount. In addition to this, the following needs of children and young people are also to be considered:

- (a) the need to be heard and have their views considered;
- (b) the need for love and attachment;
- (c) the need for self-esteem;
- (d) the need to achieve their full potential.

Children and young people's connection with their biological family is considered desirable by the CYPS Act also, where this does not undermine the other needs listed above.

Key principles of intervention and placement are detailed in the CYPS Act. The principles of intervention include timely decision-making and permanency planning, the participation of children and young people in decision-making, consideration of the culture, disability, language and religion of children and young people, and the use of family group conferences. The placement principles are that children and young people should be placed in a safe, nurturing, stable and secure environment; with preference for placement with someone they shared an existing relationship with, and the involvement of approved carers in decision-making. The Aboriginal and Torres Strait Islander Child Placement Principle is detailed, which aims to maintain the connection of Aboriginal children and young people with their family and culture, to enable Aboriginal people to participate in the care and protection of their children and young people and to encourage partnership in decision making. Refer to the [Aboriginal and Torres Strait Islander Child Placement Principle practice paper](#) for detailed information.

3.2 Whole of Government requirements

Nil.

3.3 DCP requirements

The [DCP Practice Approach](#) provides an integrated and contemporary approach to child protection practice that supports our vision that all children and young people grow up safe, happy, healthy and nurtured to reach their full potential. It is unique to South Australia's legislative and cultural context.

Six [Practice Principles](#) provide the foundational values for practice in all phases of intervention:

- Child centred
- Cultural safety
- Strengthening families
- Supporting carers
- Partnership and collaboration
- Learning culture.

A range of key Foundational theories and knowledge underpin the Practice Approach and specific Tools, processes and practice guidance have been developed to support practice across DCP. The DCP Manual of Practice and Assessment Framework are key elements. The [Manual of Practice](#) describes the processes for the continuum of case work in DCP from notification through to transition from care. The Manual of Practice includes best practice advice on a range of topics relevant to child protection practice. The [DCP Assessment Framework](#) provides DCP case workers with guidance on how to undertake quality assessment and is used in conjunction with Structured Decision Making tools, supervision, reflective practice and consultation. The Assessment Framework outlines the assessment process, case conceptualisation, domains for assessment and assessment considerations.

Please see the [DCP Practice Approach Summary Guide](#) and [DCP Practice Approach](#) on the intranet for detailed information regarding all elements of the Practice Approach.

3.4 Principles

- The safety of children and young people is the paramount consideration.
- Observe the Aboriginal and Torres Strait Islander Child Placement Principle and core elements.
- Timely, accurate information gathering and holistic assessment is crucial to meeting the needs of children and young people.
- Assessment respects cultural diversity in parenting practices while maintaining a focus on safety.
- Families hold important knowledge of their own lives, needs and culture.
- Children and young people's views are sought and considered.
- Respect, compassion and cultural responsiveness underpins engagement.
- Decision making is child and young person centred.
- Decisions and actions are undertaken in a timely manner.
- Statutory authority is used responsibly and in the least intrusive way to ensure the safety of the children and young people.

- Aboriginal children and young people have a right to know and participate in their culture to support their physical, spiritual, social and emotional wellbeing.
- Connections with family, community, language, religion, culture are key to nurturing children and young people's sense of identity.

4. Procedure requirements

4.1 Context of child protection

4.1.1 Agencies associated with child protection

- **DCP:** is the agency mandated to receive notifications of harm or risk of harm, investigate allegations and make decisions regarding children and young people's care and protection based on the CYPs Act.
- **Child Protection Services (CPS)** (located at Women's and Children's Hospital, Flinders Medical Centre and Lyell McEwin Hospital): The CPSs provide medical and psychosocial assessments, and forensic/evidential interviewing of children under the age of seven years following allegations of harm. Therapy for children is also provided by these agencies. Referrals are received from DCP and SAPOL.
- **South Australian Police (SAPOL):** Child Abuse Investigators, who are part of Child and Family Investigation Units in various Local Service Areas, are detectives who are trained in the investigation of allegations of child abuse from the criminal perspective. SAPOL conduct forensic interviews with children and young people over the age of 7 years.
- **Courts:** The Magistrates Court, District Court, Supreme Court, Youth Court, Federal Circuit and Family Court of Australia all hear cases that could involve child abuse. The police prosecute criminal cases in the Magistrates, District and Supreme Court, and in the Youth Court in relation to juvenile offending. DCP seeks orders regarding children and young people's care and protection from the Youth Court and, at times, such matters are also heard in the Supreme Court. Individual families seek decisions about who the child or young person will live with and time spending arrangements from the Federal Circuit and Family Court. DCP sometimes makes representations in the Federal Circuit and Family Court regarding children and young people about whom concerns exist.
- **South Australian Civil and Administrative Tribunal (SACAT):** undertakes reviews of certain decisions made by DCP.
- **Child and Adolescent Mental Health Services (CAMHS):** CAMHS provides therapy to children and young people (from infancy to 18 years) and their carers. Paediatric psychiatric assessment and inpatient services are also provided by CAMHS.
- **Headspace:** Headspace provides early intervention mental health services to 12 to 25 year olds.
- **Department for Human Services (DHS):** DHS funds and delivers a range of early intervention services for families and children under the Child and Family Support System (CFSS). DHS provides support to children and families at risk of harm, neglect and family violence by deliberately and strongly intervening. This work aims to disrupt the patterns of intergenerational trauma, and to increase the number of children able to be cared for safely in their birth family
- **Drug and Alcohol Services South Australia (DASSA):** DASSA is a statewide health service that offers a range of prevention, treatment and information services for people with alcohol, tobacco and other drug issues.
- **Non-government organisations (NGOs), Aboriginal Community Controlled Organisations (ACCOs) and for profit organisations:** There are numerous NGOs and for profit organisations that are responsible for providing foster care to children and young people who cannot safely live with their families. These

agencies are also responsible for the training and support of foster carers. Aboriginal Family Support Services (AFSS) provide foster care specifically for Aboriginal children. A range of other NGO agencies provide therapeutic placements of children and young people with complex needs. A range of ACCOs provide placement support for kinship carers caring for Aboriginal children and young people. DCP Kinship Care also provide support for kinship carers.

- A range of agencies provide reunification services to assist birth families to improve their parenting capacity and ability to keep their children safe.
- In addition to DCP Residential Care, a number of agencies provide residential care for children and young people.

4.1.2 Child abuse notification classification system

For more detailed information regarding tier ratings and classifications of abuse severity, please consult the [Manual of Practice – Intake, investigation and assessment](#) and [Call Centre Practice Guide](#).

All abuse and neglect notifications are initially received by the Child Abuse Report Line (CARL) or the electronic system, e-CARL. CARL workers complete initial assessment and classification of notifications. If a notification is 'screened in' for a child protection response, it is classified as requiring an urgent response ('Within 24 hour') or a non-urgent response ('Within 10 days'). Other classifications include 'Unborn Child Concerns' (UCCs) which relate to concerns for an unborn child and 'Adolescent at Risk' which are raised when a young person is considered to be 'at risk'. Notifications that are 'screened out' are classified as 'Notifier Concerns'.

Screened in notifications are referred by the Call Centre to the DCP office that services the area in which the child or young person resides (or pregnant woman).

DCP makes every effort to ensure that screened in notifications receive a:

- referral to a state authority
- alternative response that more appropriately addresses the risk (DCP non investigative response, including refer to other agency)
- DCP investigation.

Refer to the [Outcome Codes Procedure](#) for more information.

4.1.3 Authorities and orders

A range of child placement authorities and orders require a specified person to undertake certain actions or place the child or young person into out of home care. These authorities and orders are activated by different mechanisms. That is, some occur via agreement between the family and DCP while others are ordered through the Youth Court under the CYPs Act. Each authority and order differ in conditions and time frames. Other orders, such as for assessment and information gathering, are also available. A brief summary of the more commonly obtained authorities and orders is presented below. For detailed information, please see the [Manual of Practice](#).

FOR PLACEMENT IN OUT OF HOME CARE:

Court orders

- short-term custody to the Chief Executive or another person
- short-term guardianship to the Chief Executive or another person
- long-term guardianship to the Chief Executive or another person.

Voluntary agreements

- Voluntary Custody Agreement (VCA)

FOR FAMILIES WHO VOLUNTARILY AGREE TO CHANGE THE CARE ARRANGEMENTS FOR A CHILD OR YOUNG PERSON

- Family Group Conference (FGC) Agreement
- Safety Plan.

OTHER COURT ORDERS AND UNDERTAKINGS

- authorising or requiring the examination and assessment of a child or young person
- authorising or directing the assessment of a parent/guardian or other person
 - Under Section 36 (2) of the CYPS Act, the Chief Executive can direct a parent, guardian or other person to undergo an Approved Parenting Capacity Assessment. The criteria and process required for an approved Parenting Capacity Assessment is detailed in The South Australian Government Gazette, 27 September 2018 (see Appendix 1). It is essential that parenting capacity assessments completed by DCP Psychologists adhere to the criteria and process detailed in the Gazette.
- requiring the parent/guardian/child or young person to enter into a written undertaking to do, or refrain from doing, specified things (for example, a requirement that a parent attend drug testing or counselling) whilst the child or young person is under DCP supervision
- preventing the removal of the child or young person from the State, or requiring the child or young person's passport to be held by the court
- written undertaking (supervision order).

4.1.4 Internal Reviews and the South Australian Civil and Administrative Tribunal (SACAT)

Internal review

Certain decisions made by DCP can be subject to an Internal Review. These decisions are referred to as 'reviewable decisions'. These decisions are:

- All decisions made under Chapter 7 of CYPS Act, excluding a decision made under Part 4 of that Chapter (being decisions about contact arrangements).
- Decisions made under Section 25A of the Births, Deaths and Marriages Registration Act 1996.
- Decisions made under section 153 of CYPS Act (to refuse to provide a document or information, or to provide a document in redacted form). These reviews are managed by the DCP Freedom of Information team.

In an Internal Review, the reviewer will consider the legislative framework and whether the legal power/discretion has been exercised in a way that is consistent with policy and procedures and is procedurally fair.

At times, DCP Psychological Services leadership complete internal reviews.

External review

Application can be made to SACAT for review of a range of decisions made by DCP, with a full list available here [SACAT reviewable decisions](#).

SACAT also hears applications for guardianship and administration orders for people over 18 years of age who are unable to make certain decisions about their personal health, financial, legal, and living circumstances due

to mental incapacity. SACAT can appoint a guardian under a [guardianship order](#) to make accommodation, health and lifestyle decisions and an administrator under an [administration order](#) to make legal, financial and business decisions to support a person who has mental incapacity.

DCP Psychological Services largely has contact with SACAT regarding review of decisions regarding a child or young person's placement and approval of carers, and regarding guardianship and administration orders for young people aging out of DCP's care and requiring additional support due to mental incapacity.

At times, previous psychological assessment reports are used within SACAT hearings and, occasionally, further assessments are sought to provide expert evidence to support an application to SACAT. Psychologists may be called to present evidence within a SACAT hearing.

4.1.5 Contact arrangements review panel (CARP)

Once the DCP case management team has made a decision regarding family contact arrangements, a contact determination letter is provided to each relevant family member. Should a family member disagree with the decision regarding their contact determination, they can apply to CARP for a review. The panel consists of at least three members, one of whom must be external to DCP, who are independent to the matter under review. For review of contact determinations regarding Aboriginal children and young people, a Principal Aboriginal Consultant (PAC) must be on the panel.

CARP can affirm, vary or set aside (and either substitute it with its own determination or refer the matter back to the Chief Executive) the determination under review.

Psychological consultation is often requested by DCP case workers in the development of contact determinations. Many psychologists are also members of CARP. For detailed information regarding CARP, please see [Contact Arrangements Review Panel Procedure](#).

4.2 Preparation for assessments

4.2.1 Assessment context, the role of the assessing psychologist and the issue of consent

Children and young people (and their families) are referred for psychological assessment by DCP case workers. Although some assessments may focus on parental functioning, it is important to note that **the child or young person is DCP's primary client** and all assessments must be undertaken with this in mind. Additionally, psychologists should be aware that as an employer and the referral source, DCP should also be considered a client of the psychologist.

The role of a psychologist conducting an assessment is that of a professional expert who must maintain an independent, unbiased and objective stance. Psychologists must be aware of personal and societal biases and engage in non-discriminatory practice. For detailed information about bias, please see the [DCP Bias in Child Protection Practice Paper](#).

Prior to the commencement of assessment sessions, psychologists must ensure that all participants understand the reasons for the assessment and limitations of confidentiality. That is, the information they provide during the assessment (in addition to all information obtained by other DCP staff) may be included in a report prepared by the psychologist. Participants should understand that a copy of the report may be provided to other parties (including other family members) if the matter proceeds to court. It should also be explained that the assessment information will be discussed with the psychologist's senior and/or principal psychologist. On occasion when another agency requires information contained within the assessment report (such as a therapist or a school), the psychologist may prepare a version of the report that is sensitive to confidentiality requirements.

Written consent is *not required*:

- To assess or obtain information about a child or young person under Custody or Guardianship of the Chief Executive.
- To obtain information from a lay person about an adult (for example, seeking information from a grandparent about a parent). Exchange of information between a psychologist and non-professional third parties is allowed under sections 164(b) and 164(1)(c) of the CYPS Act as not doing so would prevent psychologists from effectively carrying out our duties and obstruct administration or enforcement of the CYPS Act (for example, we can tell the grandparents about child protection issues regarding the parent and ask them for a response provided that this information is relevant to the assessment).
- To assess a parent who has been directed by the Chief Executive under section 36 of the CYPS Act to undergo an approved parenting capacity assessment. Failure by the parent to comply with a Chief Executive directed PCA may incur a penalty of six months imprisonment.
- To conduct assessment of a parent; consent can be provided verbally and must be contemporaneously recorded in notes.

Written consent is *required*:

- To assess or obtain information about a child or young person who is not under Custody or Guardianship of the Chief Executive.
- To obtain information from professionals about an adult or their Guardian/Custodian (if they are under SACAT Guardianship) as these professionals are duty bound to have such consent before disclosing information.

Relevant [consent forms](#) can be accessed on the Intranet.

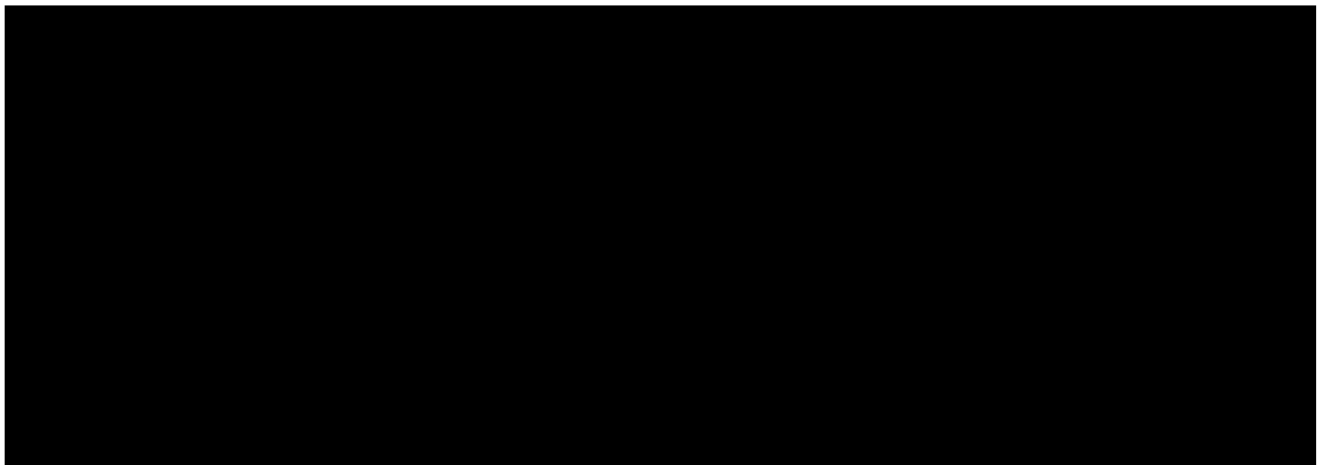
The opportunity for feedback regarding the conclusions and recommendations of the assessment is provided by the psychologist subsequent to completion of the report. In general, DCP case workers should also be present during feedback sessions to ensure all parties' understand the issues.

4.2.2 Protocol for assessing children or young people who are still residing with their biological parents or in a placement which is subject to care concerns

Whether or not to conduct an assessment of a child or young person who still reside with their birth parents or in a placement that is subject to multiple care concerns (especially a parenting capacity assessment) requires careful consideration. To assist navigation of this complex situation, a list of issues for consideration and a suggested process are provided below.

Considerations:

-
-
-





Process

Given the complex issues that need consideration in this situation, the following process is suggested:

When determining whether an assessment is needed while the child or young person remains in the care of their parents or carers, a planning meeting involving the DCP case worker, their supervisor and psychologist allocated to the office should be organised. The goal of this meeting is to ascertain if there is an urgent need for an assessment and whether the benefits of conducting an assessment outweigh the inherent risks of doing so. It is essential to cover the following topics during the planning meeting:

- a. clarification of the allegations or concerns and child protection history
- b. the necessity and urgency of an assessment
- c. immediate safety needs for the child or young person and urgency to act
- d. the presence of any other dangers or risks in the household (domestic and family violence, mental health difficulties, disability, substance misuse)
- e. the presence of protective persons or factors
- f. urgent information that is required to assess risk to the child or young person's safety
- g. any safety issues for staff attending the home.

If a decision is made that the assessment should proceed (following a discussion of the above issues), there is a need to establish an agreed upon **safety threshold** beyond which the risk to the children is considered unmanageable (for example, disclosures of ongoing abuse by the child or young person during interview) and specific steps which will be taken in response (such as consideration to the need to remove the child or young person immediately or stop the assessment).

If the agreed threshold is deemed as being reached by anyone involved in the planning meeting, a **follow-up meeting** should be urgently organised to discuss the concerns and enact previously agreed steps. The assessment process is likely to need to be placed on hold until this can occur. Resumption of the assessment can be negotiated when the child or young person's at least conditional safety has been restored.

4.2.3 Background information

Documents that contain relevant background information are often listed on the referral form (by name and the date they were uploaded to Connected Client and Case Management System (C3MS)). Such documents generally include a genogram, any court applications, the current case plan and previous psychological, psychiatric, medical or educational reports. However, a review of pertinent information in C3MS, such as professional reports, is recommended.

Depending on the referral questions, psychologists should ensure that they have sufficient information relating to the following areas:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

If the necessary information is not contained within the documents identified by the DCP case worker, further information can be gathered from the following sources:

- Discussion with the referring DCP case worker and, if applicable, other psychologists who have had involvement in the matter.
- **C3MS:** C3MS is DCP's electronic case management system that contains all documentation produced or received from other agencies by DCP.
- **Psychology (55) Files:** 55 files are only accessible to psychologists.

It is important to focus on the referral question and have a clear idea about what is required to prepare a concise two to three page background section. Avoid time consuming and detailed background information searches in C3MS. Psychologists are encouraged to start their background information review by relying on the main documents and only explore C3MS notes to fill in any gaps.

4.2.4 Planning assessments

Referral questions define the scope of an assessment. At times, the referral questions listed on the referral form may not be a full reflection of the assessment required. Psychologists are advised to discuss the referral questions with the DCP case worker to ensure all relevant issues will be addressed during the assessment.

Once background information has been gathered and reviewed, [REDACTED]

[REDACTED] It is important to understand that while [REDACTED]

assessments could always be more comprehensive, psychologists should aim to practice efficiently and only collect the data required to address the referral questions.

If a child, young person or family is Aboriginal, it will be necessary to consult with the Principal Aboriginal Consultant (PAC) or other appropriate staff or community member to ensure that the assessment is conducted in a manner that is culturally safe¹. Refer to the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families within DCP](#) and the [Aboriginal and Torres Strait Islander Child Placement Principle practice paper](#) for guidance. If a child, young person or family are from a culturally and linguistically diverse background, cultural consultation with [DCP Multicultural Services](#), an appropriate body or community member is recommended to ensure the assessment is conducted in a culturally appropriate manner. See the [Working with Diversity – Culturally and linguistically diverse people Practice Paper](#) for more information.

It is recommended that the relevant consent forms for exchange of information with professionals and agencies be provided to the DCP case worker and it be requested that they seek any necessary signed consent as soon as possible. This allows for timely completion of interviews with professionals. Interviews with professionals are generally conducted via telephone or Teams.

The scheduling of assessment sessions can be complex and many factors should be considered. Time efficiency is important and travel should be minimised. To achieve an efficient assessment, multiple assessment sessions should be conducted on each day.

It is also important to consider the child or young person's schedule and prepare an assessment schedule which is the least disruptive as possible. For example, it is recommended that the psychologist observe the usual family contact visit and plan their assessment sessions around this where possible rather than request changes to family contact.

Collateral information should be obtained to inform the most appropriate assessment plan for the child or young person, considering their developmental needs.

[REDACTED] if the child or young person requires this. [REDACTED]
often a good option for conducting assessment sessions. [REDACTED]

In parenting capacity assessments, [REDACTED] This provides the opportunity to gather as much information as possible to best explore issues [REDACTED] Further, if assessment of a client's intellectual functioning is considered necessary, [REDACTED] This ensures that the interview can be tailored to the client's cognitive functioning. However, the assessment plan structure should balance these suggestions with the need for time efficiency and reduced disruption to the child or young person. Further, if it is suspected [REDACTED]

¹ Psychologists should refer to the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families within DCP](#) for more information about conducting culturally appropriate assessments.

[REDACTED] Supervision with a principal or senior psychologist is recommended to review the assessment plan if required.

Psychologists should carefully consider the selection of formal measures. [REDACTED]

[REDACTED] It should be noted that [REDACTED]

[REDACTED] and psychologists should ensure adequate understanding of test procedures or items. Should psychologists decide to use a measure that has not been specifically designed for the client's age group or circumstances [REDACTED]

If administering questionnaires to adults, it is advised that the psychologist [REDACTED]

[REDACTED] The [Relationship Based Practice](#) and [Supporting the participation of children and young people in decision making](#) practice papers offer helpful guidance.

When writing interview plans, psychologists should also reflect on whether questions:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Psychologists are encouraged to discuss some examples of their interview plans in supervision periodically.

4.3 Assessment guidelines

4.3.1 Assessment of presentation

Psychologists are encouraged to draw upon their clinical skills when assessing the interviewee's presentation.

For the child or young person, [REDACTED]

² Please refer to the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families within DCP](#) for more information about conducting culturally appropriate assessments.



[Redacted]

For adults, [Redacted]

[Redacted]

[Redacted]

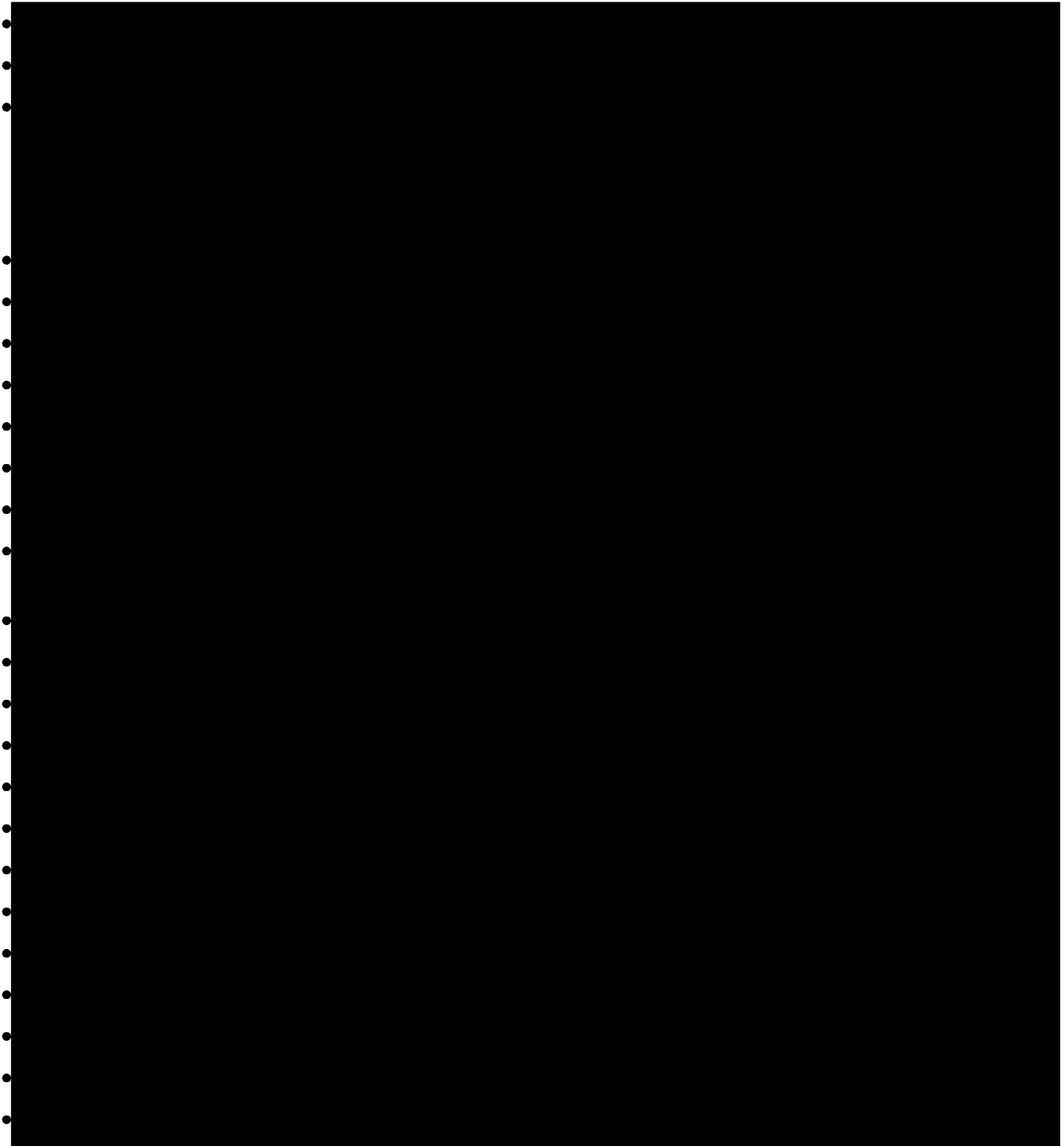
4.3.2 Parenting capacity assessments

A parenting capacity assessment may be requested in relation to the child or young person’s biological parents or other carers (such as foster carers, kinship carers or Specific Child Only carers). When undertaking a parenting capacity assessment, psychologists must consider the parent or carer’s capacity to care for and meet the needs of a specific child or children. Consideration of the parent or carer’s capacity to change within a timeframe that meets the child or young person’s needs should also be made. As such, assessment of the parent/carer, each child, and the parent/carer-child relationship is required to complete a parenting capacity assessment.

When assessing parenting, psychologists must consider cultural differences in child rearing practices and seek cultural consultation. Refer to the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families](#) within DCP for detailed information to consider when assessing Aboriginal families. Consultation with a Principal Aboriginal Consultant or DCP Multicultural Services as appropriate is recommended.

Interview parent/s or carer/s (separately) regarding their:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]



Formal assessment measures may include:

- [Redacted]
- [Redacted]
- [Redacted]

If there are concerns regarding a parent’s mental health, possible measures may include:



- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

If there are concerns regarding a parent or carer’s cognitive functioning, measures may include:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Psychologists should carefully consider the child or young person’s needs and the parent’s ability to meet those needs. This requires assessment of the child or young person - see ‘Assessment of the child or young person’s attachment and family relationships’, ‘Assessment of child development’, ‘Assessment of the child or young person’s intellectual, adaptive, and academic functioning’, ‘Assessment of the child or young person’s emotional and behavioural functioning’ and ‘Assessment of the impact of abuse on the child or young person’.

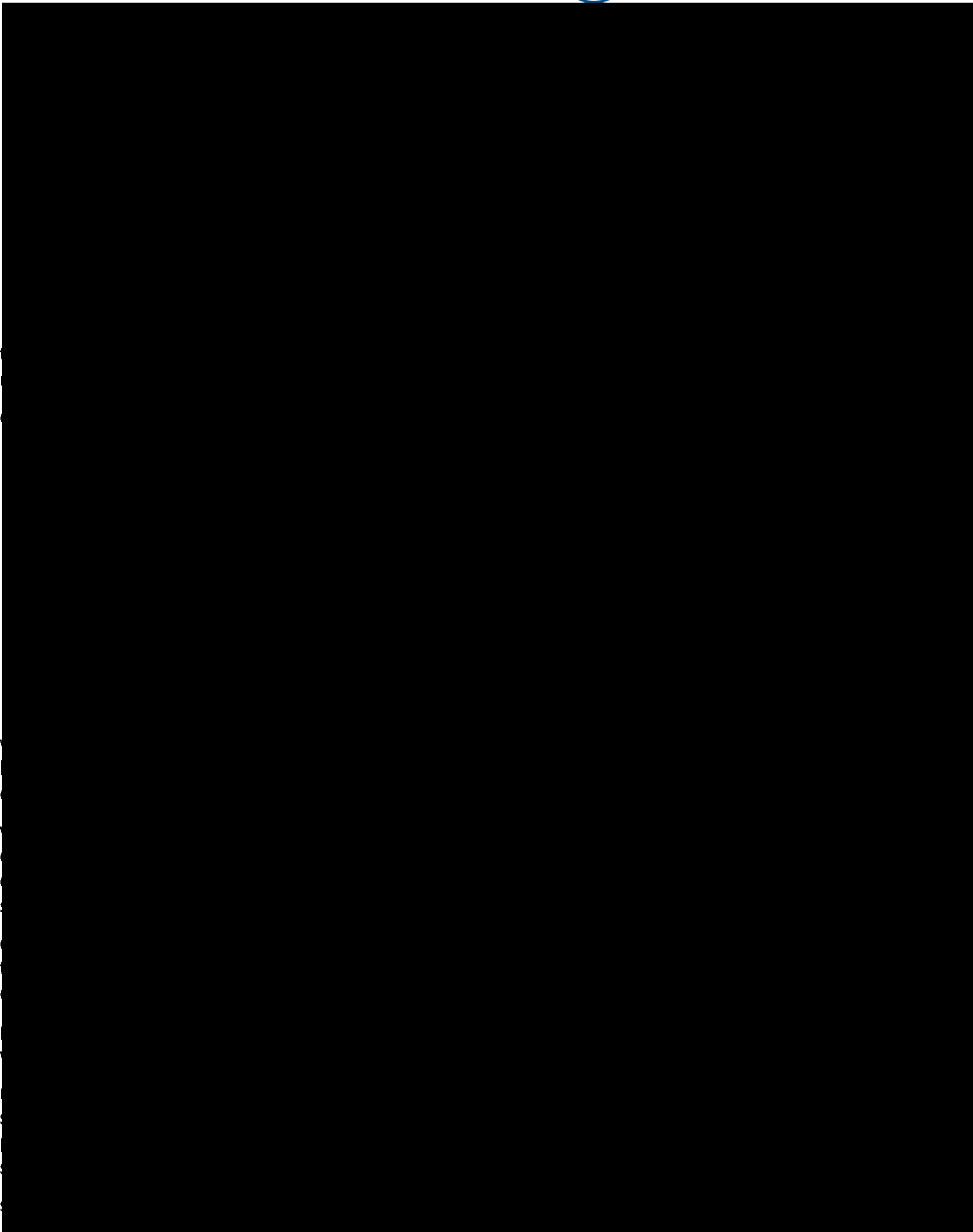
[Redacted]

[Redacted]

[Redacted]

Further useful references may include:

- Budd, K.S. (2001). Assessing parenting competence in child protection cases: A clinical practice model. *Clinical Child and Family Psychology Review*, 4(1), 1-18.
- Budd, K.S. (2005). Assessing parenting capacity in a child welfare context. *Children and Youth Services Review*, 27, 429-444.
- Reder, P. & Lucey, C. (1995). *Assessment of Parenting: Psychiatric and Psychological contributions*. London: Routledge.
- Reder, P., Duncan, S. & Lucey, C. (Eds.) (2003). *Studies in the Assessment of Parenting*: New York: Brunner & Routledge.



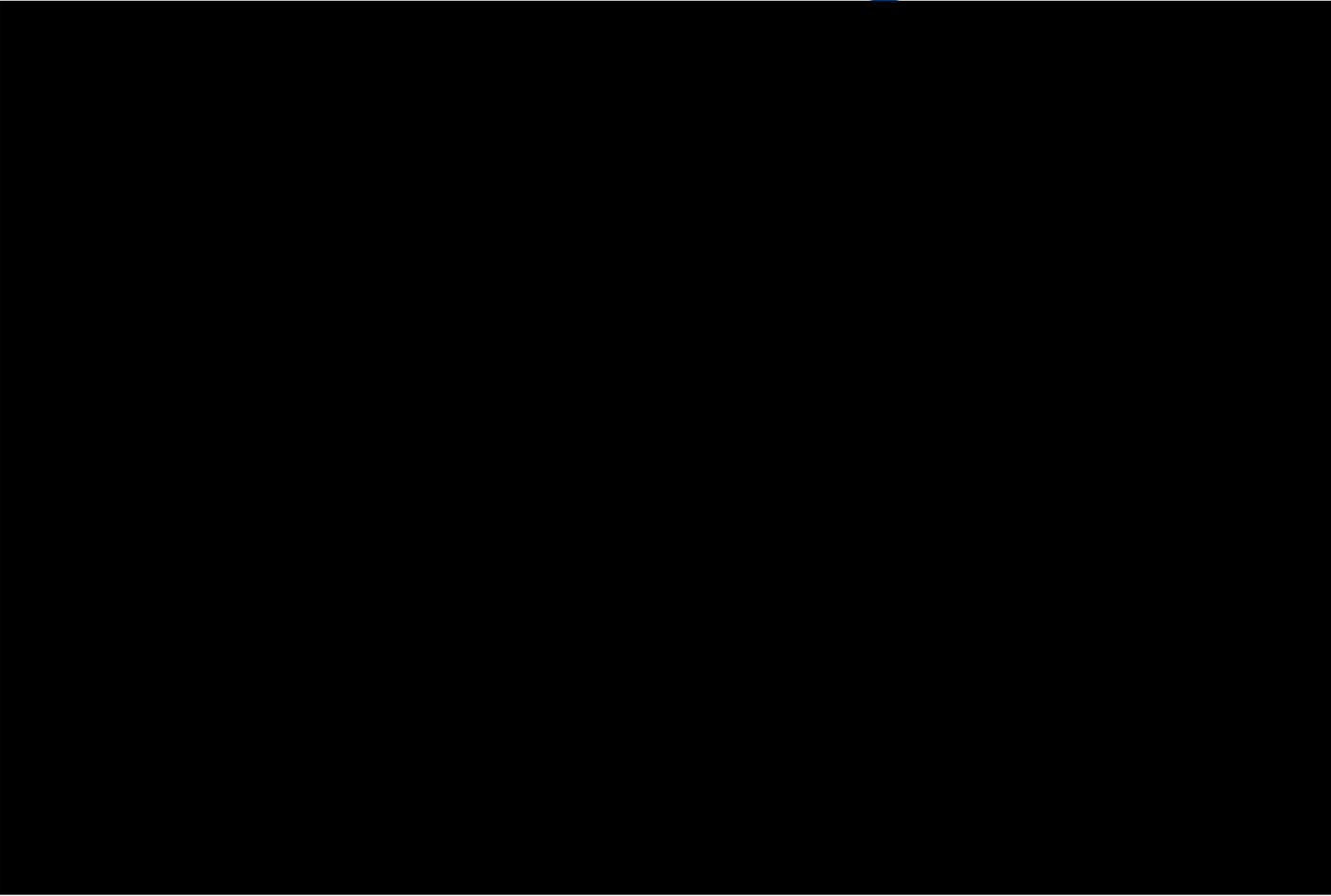


Should a formal assessment of mental health or intellectual functioning be required, please refer to 'Parenting capacity assessment' for possible measures.

4.3.4 Assessment of protective capacity in relation to allegations of sexual abuse

Interview the non-offending parent/carer regarding their:

- -
 -
 -
 -
 -
 -
 -
 -
-
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Should a formal assessment of mental health or intellectual functioning be required, please refer to 'Parenting capacity assessment' for possible measures.

4.3.5 Assessment of the child or young person's attachment and family relationships

Assessment of the child or young person's attachment and family relationships may be required within the context of a parenting capacity assessment, an assessment of the child or young person's family contact arrangements, and an overall assessment of a child or young person's functioning and needs.

Assessment of the child or young person's attachment and family relationships solely may also be required in some circumstances. For example, assessment of the quality of these relationships may be sought to assist in decisions regarding potential changes to care arrangements. The change to care arrangements may be due to potential reunification with the child or young person's birth parents, or a move to another foster or kinship placement.





[Redacted] . Discussion with your senior or principal regarding the scope of the assessment prior to commencement is important.

[Redacted]

Refer to the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families within DCP](#) for detailed information to consider when assessing Aboriginal families. Consultation with a Principal Aboriginal Consultant is recommended.

If possible, interview the child or young person regarding:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Formal assessment measures to be used with child and young people may include:

- [Redacted]

Psychologists should conduct observation of the interaction between the child and parent and/or child or young person’s carer (see section ‘Conducting an observation of parent/carer-child interactions’).

[Redacted]

Interview the child or young person’s carer regarding:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]



- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

If the child or young person’s relationship with a parent or prospective carer is being assessed for consideration of future care arrangements, interview them regarding:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

For additional information see the following references:

- [DCP Practice Approach Attachment Practice Paper](#)
- Zeanah, C. et al. (1997). *Relationship Assessment in Infant Mental Health*. *Infant Mental Health Journal*, 18 (2), 182-197.

4.3.6 Conducting an observation of parent/carer-child interactions

Observation of parent/carer – [Redacted]

[Redacted]



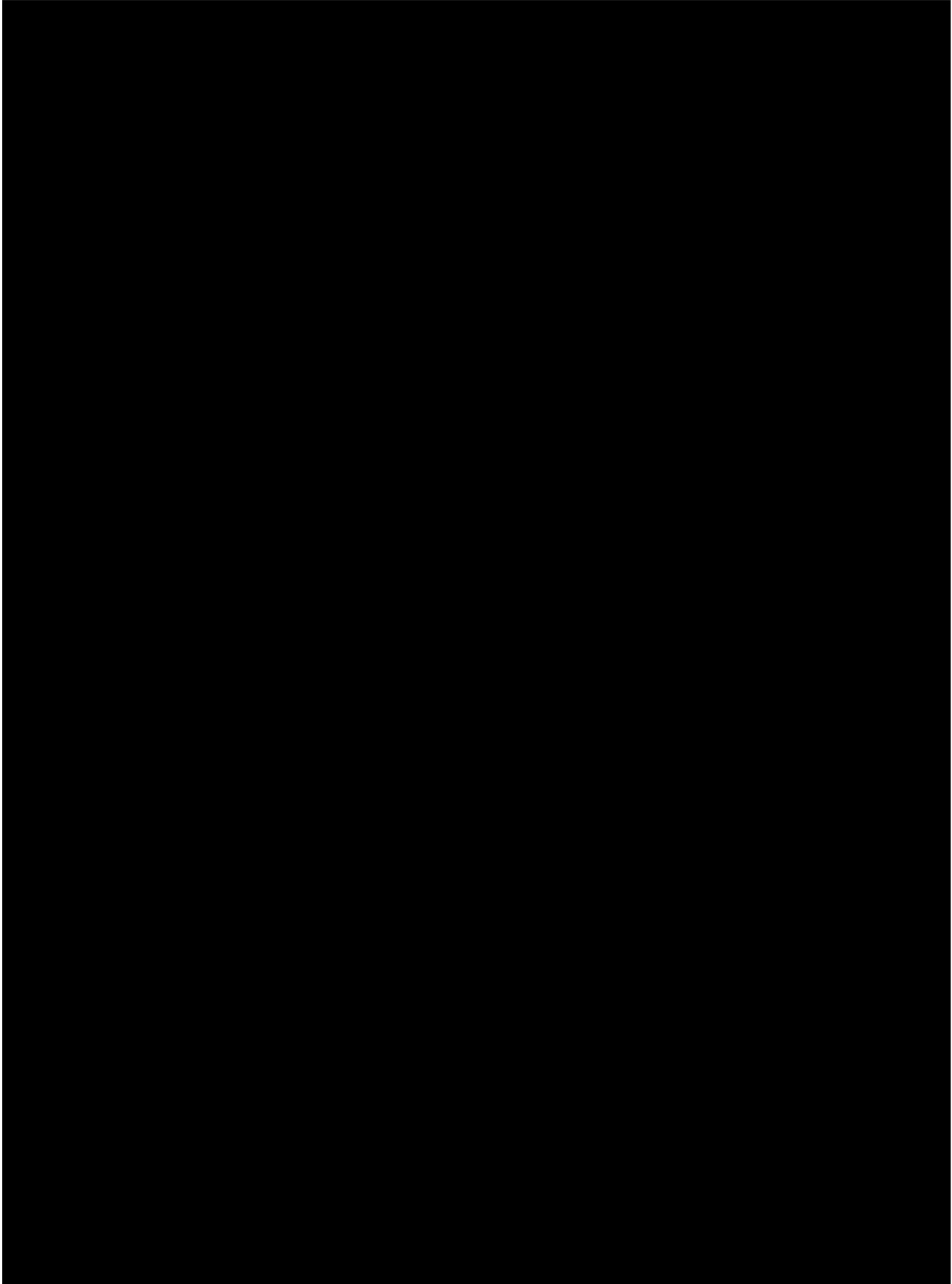
At times, DCP case workers request that psychologists observe contact visits during consultation. It is generally recommended that a psychologist does not observe interactions between a child and their parent or carer in isolation of other assessment methods. If recommendations cannot be confidently made regarding contact arrangements through consultation alone, a full assessment of these arrangements is likely the most appropriate option. This ensures that the purpose of the assessment (and included observation) is appropriately communicated with the clients, consent provided, and other necessary information is obtained through methods such as interviews and review of documentation. The assessment and recommendations are then documented within a report.

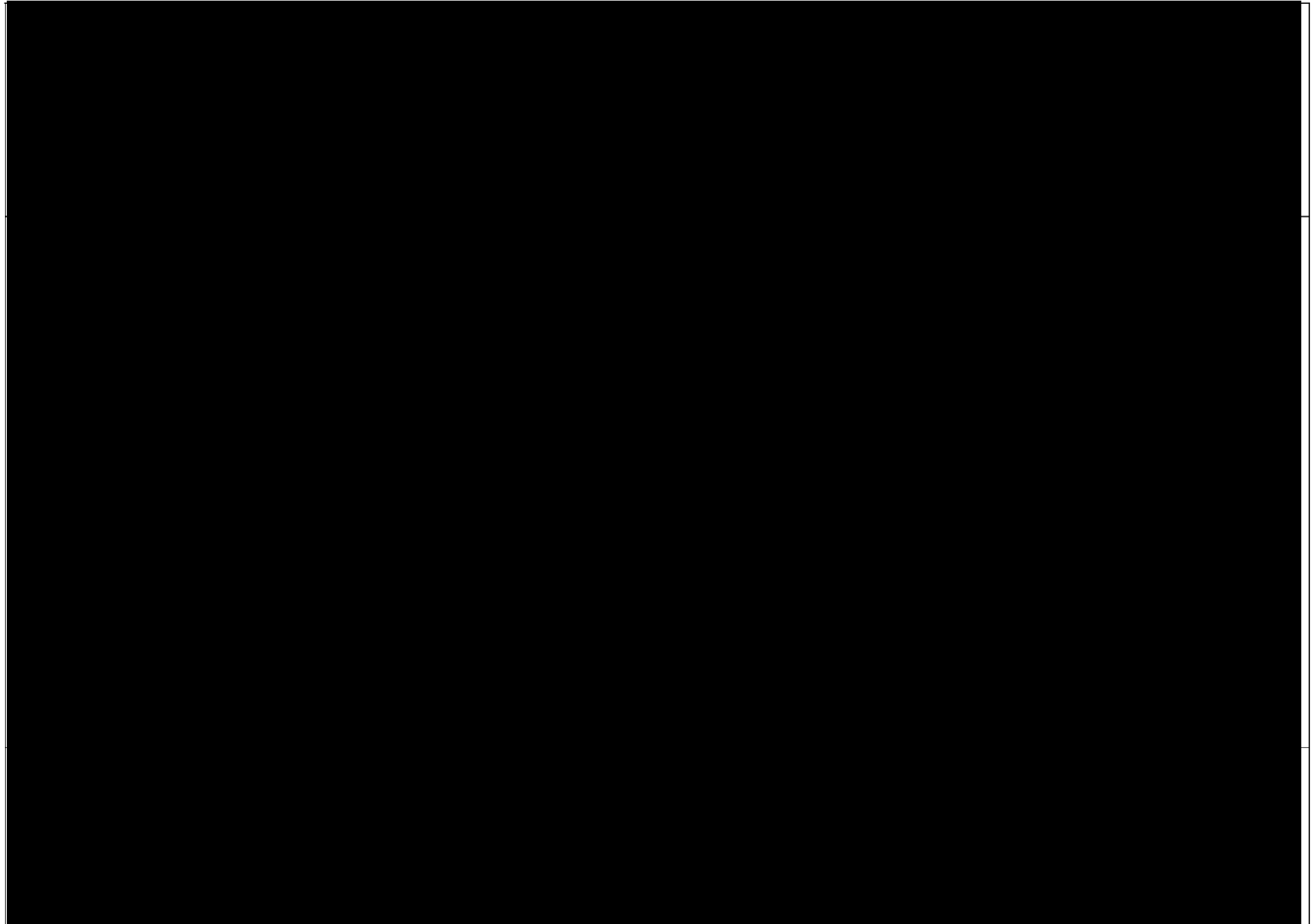
Refer to the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families within DCP](#) for detailed information to consider when assessing Aboriginal families. Consultation with a Principal Aboriginal Consultant is recommended.

An observation of interactions between the child or young person and significant adult(s) should consider:

The child or young person's:	The parent or carer's:

Education of peers (watching, assisting,





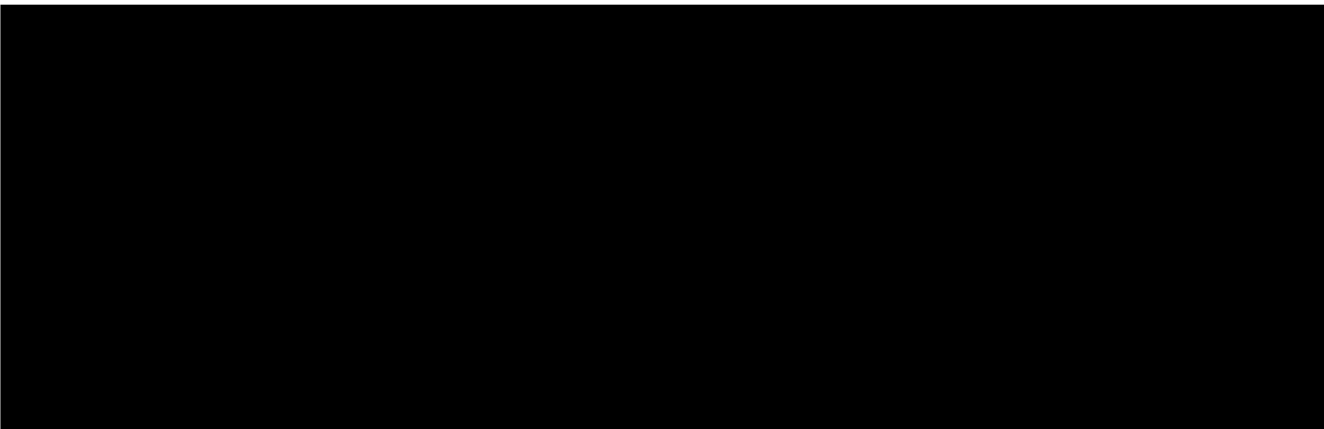
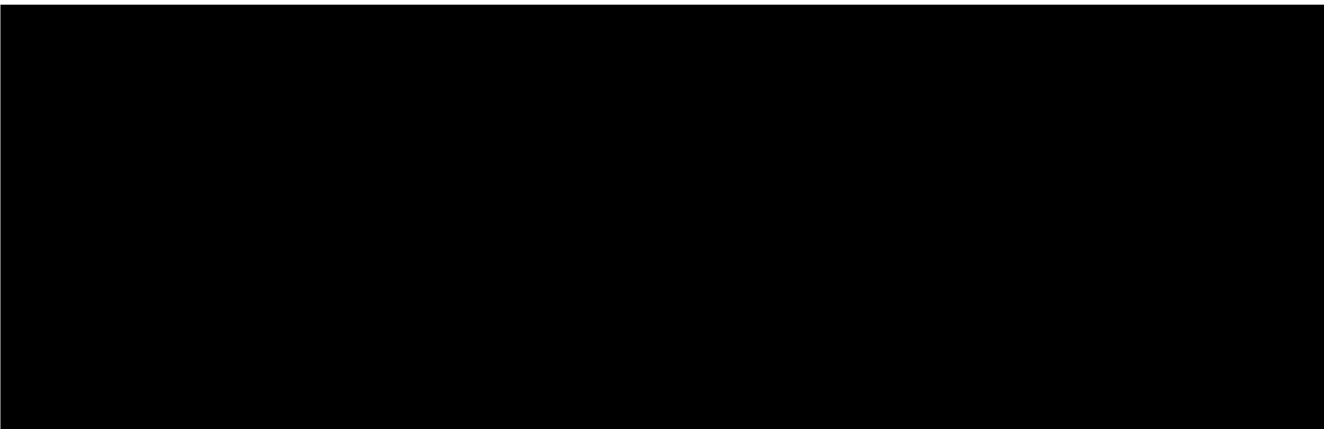
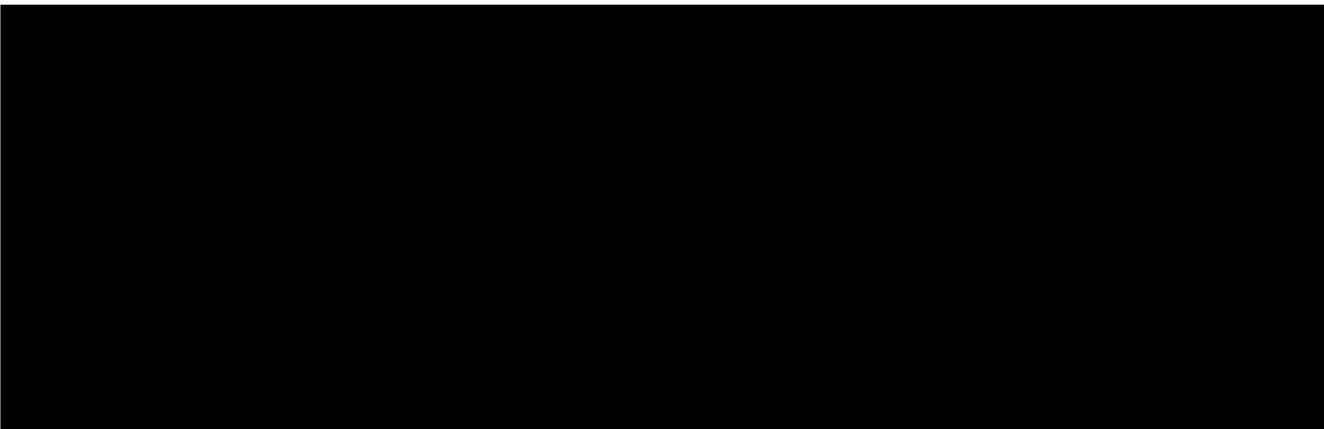
4.3.7 Assessment of family contact arrangements

The following assessments should be conducted: 'Parenting capacity assessment', 'Assessment of attachment/family relationships' and 'Conducting an observation of parent/carer-child interactions'.

The review of family contact arrangements may be with parents, grandparents, siblings, or other family members.

Refer to the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families within DCP](#) for detailed information to consider when assessing Aboriginal families. Consultation with a Principal Aboriginal Consultant is recommended.

In addition, interview the child or young person regarding:

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- 
- 



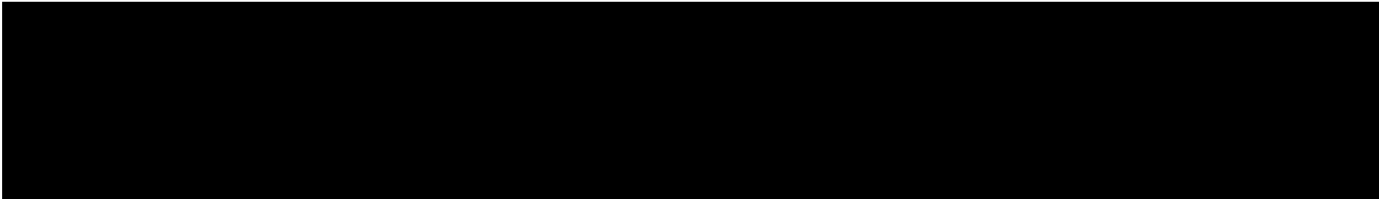
- [Redacted]
- [Redacted]

Interview the parent regarding:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Interview the child or young person’s carer regarding:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]



Psychologists undertaking assessments of arrangements for family contact visits should also consider the issues raised in 'Issues for consideration regarding recommendations for family contact arrangements for children and young people'.

4.3.8 Assessment of child development

At times, formal assessment of an infant or pre-schooler's development is required. Usually the child's carer or parent will need to be present and involved during testing, especially in the case of very young children.

Refer to the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families within DCP](#) for detailed information to consider when assessing Aboriginal families. Consultation with a Principal Aboriginal Consultant is recommended.

Appropriate developmental tests may include:

-
-
-

Interview with child's carer and/or parent to gain information regarding the child's:

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-
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Consider using a formal measure with the child's carer such as:

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-
-
-



4.3.9 Assessment of the child or young person’s intellectual, adaptive, and academic functioning

Where possible, [REDACTED]

Refer to the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families within DCP](#) for detailed information to consider when assessing Aboriginal families. Consultation with a Principal Aboriginal Consultant is recommended.

[REDACTED]

Interview the child or young person’s carer and/or parent regarding the child or young person’s:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

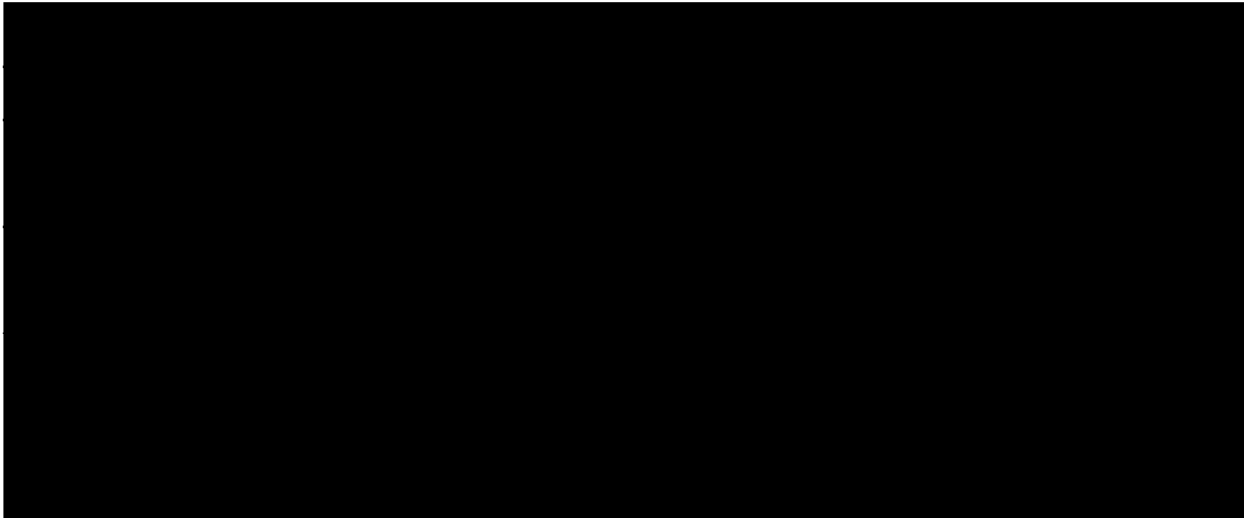
Interview the child or young person’s class teacher to assess the child or young person’s:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]



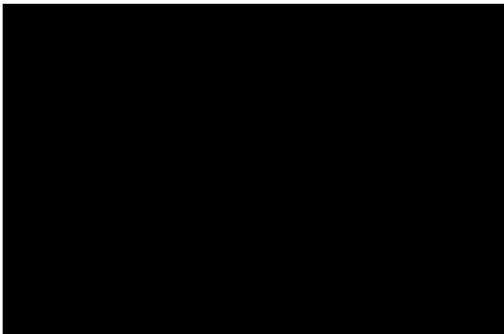
Interview the child or young person regarding:

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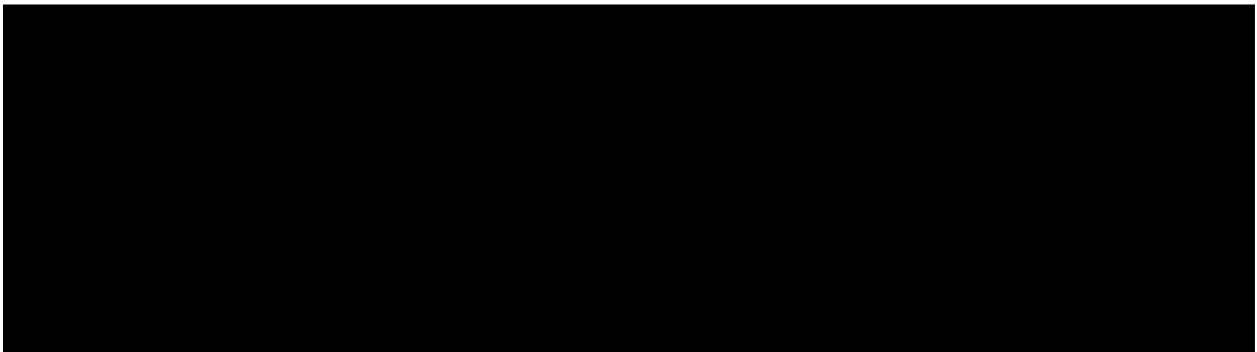
Consideration should be given to interview of relevant professionals such as therapists regarding:

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Formal assessment measures of intellectual functioning:

-
-
-
-
-
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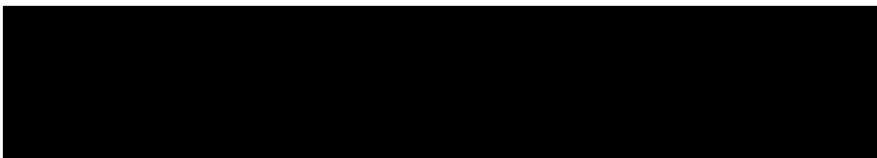
Formal assessment measure of executive functioning:

-



Formal assessment measures of adaptive functioning:

-
-





Interview the young person regarding:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Consideration should be given to interview of relevant professionals such as therapists regarding:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Formal assessment measures of intellectual functioning:

- [Redacted]
- [Redacted]
- [Redacted]

Formal assessment measures of adaptive functioning:

- [Redacted]
- [Redacted]

4.3.11 Assessment of the child or young person’s emotional and behavioural functioning

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

If psychologists are assessing particular behavioural issues, consideration should be given

[Redacted]

Administer a behaviour rating scale to the carer, such as:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Interview the child or young person’s teacher regarding the child or young person’s:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Consider using a behaviour rating scale with the teacher such as:

- [Redacted]

It may also be useful to observe the child or young person in various settings, such as their foster home, during visits or at school or kindergarten.

A useful reference may be:

- Sattler, J.M. (1998). *Clinical and Forensic Interviewing of Children and Families*, California: Jerome M. Sattler, Publisher, Inc.

4.3.12 Assessment of the impact of abuse on the child or young person

Information regarding the impact of abuse on a child or young person informs recommendations about the complexity of their needs, their therapeutic needs, and future care and family contact arrangements.

Abuse can impact upon a number of different areas of a child or young person's functioning. Therefore, an assessment of the impact of abuse may also require the following assessments to be completed: 'Assessment of child or young person development', 'Assessment of the child or young person's intellectual, adaptive, and academic functioning' and 'Assessment of the child or young person's emotional and behavioural functioning'.

Refer to the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families within DCP](#) for detailed information to consider when assessing Aboriginal children and young people. Consultation with a Principal Aboriginal Consultant is recommended.

Assessing the impact of abuse will also involve giving consideration to the nature and context of the abuse including the:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

It should be noted that many children or young people will experience emotional disturbance in response to discussing their experiences of abuse during assessments. [REDACTED]

As with any clinically sound interview, it [REDACTED]

With regard to **all forms of abuse**, consider interviewing the child or young person regarding:

- [REDACTED]
- [REDACTED]
- [REDACTED]

For all forms of abuse, the child or young person and carer should also be interviewed regarding:

- [REDACTED]
- [REDACTED]
- [REDACTED]

³ These interviewing techniques are recommended by Ms Martine Powell.



With regard to **physical and emotional abuse and neglect**, consider interviewing the child or young person regarding:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

With regard to assessing the impact of **sexual abuse**, [Redacted]

If the child or young person discloses sexual abuse previously unknown to DCP during the course of an interview [Redacted]

[Redacted]. Rather, psychologists should seek to gather sufficient information to make a notification and to understand the impact of the abuse on the child or young person (if necessary, CPS or SAPOL will conduct a forensic interview with the child or young person). See the [Reporting a suspicion a child or young person is at risk Procedure](#) for more information.

[Redacted] Psychologists should ensure that the child or young person has someone else they can talk to after they leave the interview (such as a trusted carer, their DCP case worker or the Kids Help Line). With older children or young people, assessors may also have to explain the need to share what they disclosed with their DCP case worker to ensure their safety.

Where appropriate, consider interviewing the child or young person regarding:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Consider using specific tools such as:

- [Redacted]

-
-
-
-

Further useful references might include:

- Perry, B. D. (2009). Examining Child Maltreatment Through a Neurodevelopmental Lens: clinical Applications of the Neurosequential Model of Therapeutics. *Journal of Loss and Trauma*, 14, 240-255.
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2002). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatric and Clinical Neuroscience*, 256 (3), 174-186.
- Van der Kolk, B. A. (2007). The Developmental Impact of Childhood Trauma. In L. J. Kirmayer, R., & M. Barad (Eds.), *Understanding trauma: Integrating biological, clinical, and cultural perspectives* (pp. 224–241). Cambridge University.

4.4 Specific clinical considerations

4.4.1 Issues for consideration regarding recommendations for future care arrangements for children and young people

The decision to recommend that a child or young person is placed into out of home care or that they continue to live away from their parents is often difficult. Psychologists should ensure that primary consideration is given to the safety and wellbeing of the child or young person when making decisions about possible removal, reunification, or long-term orders.

Refer to the [Clinical Guidelines for undertaking Psychological Assessment with Aboriginal Families within DCP](#) for detailed information to consider when assessing Aboriginal families. Consultation with a Principal Aboriginal Consultant is recommended.

Psychologists should be particularly mindful of their ability to provide sound rationales for recommendations regarding the child or young person's future care arrangements and of the possibility that some decisions will be scrutinised in a court or tribunal setting. Psychologists are strongly encouraged to discuss their recommendations with their supervisor prior to the finalisation of their report.

It should be noted that psychologists will often decide to make specific recommendations regarding the orders that DCP should seek to secure the child or young person's care and protection. However, psychologists may also prefer not to specify what order should be sought and in this circumstance, psychologists must ensure that their recommendations are worded in such a way that their opinion regarding the future care arrangements for the child or young person are clearly understood.

In order to offer recommendations regarding the child or young person's care arrangements, it is imperative that at least the following assessments have been undertaken: 'Parenting capacity' assessment, 'Assessment of attachment/family relationships' and 'Conducting an observation of parent/carer-child interactions'. In addition, consideration should be given to:

-

[REDACTED] i. DCP requires that reunification decisions about children after under two years must be made within six months, while the decision must be made within twelve months for children over two years of age.

While the Youth Court is at times reluctant to grant a long-term order without previous short-term orders, this should not deter psychologists from recommending that DCP attempt to secure the child or young person's long-term care arrangements if this is assessed to be in the child or young person's best interests.

Further useful references may be:

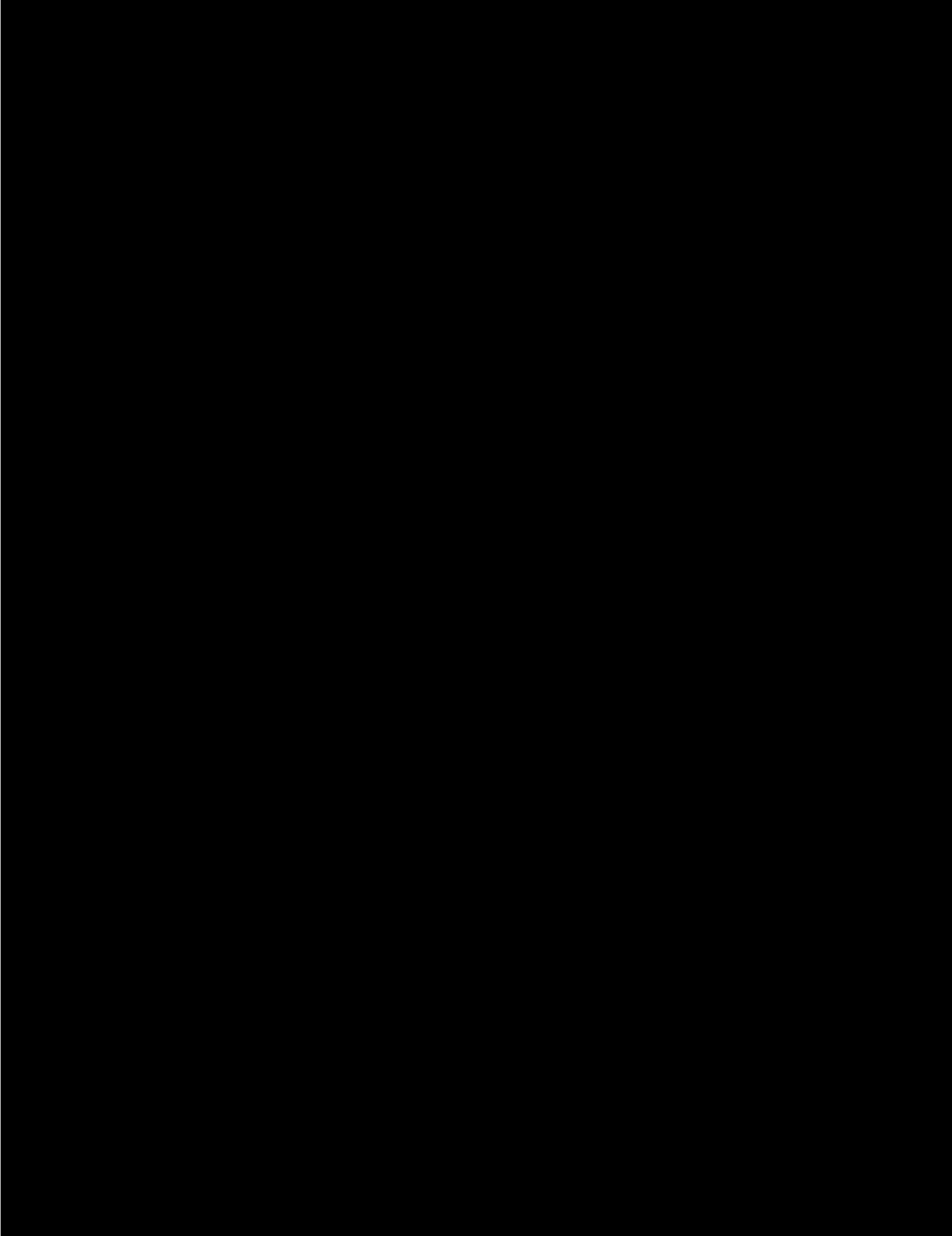
- [DCP Practice Approach Permanency Planning Practice Paper](#)
- [DCP Practice Approach Attachment Practice Paper](#)
- [DCP Practice Approach Reunification Practice Paper](#)
- Gauthier, Y., Fortin, G. & Jeliu, G. (2004). Clinical application of attachment theory in permanency planning for children in foster care: The importance of continuity of care. *Infant Mental Health Journal*, 25(4), 379-396.
- Reder, P., Duncan, S., & Lucey, C. (Eds) (2003). *Studies in the Assessment of Parenting*. London: Routledge.
- Reder, P. & Lucey, C. (Eds) (1995). *Assessment of Parenting: Psychiatric and Psychological Contributions*. London: Routledge.

4.4.2 Issues for consideration regarding recommendations for family contact arrangements

It is advised that recommendations regarding family contact should only be offered when 'Assessment of family contact arrangements' has been undertaken.

In addition to considerations regarding the practicalities of family contact visits [REDACTED]

- [REDACTED]



This is supported by the CYPS Act.

- [REDACTED]
- [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]

Further references to consider in determining arrangements for family contact visits include:

- Baker, T. (1995). What constitutes reasonable contact? In P. Reder & C. Lucey (Eds.) *Assessment of parenting: Psychiatric and psychological contributions*. London: Routledge.
- Cherry, D. (1994). Access for the child in alternative care, *Children Australia*, 19(1), 23-26.
- Foord, H. (1987). *Access: The links between children in care and their families*. The School of Applied Social Studies, University of Bristol.
- Humphreys, C. & Kiraly, M. (2011) High-frequency family contact: a road to nowhere for infants. *Child & Family Social Work*, 16, pp. 1-11.
- Humphreys, C. & Kiraly, M. (2009) *Baby on Board: Report of the infants in care and family contact research report*. University of Melbourne.
- Jones, E. & Parkinson, P. (1995). Child sexual abuse, access and the wishes of children, *International Journal of Law and the Family*, 9, 54-85.
- Neil, E. & Howe, D. (2004). *Contact in adoption and permanent foster care*. London: BAAF Adoption and Fostering.

4.4.3 Issues for consideration regarding recommendations for placement change and transitions

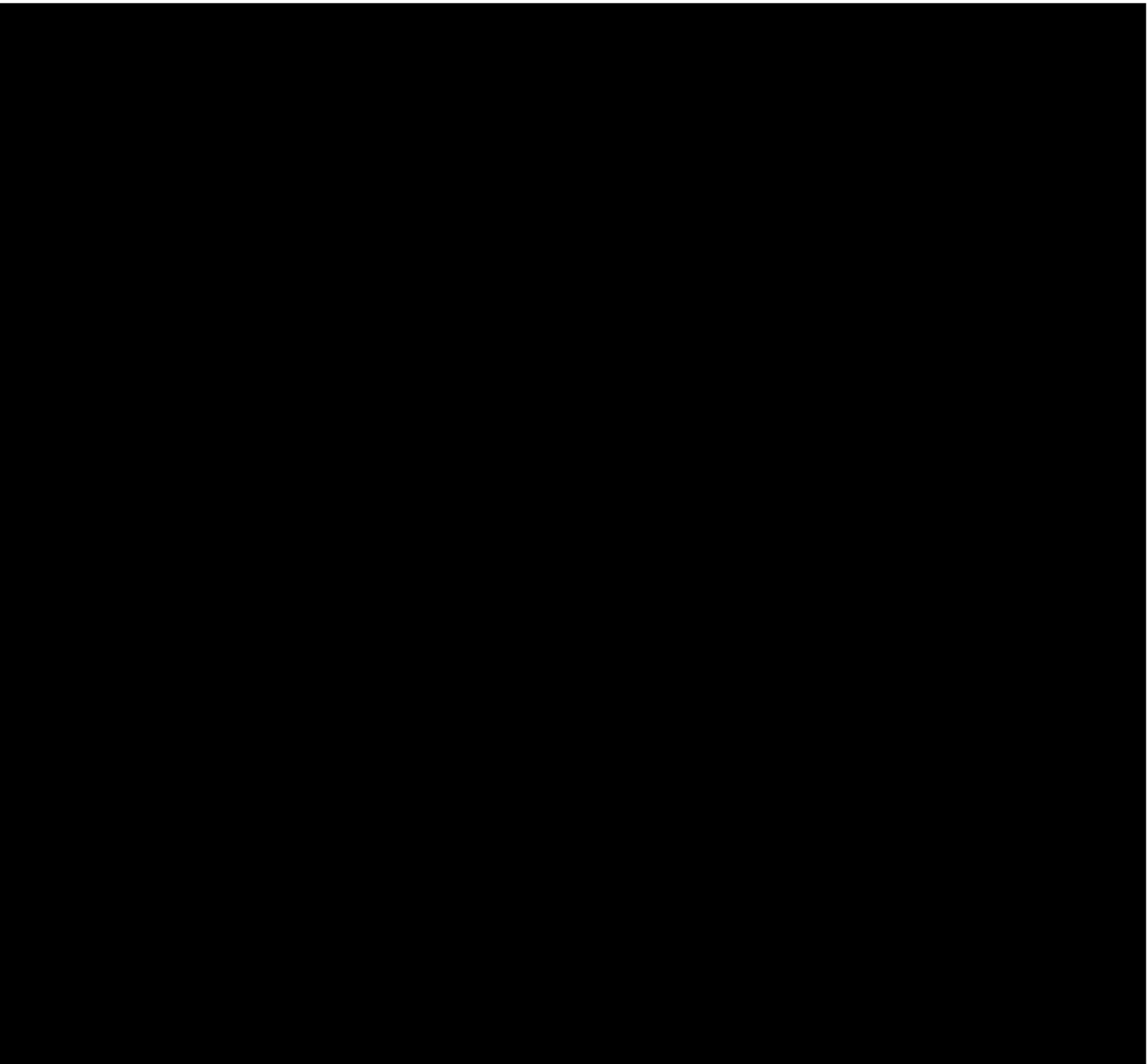
Psychologists may be asked to assess the appropriateness of a child or young person's foster or kinship placement. The guidance outlined above regarding assessment of parenting capacity may be of assistance to such an assessment. Psychologists should be prepared to recommend the termination of a placement that is unable to meet a child or young person's needs or to recommend interventions (including reunification processes) to improve the quality of the placement.


It should be noted that children or young people who experience minimal changes of placement generally achieve better outcomes than children or young people who experience multiple disruptions to their care arrangements and attachment relationships. Therefore, if a move is not required by circumstance, psychologists must carefully consider whether a placement change is in a child or young person's best



interests. 

With regard to placement transitions, please refer to the [Manual of Practice transition planning guidance](#). The following information may also be useful to consider when making recommendations regarding transitions.



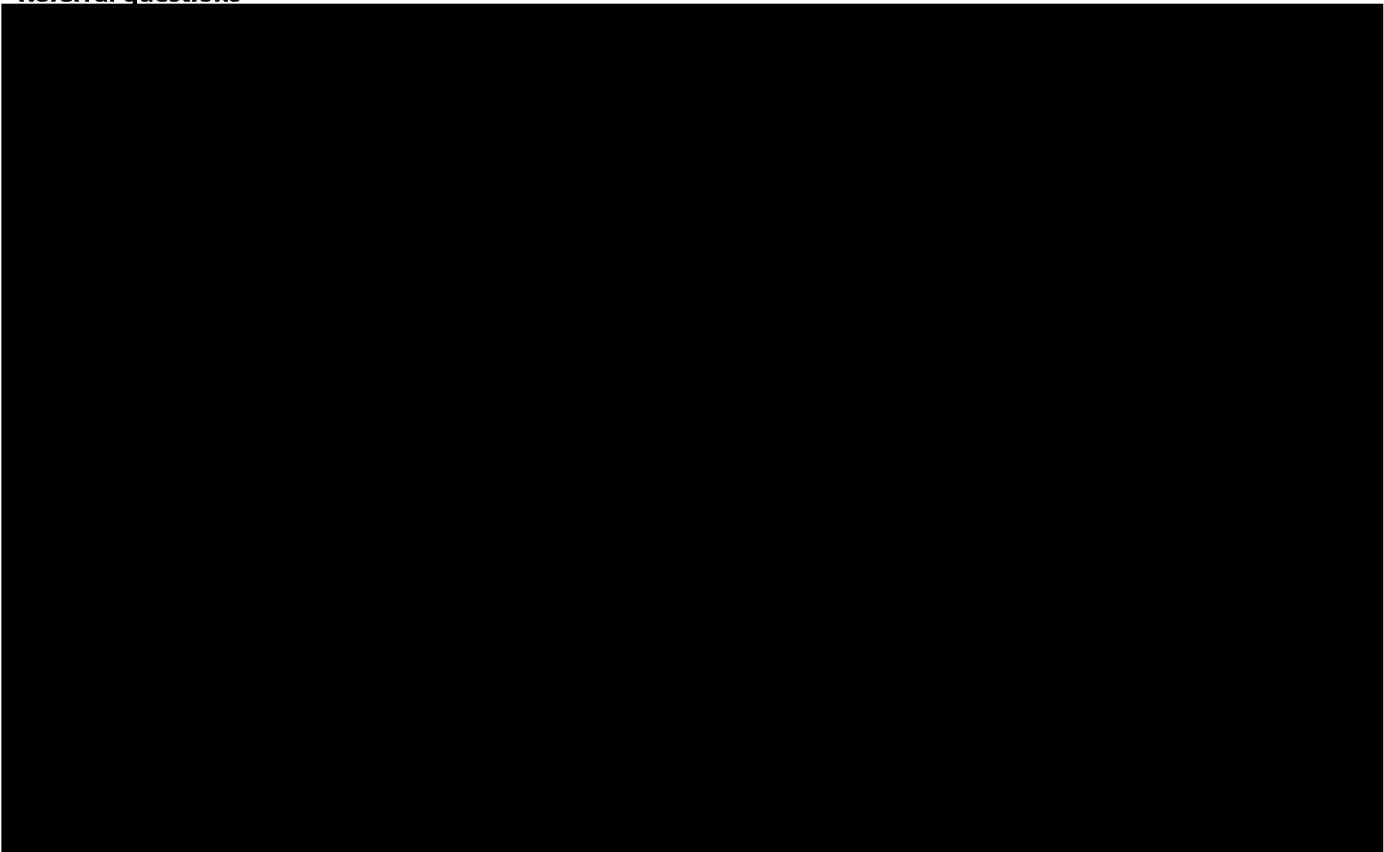
 This process requires both sets of carers to be supportive of the child or young person and the process and may require careful planning by the psychologist and DCP case worker.



4.4.4 Guidelines for cognitive/educational assessment for National Disability Insurance Agency (NDIA) and Department for Education (DfE) purposes

DCP psychologists may be required to undertake (and/or supervise intern psychologists to undertake) assessments to ascertain whether the child or young person under Guardianship meet the criteria for acceptance to the National Disability Insurance Scheme (NDIS); and/or may meet criteria for Department for Education (DfE) programs and support. Whilst this is not a core component of DCP Psychological Services work, awareness of the context for referrals and access to a template is intended to increase efficiency and ensure that reports are fit-for-purpose.

Referral questions



Test Selection

When contemplating which measures to use

For children aged under 5 years:

Cognitive Measures

- [Redacted]
- [Redacted]



- [Redacted]

For children aged 5 years and over:

Cognitive Measures

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Adaptive Measures

- [Redacted]
- [Redacted]

Academic Measures

- [Redacted]

DSM-5-TR Diagnostic Categories

Global Developmental Delay (F88)

[Redacted]

Intellectual Developmental Disorder (Intellectual Disability; specifiers - F70 Mild; F71 Moderate; F72 Severe; F73 Profound)

[Redacted]



Table 1 Severity levels of intellectual disability

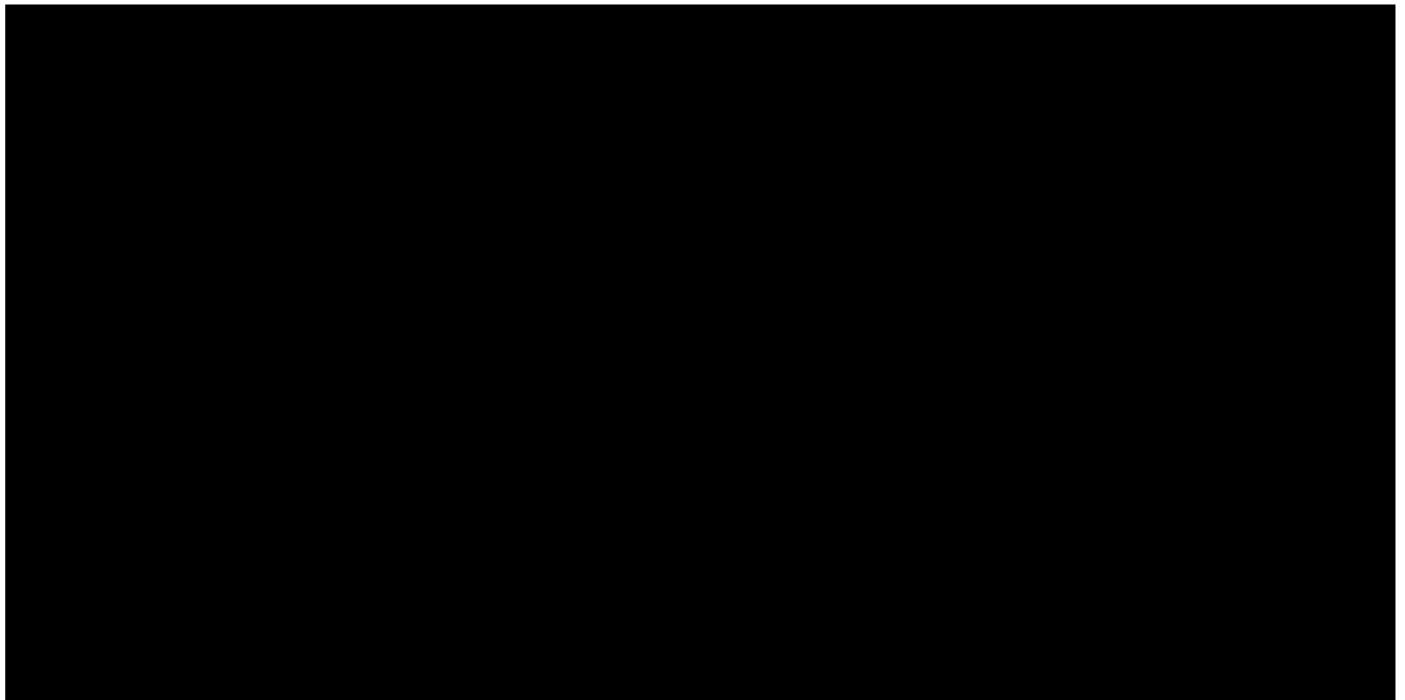
A large black rectangular box redacting the content of Table 1, which would otherwise detail the severity levels of intellectual disability.

Table from Patel et al. (2018)

Unspecified Intellectual Developmental Disorder (Intellectual Disability; F79)



Specific Learning Disorder (specifiers - F81.0 With impairment in reading; F81.81 With impairment in written expression; F81.2 With impairment in mathematics)



When using specifiers, also note the subskills that are impaired from the following:

With impairment in reading:

- [REDACTED]
- [REDACTED]
- [REDACTED]

With impairment in written expression:

- [REDACTED]
- [REDACTED]
- [REDACTED]

With impairment in mathematics:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

References:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). U.S.A.
- Beal, A.L., Holdnack, J.A., Saklofske, D.H. & Weiss, L.G. (2016) *Practical Considerations in WISC-V Interpretation and Intervention*. In *WISC-V Assessment and Interpretation*, pp 63-93.
- Boat, T. F & Wu, J. T. (eds.) (2015) *Clinical Characteristics of Intellectual Disabilities*. In *Mental Disorders and Disabilities Among Low-Income Children*. National Academies Press (US).
- Kilpatrick, D. (2018) *Differential Diagnosis of SLD Versus Other Difficulties*. In *Essentials of Specific Learning Disability Identification*, Second edition. John Wiley & Sons.
- Patel, D.R., Apple, R., Kanungoi, S. & Akkal, A. (2018). *Intellectual disability: definitions, evaluation and principles of treatment*. Pediatric Medicine (Vol. 1).
- Summer Foundation. (2018). *Getting the Language Right: A Health Practitioner's Guide to Writing Reports, Letters, Forms and Assessments for the NDIS*. Australia.
- Tannock, R. DSM-5 changes in diagnostic criteria for Specific Learning Disabilities: What are the implications? Retrieved 24.9.2021 from www.dyslexiaida.org/dsm-5-changes-in-diagnostic-criteria-for-specific-learning-disabilities-sld1-what-are-the-implications/

It is recommended case conceptualisations and draft report structures are discussed in supervision.

4.5.3 Report structure

Background

The length and detail of the background section will vary depending on the purpose of the report but should be no more than three pages long. The detail required for an assessment of a child or young person's psychological functioning will likely be far less than the detail required for an assessment of parenting capacity. For example, for a child or young person under long-term orders, it is probably not necessary or appropriate to provide a detailed description of their parents' issues or problems, and a summary sentence that lists the previous child protection concerns should suffice. However, if a family has had lengthy involvement with child protection services and the report relates to a parenting capacity assessment, it will be important to summarise historical concerns and involvement.

The role of the background section is to 'set the scene' for the assessment and the report, and provide sufficient information to support the psychological opinion in relation to the referral questions. A list of documents that were read and/or referred to to inform the opinion should be included in the report.

It is important to keep in mind that a psychological report is not the only report available to the court and does not need to be exhaustive. For example, it is sufficient to summarise the history of notifications rather than detail each one. Case work reports provide the court with detailed and comprehensive information. Refer the reader to previous reports or assessments for a more detailed history. If there is a long history, focus on the more recent concerns.

Referencing of C3MS entries and other reports is required. It is important to be clear about the background documents and C3MS notes reviewed for the assessment. Quotes from other reports or sources can be used to either make a forceful point (for example, highlighting another professional's conclusion) or because the subject of the quote is outside a psychologist's area of expertise (for example, medical information).

The 'Relevant Background Information' section should:

- Be one to three pages in length (depending on the complexity of the case).
- Commence with a [REDACTED]
- Document information [REDACTED]
- Clearly describe the child protection concerns, [REDACTED] in [REDACTED]
- Highlight [REDACTED]
- Summarise [REDACTED]
- Summarise [REDACTED]
- Include any information to which the writer may wish to refer in the body or conclusion of the report.
- End with a [REDACTED]



Assessment summary of each individual assessed

The summary section for each person should be one to three pages long. The purpose of the summary is to present the clinical assessment and interpretation for the reader. [REDACTED]

[REDACTED]. Subheadings are not necessary and seldom helpful. Instead, think of the summary section as a single piece of prose and focus on developing a linear argument in which, as much as possible, each paragraph is connected to the one before it so the reader is led through the assessment findings in a clear and logical manner.

Reports must always include a section for each child or young person who is the focus of the assessment.

[REDACTED] argument. If the argument is that a parent does not have the capacity to provide the care that a specific child or young person requires, [REDACTED]. However, [REDACTED]

A child or young person’s section needs to include the following components, in an order that best allows a reader to come away with a solid understanding of the child or young person and their needs:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED] and [REDACTED] from interviews with the [REDACTED]

[REDACTED]



For a parent or carer capacity assessment report, the parent or carer’s section needs to include the following components, in an order that best presents the opinion on their capacity to provide care for a child or young person:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

At times, it may be difficult to decide where information should appear and sometimes information may occur in two sections but with a different emphasis.

[Redacted]

When referring to formal assessment results, it is not necessary to describe the measure.

[Redacted]

With respect to questionnaires [Redacted], the results should be incorporated into the relevant clinical discussion.

[Redacted]

Conclusions

The ‘Conclusions’ section should be a one to two page summary of the assessment.

[Redacted]

Try not to repeat what has already been written in the summary section [REDACTED]
[REDACTED] It is important that new information is not introduced in the conclusions (for example, if the child is within the active attachment stage, this should be identified in the child or young person's section prior to discussion of the importance of this within the conclusions). [REDACTED]

Referral questions [REDACTED]

Recommendations

It is important to note that many appearances in the Youth Court focus upon a report's recommendations. [REDACTED]

[REDACTED] Many readers will read the recommendations first. Given this, the wording of recommendations may set the 'tone' for the report.

[REDACTED] Writers should ensure that the recommendations address all the referral questions.

Recommendations about future care arrangements

If a case has been referred for a recommendation regarding a child or young person's future care arrangements, it is often necessary for writers to specify what court order the department should seek in their opinion. In some circumstances, writers may prefer not to recommend a specific order but to stipulate what should occur for the child or young person (for example, it could be recommended that all reunification efforts cease rather than recommending that a child or young person be placed under the long-term Guardianship of the Chief Executive).

Recommendations about family contact

Recommendations regarding family contact arrangements should be specific and remind the reader of the purpose of contact. [REDACTED]

Recommendations about supports required

The possible consequences of all recommendations for the child or young person and/or family members should be carefully considered. [REDACTED]

Writers should avoid specifying a service or a private provider to provide a given intervention as availability or accessibility cannot be guaranteed.

General considerations

Recommendations should relate to the current situation or what needs to occur in the near future. Writers should refrain from offering “if X then Y” recommendations as it is often difficult to accurately foresee the future and what may be appropriate actions when situations change. Readers can be directed to consult with the writer if circumstances change and further consideration is required. Any required timeframes (for parents to begin to demonstrate evidence of change or for reunification to occur for example) should be specifically communicated (for example, “three months” as opposed to “in the short-term”).

Recommendations must be realistic and achievable from a client perspective or else should be re-considered.

Writers should consider the order in which recommendations are offered. It may be important to consider the reader’s understanding of the ‘case management process’ that is required (such as a reunification process or a process to improve a placement’s capacity to meet the child or young person’s needs for example).

4.5.4 Report structure and considerations for NDIS reports

Background

In line with information sharing guidelines and keeping in mind the purpose of the report and likely audience, err on the side of brevity.

Summary

There is a template report available to assist with tabulating data from the cognitive and adaptive functioning assessments in an easily digestible format for the NDIA. The interpretation section includes overt explanation of how percentile ranks reflect peer comparisons and repetition of the category data contained in the tables.

The NDIA conceptualise adaptive functioning as encompassing five key domains and are looking for commentary around how the child or young person’s ‘disability substantially impacts their functional capacity in those domains. Consider using subtitles or bold/underline to discuss these domains of:

- mobility
- communication
- socialising
- learning
- self-care (for example, hygiene, grooming, feeding, health)
- self-management (for example, making decisions, problem solving, managing finances – this criterion is irrelevant for 0-8 year olds).

If indicated, make a statement to the effect that the child or young person will require assistance from others in certain domains.

Conclusions

[REDACTED]

For the NDIA, a link must be drawn between the diagnosis and the child or young person's ability to participate fully in their world and reach their potential. It is worth noting that a person is considered eligible for NDIS if they have a disability attributable to a cognitive impairment (for example, a 'functional impairment'); and a 'lifelong and substantially reduced functional capacity' to communicate, learn, be mobile, interact socially, care for or manage themselves as a result of the impairment.

When criteria for an Intellectual Developmental Disorder (Intellectual Disability) has not been met and thus the primary audience [REDACTED]

Recommendations

A recommendation should be made that the report to be provided to the school and carers.

Where criteria have been met for Intellectual Developmental Disorder (Intellectual Disability), a recommendation should be made for the report to be forwarded to the NDIA so that the child or young person can access ongoing support to develop their adaptive skills. When the assessed young person is an adolescent and approaching transitioning from care, consideration may be given to recommending post-18 years supports and/or SACAT orders.

Variability in NDIA practice means that at times NDIS planners looks to assessment reports for guidance regarding specific supports. If the child or young person would benefit from occupational therapy, speech pathology and/or psychology intervention, make recommendations to this effect.

There are several reasons that a further assessment may be recommended, including:

- [REDACTED]
- [REDACTED]
- [REDACTED]

5. Compliance, monitoring and evaluation

DCP Psychological Services are responsible for undertaking regular reviews of these guidelines, in alignment with the document review cycle.

Compliance with these guidelines will be monitored on a case by case basis by the DCP Psychological Services leadership group.

Document control

Reference No./ File No.			
Document Owner	Lead Writer		
Directorate/Unit: Quality and Practice	Tamara Muller, Practice Leader		
Accountable Director: Director Quality and Practice			
Commencement date	3 June 2022	Review date	3 June 2025
Risk rating	Consequence Rating	Likelihood	Risk Rating
Risk Assessment Matrix	Minor	Unlikely	Low

REVISION RECORD		
Approval Date	Version	Revision description
1 January 2016	1.0	Final
3 June 2022	1.1	Revised version replaces Clinical Guidelines For Undertaking Psychological Assessments For Families SA Psychologists

Appendix 1

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THE SOUTH AUSTRALIAN GOVERNMENT GAZETTE

PUBLISHED BY AUTHORITY

 ADELAIDE, THURSDAY, 27 SEPTEMBER 2018

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Department of the Premier and Cabinet
 Adelaide, 27 September 2018

Her Excellency the Governor's Deputy directs it to be notified for general information that she has in the name and on behalf of Her Majesty The Queen, this day assented to the undermentioned Acts passed by the Legislative Council and House of Assembly in Parliament assembled, viz.:

No. 14 of 2018—Limitation of Actions (Child Abuse) Amendment Act 2018.
 An Act to amend the Limitation of Actions Act 1936.

No. 15 of 2018—National Redress Scheme for Institutional Child Sexual Abuse (Commonwealth Powers) Act 2018.
 An Act to adopt the National Redress Act, and to refer certain matters relating to the National Redress Scheme for Institutional Child Sexual Abuse to the Parliament of the Commonwealth, for the purposes of section 51(xxxvii) of the Commonwealth Constitution, and to provide for related matters.

No. 16 of 2018—Infrastructure SA Act 2018.
 An Act to promote the provision and management of infrastructure for the benefit of the South Australian community and economy, to establish Infrastructure SA and for other purposes.

By command,

VICKIE ANN CHAPMAN
 for Premier

Department of the Premier and Cabinet
 Adelaide, 27 September 2018

Her Excellency the Governor's Deputy in Executive Council has been pleased to appoint the Honourable Timothy John Whetstone, MP, Minister for Primary Industries and Regional Development to be also Acting Minister for Industry and Skills for the period from 4 October 2018 to 12 October 2018 inclusive, during the absence of the Honourable David Gregory Pisoni, MP.

By command,

VICKIE ANN CHAPMAN
 for Premier

18IS/006CS

Department of the Premier and Cabinet
 Adelaide, 27 September 2018

Her Excellency the Governor's Deputy in Executive Council has been pleased to appoint the people listed as Chairpersons of Local Health Network Transition Boards, for the terms specified - pursuant to section 68 of the Constitution Act 1934:

- Michele Smith, Board Chairperson, Eyre and Far North Local Health Network Transition, from 28 September 2018 to 30 June 2019 or until a person is appointed as Chairperson of the governing board of the Eyre and Far North Local Health Network pursuant to the Health Care Act 2008, whichever is the sooner.
- Grant King, Board Chairperson, South East Local Health Network Transition, from 28 September 2018 to 30 June 2019 or until a person is appointed as Chairperson of the governing board of the South East Local Health Network pursuant to the Health Care Act 2008, whichever is the sooner.

By command,

VICKIE ANN CHAPMAN
 for Premier

HEAC-2018-00066

CHILDREN AND YOUNG PEOPLE (SAFETY) ACT 2017

Approved Parenting Capacity Assessment under Section 36(2)

I, Cathy Taylor, Chief Executive of the Department for Child Protection, hereby determine that an approved parenting capacity assessment for the purposes of s36 (2) of the *Children and Young People (Safety) Act 2017* is an assessment conducted in accordance with the criteria and the process set out below.

- 1) The assessment must be conducted by a clinician/body/agency approved by the Chief Executive of the Department for Child Protection as a provider for the Department for Child Protection or by the clinicians employed by the Department for Child Protection. The clinician must have adequate skills and knowledge to conduct a parenting capacity assessment and must not be engaged with the family in another role which results in a bias or conflict of interest.
- 2) The assessment must address the parent(s)' or caregiver(s)' or prospective caregiver(s)' ability to provide safe care for a specified child or specified children taking into consideration the unique needs of that child or children.
- 3) The clinician must take all reasonable steps to conduct the assessment in accordance with the process set out below.

Process of Assessment

Preparation

The clinician will:

- (i) Consider all relevant documents provided by the Chief Executive (eg the court application, current case plan, child protection history, previous professional reports); and
- (ii) Inform the participants of the purpose of the assessment and the possible outcomes of the assessment process.

Assessment

The Clinician will:

- (i) Interview the parent or caregiver or prospective caregiver where possible. An explanation should be given if this did not occur;
- (ii) Interview all children subject to the referral with the use of adequate expressive and receptive language skills appropriate for their developmental age;
- (iii) Interview other persons they consider to be relevant (eg. relevant family members, educational staff, health professionals, current carers);



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- (iv) Use appropriate assessment methods to make an informed assessment of parental capacity as they deem necessary and appropriate;
- (v) Observe interactions between all children and all relevant assessment participants if considered necessary (an explanation should be given if this did not occur).
- (vi) Take into consideration the cultural needs of the clients and use appropriate cultural knowledge, skills, methods and consultation as required. An interpreter should be used where necessary.

Report

The Clinician will provide a detailed written report to the Chief Executive or his or her delegate in a timely manner following the assessment containing the following information:

- (i) Details of the documents considered in the preparation of the report;
- (ii) A summary of all interviews and observations, including any tests, methods or tools applied;
- (iii) The opinion/s formed and conclusions reached linked to supporting evidence/information in the body of the report; and
- (iv) Recommendations based on the opinions and conclusions.

Dated: 29 August 2018

CATHY TAYLOR
Chief Executive
Child Protection