



Government of South Australia
Department for Child Protection

**EVIDENT
CHANGE**
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SDM® SCREENING AND RESPONSE PRIORITY ASSESSMENT

Policy & Procedures Manual



South Australia Department for
Child Protection

January 2023



SOUTH AUSTRALIA DEPARTMENT FOR CHILD PROTECTION

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ABOUT EVIDENT CHANGE

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GENERAL DEFINITIONS

1. **Intra-familial cases:** Means those cases in which the alleged perpetrator of harm is a person who is either (1) a parent or guardian; (2) a relative of the child; or (3) a member of the household AND has responsibility for care and supervision of the child.

This includes a natural or adoptive parent or stepparent of the child; a person (other than the chief executive of the Department for Child Protection) who is the legal guardian of the child or has the legal custody of the child; or any other person who stands *in loco parentis* to the child (other than those described as extra-familial) and has done so for a significant length of time. It also includes a relative of the child, whether or not that relative lives in the household and whether or not that relative has the responsibility for care and supervision of the child.

Intra-familial includes other persons who live in the household who are not relatives of the child AND who have responsibility for the care and supervision of the child (i.e. acting in a parenting capacity), such as a parent's live-in partner.

It also includes the partner of a member of the household who does not reside in the household but spends time at the home AND has responsibility for the care and supervision of the child (i.e. acting in a parenting capacity).

Carer: For the purpose of selecting the screening criteria that apply to the notification, refers to all persons included in the definition of intra-familial.

2. **Extra-familial cases:** Means those cases which do not meet the above definition of intra-familial. This includes cases in which the alleged perpetrator of harm is a friend, visitor, stranger etc., as well as anyone who may live in the house but who does not have responsibility for the care of the child (e.g. a boarder). It also includes persons who may provide care to the child as part of their employment or service delivery role (e.g. teachers, child care staff, family daycare providers, school boarding house supervisors).

Note: For all extra-familial cases, consider whether there is a corresponding intra-familial concern related to failure to protect and/or likelihood of harm. If there is information that the parent failed or is failing to protect, OR if there is insufficient information to determine that the parent is/will be protective AND the circumstances of the alleged maltreatment suggest that the child will require protection, then the notification will also be treated as intra-familial. If a notification includes both extra-familial and intra-familial concerns, two separate intakes should be created.

Where it is not possible to determine with reasonable certainty if the alleged perpetrator is intra- or extra-familial, assess as intra-familial.

The following are key points to consider for Aboriginal and Torres Strait Islander cases.

- The definition of intra-familial includes any person who has the cultural responsibility to care for the child according to kinship rules.
- In many Aboriginal and Torres Strait Islander communities, situational pressures and previous dealings with the Department for Child Protection may make it difficult for people to report their concerns. Hence, the reports they do make may be more urgent and serious than they initially appear to be. Workers need to take this into account when seeking and assessing information from the notifier and other sources.

3. Carer: (For the purposes of this SDM® tool), means an adult, parent or guardian in the household who provides care and supervision for the child.

Circumstance	Primary Carer	Secondary Carer
Two parents living together (include <i>de facto</i> and same sex relationships)	The parent who provides the most child care. May be 51% of care. TIE BREAKER: If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the carer contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent
Single parent, no other adult in household	The only parent	None
Single parent and any other adult living in household	The only legal parent	Another adult in the household who contributes the most to care of the child. If none of the other adults contribute to child care, there is no secondary carer.

4. Domestic violence: Means acts of physical, sexual, emotional, psychological or economic abuse between family or household members or persons related according to Aboriginal or Torres Strait Islander kinship rules or some other culturally recognised family group. Incidents of violence arising from Aboriginal family and community conflict impacting on child safety are considered 'domestic violence' for the purpose of this definition.

5. Female Genital Mutilation (FGM): Means all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons.¹

¹ <http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#whatisfgm>

FGM may include any of the following

- Clitoridectomy; or
- Excision of any other part of the female genital organs; or
- A procedure to narrow or close the vaginal opening; or
- Any other mutilation of the female genital organs.

It does NOT include a sexual reassignment procedure or a medical procedure that has a genuine therapeutic purpose. A medical procedure has a genuine therapeutic purpose only if directed at curing or alleviating a physiological disability or physical abnormality.

- 6. Grooming:** Means a deliberate and escalating pattern of actions taken to lower a child's inhibitions in preparation for sexual abuse (e.g. treating the child as 'more special' than other children, talking about sexual topics that are age-inappropriate, exposing the child to pornography, escalating touching from innocent to inappropriate, 'accidental' self-exposure by the carer).
- 7. Haematoma (subdural haemorrhage):** Means a localised swelling, lump or mass, most likely the result of localised trauma.
- 8. Household:** All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship (boyfriend or girlfriend) with a parent in the household but who may not physically live in the home, or a relative who has authority in parenting and child caregiving decisions as allowed by the legal parent.
- 9. Likelihood:** Likelihood of harm refers to events being likely to occur given known circumstances. The state of being likely or probable refers to having more evidence for than against, or evidence which inclines the mind to belief but leaves some room for doubt.

**SOUTH AUSTRALIA DEPARTMENT FOR CHILD PROTECTION
SDM® SCREENING AND RESPONSE PRIORITY ASSESSMENT
POLICIES**

WHICH CASES

All child protection notifications, including any new notifications received on open cases.

Does not apply to notifications regarding extra-familial cases (unless carer failure-to-protect concerns also exist) or to notification referrals to the Care Concern Investigation Unit.

Does not apply to cases identified as General Practice (GP) or Unborn Child Concerns (UCC).

WHO

DCP social workers assessing CP notifications, with supervisor/senior practitioner review and approval.

WHEN

Upon receiving a child protection notification.

Note that for reports designated as 24-hour response, the District Office must be notified within one hour from the time the response priority is approved.

DECISION

The screening and response priority assessment determines whether a notification requires an investigation and determines the required response time. If an investigation is required, the 24-hour response criteria identify whether a 24-hour response is required. All other notifications assigned for investigation require a response within 10 days.

SOUTH AUSTRALIA DEPARTMENT FOR CHILD PROTECTION
SDM® SCREENING AND RESPONSE PRIORITY ASSESSMENT
INSTRUCTIONS

SECTION 1: SCREENING

This assessment is used if the notification meets criteria for an intra-familial report. Proceed to Screening Criteria and select all applicable harm and/or likelihood of harm grounds. Use the definitions to ensure that the notification information meets criteria.

If any harm and/or likelihood of harm grounds are present, the initial recommendation is 'Screen in: At least one harm, or likelihood of harm ground was selected'. If you did not select any harm and/or likelihood of harm grounds, select 'None of the above grounds apply'. This makes the initial recommendation 'Screen out: No harm, or likelihood of harm ground was selected'.

Consider whether a policy or discretionary override may be called for, and record the final screening decision. Approval from a supervisor/senior practitioner is required, and a reason must be recorded.

SECTION 2: RESPONSE PRIORITY

Recommended Response Priority

Record the most urgent response time determined in Section 2 for any notification. Then, consider whether any overrides apply.

Discretionary Override to Any Response Priority

Occasionally, the assessment will not capture unique circumstances. For example, the recommended response time is 24 hours, but the child is known to be in an alternative safe environment. After obtaining supervisor/senior practitioner approval, the worker may select a response priority different from that indicated by the assessment to provide a *higher or lower* response priority. Indicate 'increase' or 'decrease' and document the reason if a discretionary override has been exercised.

Final Response Priority

Indicate the final response priority level by marking one answer. If an override was exercised, 'final response' will differ from 'recommended response'. If no override was used, final and recommended response will be the same. When there are multiple allegations, the final response priority for the notification is determined by the allegation that results in the most urgent response.

SECTION 1: SCREENING

Screening Criteria

Physical Harm

- P01 Alleged serious inflicted injury
- P02 Alleged other inflicted injury
- P03 Unexplained injury
- P04 Injury resulting from domestic violence incident
- P05 Violent behaviour directed toward child
- P06 Dangerous behaviour involving child
- P07 Threats to kill/injure child
- P08 Female genital mutilation

Neglect

- N01 Serious injury due to neglect
- N02 Serious illness due to neglect
- N03 Inadequate supervision
- N04 No carer available/willing/able to provide ongoing care
- N05 Inadequate basic care
- N06 Failure to protect from others
- N07 Chronic absenteeism

Sexual Harm

- S01 Sexual act or exploitation
- S02 Suspicious indicators consistent with sexual harm

Emotional Harm

- E01 Child is significantly impaired (e.g. anxiety, depression)
- E02 Child has significant symptoms of emotional distress

Qualifying Offences

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

The items below represent likelihood of harm grounds, where there is a likelihood that a CYP may experience harm. Using the provided definition of likelihood, consider the likelihood of harm items below.

Likelihood of Harm

- L01 Alcohol use
 - L02 Substance use
 - L03 Mental health
 - L04 Intellectual disability
 - L05 Domestic violence
 - L06 Homelessness
 - L07 Female genital mutilation
 - L08 Likelihood of sexual harm
 - L09 Persistent absenteeism
- None of the above grounds apply

Screening Recommendations and Overrides

Initial Screening Recommendation

- Screen in*: At least one harm, or likelihood of harm ground was selected
- Screen out*: No harm, or likelihood of harm ground was selected

Overrides

Consider both policy and discretionary overrides. If an override is appropriate, indicate the reason and record the final screening decision. A senior practitioner/supervisory approval is required.

Policy

- X01 Screen in for investigation: A carer has previously severely harmed this or another child.

No harm or likelihood of harm grounds are present; however, there is evidence that a carer has previously severely harmed this or another child.

Discretionary

- X02 Discretionary override to screen in (complete all required assessments)
- Discretionary override to screen out

Reason (required): _____

Final Screening Decision

- Screen in*: At least one harm, or likelihood of harm ground was selected and there are no overrides to screen out; OR the notification was screened in with an override. Complete Section 2: Response Priority.
- Screen out*: No harm, or likelihood of harm ground was selected, and there are no overrides to screen in; OR the notification was screened out with an override.

SECTION 2: RESPONSE PRIORITY

Response Priority Decision

Complete this section for all screened-in reports.

- REQUIRES RESPONSE WITHIN 24 HOURS, based on one or more criteria below. (Select all that apply.)
- Child death is suspicious or unexplained, and another child is in the home
 - Child requires same-day medical, forensic or mental health attention, AND either abuse/neglect is suspected or parent/carer is unwilling/refusing to obtain needed treatment
 - Child has a life-threatening injury that is suspicious, unexplained or consistent with abuse
 - Infant has a serious injury that is suspicious, unexplained or consistent with abuse, AND the parent/carer who is alleged to have either caused the injury or failed to protect will have access to the child
 - Child is unsupervised or inadequately supervised and requires immediate care
 - Child is likely to be sexually harmed within the next 24 hours
 - Physical conditions of the living environment are immediately unsafe
 - A child is at imminent risk of serious physical harm, or there has been a plausible threat made to the child's life
 - Qualifying offence (a child's parent, or someone who is residing or about to reside with a child, has been convicted of a qualifying offence)
 - Family is likely to move to avoid investigation, and there has been an interstate notification/alert, or a screened in child protection notification where the investigation could not be completed because the family refused to engage, fled or could not be located.
 - Current notification involves a carer who previously caused death/serious injury to any child due to abuse/neglect
- No 24-hour criteria are present; REQUIRES RESPONSE WITHIN 10 DAYS.

Response Priority Recommendations and Overrides

Overrides

Consider discretionary overrides to the recommended response priority. If there is no override, select 'No overrides apply'. If a discretionary override is appropriate, indicate the reason and record the final response priority. A senior practitioner/supervisory approval is required.

Discretionary

- Increase to 'within 24 hours' OR
- Decrease response level

Reason (required): _____

No overrides

- No overrides apply

Final Response Priority

Based on overrides, indicate the final response priority level. If there are no overrides, it will be the same as the recommended response.

- Within 24 hours
- Within 10 days

SOUTH AUSTRALIA DEPARTMENT FOR CHILD PROTECTION
SDM® SCREENING AND RESPONSE PRIORITY ASSESSMENT
DEFINITIONS

SECTION 1: SCREENING

Screening Criteria

Physical Harm

The child has suffered or is likely to suffer physical harm, being harm of a type against which a child or young person is ordinarily protected.

Note: When applying the following definitions, consider the age/developmental status of the child, and remember that infants and developmentally delayed children are more vulnerable and less able to protect themselves.

P01 Alleged serious inflicted injury

An injury is considered 'inflicted' if it was alleged to be caused wilfully or as a result of punishment.

If the notifier does not know how the injury was caused, do not select 'inflicted injury'. Rather, consider whether the allegations meet the definition of 'unexplained injury'. If the notifier does not know whether the alleged carers behaviour resulted in an injury, do not select screening criteria related to injury. Exclude injuries that result from a domestic violence incident (refer to 'injury resulting from domestic violence incident') and injuries that result from sexual acts.

'Serious' injuries include those resulting in death or those in which the injury required emergency assessment/treatment by a medical practitioner **and** posed a danger of death, temporary or permanent impairment or disfigurement.

Examples include, but are not limited to:

- Brain damage
- Skull or bone fracture
- Subdural haemorrhage or haematoma
- Dislocations
- Internal injury
- Poisoning
- Large or deep burns or severe lacerations

Include visible injuries and injuries suspected due to symptoms such as:

- Loss of consciousness
- Altered mental status
- Inability to use a limb

- Inability to bear weight etc.

P02 Alleged other inflicted injury

An injury is considered 'inflicted' if it was alleged to be caused wilfully or as a result of punishment.

Any inflicted injury to an infant is serious.

If the notifier does not know how the injury was caused, do not select 'inflicted injury'. Rather, consider if the allegations meet the definition of 'unexplained injury'.

If the notifier does not know whether the carer's behaviour resulted in an injury, do not select screening criteria related to injury. Exclude injuries that result from a domestic violence incident (refer to 'injury resulting from domestic violence incident' below) and injuries that result from sexual acts.

'Other' injuries are those that are not life-threatening and do not require emergency assessment/treatment by a medical practitioner. These injuries can cover a wide spectrum ranging from serious bruises, burns, welts or abrasions that cover multiple parts of the body and injuries located in unusual or sensitive areas of the body (e.g. in or around the mouth, ears, eyes, genitals or abdomen), to less serious bruises, welts or abrasions in areas of the body that do not pose a threat of serious injury or disfigurement (e.g. arms, legs, buttocks).

Other inflicted injury does not involve transient redness or swelling, minor welts/scratches/abrasions or brief and minor pain. In some circumstances the latter injuries may not meet the threshold, but psychological harm and cumulative harm must be considered.

P03 Unexplained injury

Even though there may be no specific alleged incident of physical abuse and/or no identified alleged perpetrator, 'unexplained injuries' include those that are:

- Inconsistent with the carer's explanation; or
- Where there is no explanation; or
- Likely to have been inflicted.

Include unrelated soft-tissue bruises, lacerations or scars that are in different stages of healing (so that they could not have occurred in the same incident).

Include old, healed or healing injuries on a child that have gone untreated and appear unexplained as reported by a medical professional.

Include harm suspected to be the result of Factitious Disorder by Proxy (formerly known as Munchausen's Syndrome by Proxy) or where suspicion of it is reported by a medical or mental health professional.

P04 Injury resulting from domestic violence incident

Any injury to a child that was sustained during a domestic violence incident between the carers and/or other household or family members.

P05 Violent behaviour directed toward child

Whether or not an injury has occurred, the carer's behaviour toward the child is violent and out of control, AND the carer's behaviour is likely to cause physical injury (other than very minor).

Examples include, but are not limited to the following.

- The carer uses physical discipline that bears no resemblance to reasonable discipline.
- Use of torture, suffocation, immersion in scalding water, forcing the child to eat/drink toxic or harmful substances, the use of dangerous objects to strike the child, punching child in head or torso, strangling and/or slamming child against a wall.
- Hitting, pinching, pushing, hitting with objects such as rulers etc. if the frequency and force used was significant enough that an injury was likely.

Also, consider the age and vulnerability of the child.

The notifier may have observed carer behaviour that is likely to cause an injury, but does not know whether the child was injured; OR the child is known to have escaped injury, despite the serious nature of carer discipline.

P06 Dangerous behaviour involving child

The behaviour of the carer is considered dangerous and is likely to result in serious injury to the child, and is unrelated to discipline.

Examples include, but are not limited to the following.

- Carer gave alcohol or drugs to a child that will likely result in the child needing medical care or result in addiction.
- Carer dangerously drove a motor vehicle in a way that is likely to cause serious injury to the children in the car.
- Domestic violence incidents that occur whilst the child is present and in which weapons or objects have been used, in which the child has attempted to intervene, or as a result of which the child fears for his/her own life or the life of the non-offending carer/victim. Also includes where the perpetrator has used hands or feet to inflict injury, or where a parent has been holding a child during the incident.

P07 Threats to kill/injure child

The carer has made credible threats to seriously injure the child. The threat is to be taken seriously due to the carer's current behaviour or previous behaviour.

Credibility may be informed by past instances of serious abuse or past threats that have been carried out; or by characteristics of the carer, such as explosive, raving, emotional instability or violent behaviour; or the use of bizarre discipline and punishment; and/or the use of weapons.

P08 Female genital mutilation

The child has undergone FGM.

Neglect

The child's basic necessities of life are unmet by his/her carer to the extent that the child is not receiving the care and supervision necessary to protect him/her from harm, and the child has suffered or is likely to suffer harm. This could be a single significant event, or a pattern.

When applying the following definitions, consider the age/developmental status of the child, and remember that infants and developmentally delayed and disabled children are more vulnerable and less able to protect themselves.

N01 Serious injury due to neglect

The child has suffered a serious injury that requires medical attention, and this injury was a direct result of neglect by the carer:

Examples include, but are not limited to the following.

- Carer's failure to provide adequate supervision (e.g. young child hit by car whilst playing unsupervised in the street; infant falling from a window or balcony).
- Hazardous conditions in the household (such as exposed electrical wiring, broken windows or stairs or access to weapons, chemicals or vermin).
- Carer's failure to protect the child from another person who has now caused injury to the child although the carer knew, or could reasonably be expected to know, that that person previously harmed the child or was likely to harm the child.
- Carer's excessive substance use and/or mental health issues impact on the level of supervision and care.
- Carer's lack of knowledge about the child's developmental needs or the carer's physical, mental, intellectual or other limitations impact on the level of supervision and care.

N02 Serious illness due to neglect

The child has suffered illness or contracted a disease that requires medical attention, and this illness/disease was a direct result of neglect by the carer.

Examples include, but are not limited to the following.

- Suspected or diagnosed malnutrition.
- Suspected or diagnosed growth failure (i.e. appears thin, wasting, short in stature) due to lack of provision of adequate nutrition or stimulation.
- Illness due to hazardous conditions in the household, such as access to chemicals, rat or cockroach infestations, excessive rubbish or decaying food.
- Medical conditions have arisen (such as sores, infection, physical illness, severe sunburn etc.) because the child's basic needs for clothing and/or hygiene are unmet.
- Carer's failure to obtain medical or mental health care, including the emergence of a condition, or exacerbation of a pre-existing condition due to the carer's failure to follow through on medical/mental health treatment.
- The child's basic needs for shelter are unmet due to episodic or chronic homelessness, AND this condition has resulted in illness.

N03 Inadequate supervision

The child's need for supervision is unmet as a result of being left unattended (carer is absent, or present but not attending to the child) in circumstances that represent a risk to his/her safety.

This would typically be a pattern of occurrences, it also could be a single significant event.

Examples include, but are not limited to the following.

- A young child left home alone for any length of time.
- A child who is vulnerable due to age, developmental or intellectual impairment or physical disability is left to care for him/herself.
- Child's carer is present but child's safety or basic needs go unnoticed or unmet; for example, because carer is under the influence of drugs or alcohol.
- Child is left in the care of another person (including a sibling) by his/her carer and that other person is unwilling to care for the child, has demonstrated an inability to provide appropriate supervision, or is unlikely to provide age-appropriate supervision due to any of the following: excessive substance use; domestic violence; lack of knowledge about the child's developmental needs; or his/her own physical, mental, intellectual or other limitations.

- Child is becoming involved in high risk behaviour, offending behaviour, substance use or other unsafe situations, that pose a risk of harm and carer makes little or no effort to monitor or control the child's activities
- The carer enables the child to take part in criminal activity.

For Aboriginal and Torres Strait Islander children consider the following.

- Whether the alternative arrangements are suitable for the child's safety and well-being.
- A child may have pre-arranged suitable and safe supervision from a capable child, family, extended family member, elder or community member. This may be an informal arrangement without the presence of an adult.

N04 No carer available/willing/able to provide ongoing care

The child is left without reasonable ongoing arrangements for his/her care.

Examples include, but are not limited to the following.

- The child cannot say or does not know where his/her carer is or when he/she intends to return, AND there are indications that the carer does not intend to return or assume ongoing responsibility for the child.
- The child was left in the full-time care of another person, but his/her carer has failed to arrange for his/her financial support, AND the other person is unable or unwilling to care for the child.

The child was left in the full-time care of another person and the child requires legal consent for services necessary for child's health, safety, education or development, but the carer is unavailable, unwilling or unable to provide the necessary legal consent.

- No carer is available to provide ongoing care for the child due to death, incarceration, hospitalisation etc. and no (or inadequate) alternative arrangements have been made for the child's ongoing care.

N05 Inadequate basic care

The carer fails to meet the child's basic needs in one or more of the following areas.

- Developmental needs: The child's development is significantly delayed due to the carer's behaviour.
- Food/nutrition: The child is regularly without sufficient food or water to the extent that the child's health or wellbeing is threatened. In this context, consider the vulnerability of infants and the potentially rapid onset of serious consequences as a result of a lack of appropriate food/nutrition.

- Shelter: The child’s living conditions are hazardous for the child. Consider the child’s age in relation to the extent and location of the hazards.

Examples include, but are not limited to:

- » Human or animal excrement in the living areas
 - » Excessive rubbish or decaying food that threatens health
 - » Broken windows or stairs
 - » Exposed electrical wiring
 - » Insect or rodent infestations
 - » Accessible weapons, drugs, chemicals etc.
- Medical/mental health care: The carer is not obtaining or maintaining essential medical, dental, vision, rehabilitative or mental health services, or is not following a prescribed plan of treatment.
 - Clothing/hygiene: The child’s functioning is impaired and/or there is significant risk of illness or injury because the child’s basic needs for clothing and/or hygiene are unmet.

For Aboriginal and Torres Strait Islander children, consider the following.

- In Aboriginal communities, acceptable standards of housing, medical, dental and mental health services may be limited due to remoteness, and different from standards that apply in other communities. Consider the context of that local community and:
 - » Whether the conditions pose a threat to the safety of the child?
 - » Are the conditions a result of inadequate provision by the carer(s) or a result of community conditions?
 - » Cultural obligations may require an Aboriginal family to accommodate visiting relatives, contributing to temporary living conditions that appear hazardous.
 - » Cultural and community obligations, such as the need to travel to attend significant community events, may result in difficulty in following up on services for treatment needs. Therefore, the question is whether the child’s needs are endangered as a result of inadequate provision by the carer(s).

N06 Failure to protect from others

The carer fails to protect the child from being harmed by another person.

Examples include, but are not limited to the following.

- The child was/is being harmed by another person (intra- or extra-familial) and, despite this knowledge or reasonable expectation that the carer should have that knowledge, the carer has failed to intervene and/or continues to allow that person to have access to the child.
- The child is likely to be harmed by another person (intra- or extra-familial) and, despite the carer's knowledge of that person's history of perpetrating chronic and/or serious abuse or neglect of other children, the carer continues to allow that person to be alone with the child.
- There is insufficient information to determine that the child's carer is/will be protective, AND the circumstances of the alleged maltreatment are sufficiently serious to suggest that the child will require protection.

Where concerns relate to domestic violence, the power dynamics inherent in domestic violence and the control exerted by perpetrators must be acknowledged. While all carers have a responsibility for the care and protection of children and the safety of children is of paramount importance, the responsibility for domestic violence-related child abuse rests with the perpetrator of domestic violence. The victim of domestic violence cannot be held accountable for the behaviours of the perpetrator of domestic violence or the effects of such violence on children. Therefore, 'failure to protect from others' should *not* be selected to describe the behaviour of the victimised carer.

Select screening criteria that describe the behaviour of the perpetrator of domestic violence and the impact upon or risks for the children, e.g. 'Dangerous behaviour involving child', 'Child is significantly impaired', 'Child has significant symptoms of emotional distress' or 'Significant risk of emotional harm due to domestic violence'.

N07 Chronic absenteeism

The child is of compulsory school age (6–16), or compulsory education age (6–17) AND the circumstances of the child fulfil the following criteria for the Interagency Processes for High Risk Children: Chronic School Non-Attendance.

- The child has been absent from school for six weeks; AND
- There has been no acceptable explanation* from the parent or carer for the absence or there has been no response by the parent or carer to attempts to contact them;

AND

- The child has not been sighted for four weeks by any adult able to provide a credible assessment of the wellbeing of the child; AND
- The notification has been made by the team leader of Department for Education (DFE) Support Services.

*An 'acceptable explanation' would give confidence about the child's safety and wellbeing and the certainty of the child's return to school at the earliest practicable time.

Refer to Practice Guidance for further information.

Sexual Harm

Any intra-familial sexual activity or behaviour that is imposed on a child is considered sexual harm. It includes the inducement or coercion of a child to engage in sexually explicit conduct for the sexual gratification or profit of the person responsible. It also includes circumstances where there is likelihood that the child may be sexually harmed.

Where information indicates the behaviour is age-appropriate, this should be assessed as General Practice (GP). (Refer to Sexualised Behaviour Guide)

The legal age for consent for sexual activity in South Australia is 17 for both males and females.

The age for consent for sexual activity is 18 when the partner is in a position of power/authority.

S01 Sexual act or exploitation

Based on allegations by a child, witnessed act, confession or medical opinion of suspicion formed as a result of indicators consistent with sexual contact (e.g. pregnancy or the presence of sexually transmitted diseases), one or more of the following has occurred.

- A child was/is being sexually harmed or exploited by a carer or relative. Includes but is not limited to rape, including intercourse, oral sex, sodomy, digital/object penetration; inappropriate touching; intentional exposure of the child to sex acts or sexually explicit material; or commercial exploitation of the child through prostitution or pornography.
- Children who are part of the household and/or related were/are having sexual contact with each other, AND there is a significant age, size or power difference between the child initiating the behaviour and the victim, AND the behaviour is not age appropriate.

Practice Guidance: The purpose of screening in sexualised behaviour between children is not to investigate children; rather, it is to investigate the origin of the sexualised behaviour to determine the potential culpability of a caregiver, ensure the caregiver responds appropriately to the children and provide an appropriate therapeutic response and safety to the children involved.

- A child was/is being sexually harmed or exploited and it is not known who is responsible for the harm, but a carer or relative* is strongly suspected.

- The child has, taken part in a marriage ceremony that would be a void marriage or an invalid marriage under Australian law.

*Include allegations made by a child, whether spontaneous or in response to inquiry, that indicate possible sexual harm. Only specific allegations should be marked as sexual acts.

Allegations that do not include a specific sexual act should be considered as possible 'suspicious indicators'. Vague responses to leading questions, especially where the contact described is ambiguous, should not be included as allegations for the purpose of this definition.

S02 Suspicious indicators consistent with sexual harm

A child exhibits verbal, physical, behavioural or emotional/psychological indicators strongly consistent with sexual harm.

Examples include, but are not limited to the following.

- Allegations or comments by the child are highly suggestive of sexual harm but are not specific.
- Medical opinion is one of suspicion, but potential indicators are not conclusive, e.g. genital warts, chlamydia or trauma to the genital area; or medical opinion is one of suspicion, but potential indicators also are common in non-abused children (e.g. urinary tract infections, redness and irritation of the genital area), but are accompanied by other factors to suspect sexual abuse.
- Sexualised behaviour that is harmful or problematic. Examples include the following.
 - » For any child: sexual assault on another child; sexual behaviours that are intended to inflict pain or hurt on others; sexual behaviour involving coercion/manipulation; sexual behaviour directed toward children who are significantly younger or other power differential exists (e.g. disability).
 - » For younger children: sexual behaviours that are significantly different from same-age peers; compulsive masturbation; chronic sexualised behaviour; sexualised behaviour that is increasing in frequency, intensity or intrusiveness.
 - » For older children: prostitution.
- Emotional or behavioural concerns such as fear of a specific individual or significant change in behaviour/mood, AND symptoms are accompanied by other reasons to suspect sexual harm.

Emotional Harm

The child's social, emotional or cognitive development is impaired or seriously at risk as a direct result of persistent carer behaviour or attitude toward the child.

When applying the following definitions, consider the age/developmental status of the child and remember that infants and developmentally delayed children are more vulnerable and less able to protect themselves.

E01 Child is significantly impaired (e.g. anxiety, depression)

The child has significant emotional disturbance related to a persistent pattern of carer behaviour.

- Significant emotional disturbance includes a diagnosed mental health concern such as post-traumatic stress disorder, depression or anxiety; OR, in the absence of a diagnosis, observable behaviours or conditions that signify severe emotional disturbance, such as persistent sleep/appetite disturbance, enuresis/encopresis, severe withdrawal, extremely and persistently aggressive behaviour, fire-setting or cruelty to animals. Note that in very young children, emotional disturbance may manifest differently than in older children.

AND

- There is a persistent pattern of carer behaviour such as rejection, hostility, blaming, criticising, scapegoating, ignoring, isolating, manipulating, terrorising or domestic violence. These behaviours are sustained and repetitive or take place in a single, extremely traumatic episode.
 - » Rejecting behaviours are those that communicate abandonment or a negative sense of identity to the child.
 - » Criticising refers to a concerted attack on the child's development of self-confidence.
 - » Scapegoating involves blaming or negative comparisons of the child.
 - » Ignoring is when the carer is psychologically unavailable to the child and can include the absence/withdrawal of love/affection.
 - » Isolating involves preventing the child from participating in normal opportunities for social interaction.
 - » Manipulating involves pressuring the child to act against his/her interest or sense of right and wrong (e.g. alienating the child from the other parent or another person or getting the child to break the law).

- » Terrorising involves threatening the child with severe or sinister punishment or deliberately developing a climate of fear or threat (for example, killing or injuring pets or animals or threatening to harm the other parent or siblings).
- » Domestic violence includes a single severe assault, pattern of assaults or pattern of abusive power and control that the child has either witnessed or is otherwise aware of.

E02 Child has significant symptoms of emotional distress

- The child does not have a diagnosed mental health condition and functioning (i.e. schoolwork, maintaining relationships) is not severely impaired. However, the child displays persistent and/or profound sadness, fear, worry, confusion, anger and low self-esteem.

AND

- This is related to a persistent pattern of carer behaviours. Carer behaviours include rejection, hostility, blaming, criticising, scapegoating, ignoring, isolating, manipulating, terrorising or domestic violence.

AND

- These behaviours are sustained and repetitive or a single, traumatic episode.

Examples include, but are not limited to:

- » Rejecting behaviours are those that communicate abandonment or a negative sense of identity to the child.
- » Criticising refers to a concerted attack on the child's development of self-confidence.
- » Scapegoating involves blaming or negative comparisons of the child.
- » Ignoring is when the carer is psychologically unavailable to the child and can include the absence/withdrawal of love/affection.
- » Isolating involves preventing the child from participating in normal opportunities for social interaction.
- » A carer's bond to a child appears to be non-existent or tenuous, AND this has had an observable impact on the child. For infants, it may be difficult to observe the impact.

- » Manipulating involves pressuring the child to act against his/her interest or sense of right and wrong (e.g. alienating the child from the other parent or another person or getting the child to break the law).
- » Terrorising involves threatening the child with severe or sinister punishment or deliberately developing a climate of fear or threat (for example, killing or injuring pets or animals or threatening to harm the other parent or siblings).
- » Domestic violence includes a single severe assault, pattern of assaults or pattern of abusive power and control that the child has either witnessed or is otherwise aware of.

For Aboriginal and Torres Strait Islander children, consider the following.

- The primary consideration is for the child's safety and well-being.
- Some culturally appropriate role expectations for children (e.g. increased levels of responsibility within the family) and/or culturally appropriate adult-child interactions (e.g. parental use of language/intonation that may appear aggressive) could be wrongly interpreted as emotionally abusive by some notifiers. Consultation may be required to help differentiate between actions/expectations that are culturally appropriate and those that should be considered abusive.
- Aboriginal children may exhibit attachment behaviours that are reflective of being cared for by a variety of people (in a family or kinship context) according to their cultural relationships. It is not unusual for a child to seek nurturance from a sibling or grandparent instead of a parent.
- Aboriginal or Torres Strait Islander children often exhibit behaviours or responses that may be misinterpreted as a lack of attachment but are culturally appropriate.

Examples include, but are not limited to the following.

- » Aboriginal children often have a greater sense of independence from a younger age than non-Aboriginal children.
- » Separation of children by ability or age is uncommon, so infants or children with disabilities are commonly cared for amongst older children.

Qualifying Offences

For the two possible qualifying offence grounds, if the exact relationship of the child to the 'offender' cannot be confirmed, select the most appropriate option based on currently available information.

Refer to the legislation in Appendix B, Statutory Provisions, for a list of the qualifying offences.

QO1 A child is residing with a parent who has been found guilty of a qualifying offence
Section 45 (1) of the Act provides for the issuing of temporary instruments of guardianship.

Select this item for the following notifications.

- A child born after the legislative commencement date will be residing with a parent of that child, where the parent has been found guilty of a qualifying offence. The legislative commencement date for this ground is 22 October 2018.
- The offence may have been committed anytime before or after the legislative commencement date.

QO2 A child or young person is residing, or about to reside, with a person (not being the child's parent) who has been found guilty of a qualifying offence
Section 46 (1) of the Act provides for the issuing of restraining notices.

Select this item for a child or young person who is or will be residing with a person that is not the child's parent and that person has been found guilty of a qualifying offence.

Likelihood of Harm

The items below represent likelihood of harm grounds, where there is a likelihood that a CYP may experience harm.

Using the provided definition of likelihood, consider the likelihood of harm items below.

L01 Alcohol use

A carer's current use of alcohol negatively impacts his/her ability to provide adequate care or protection for the child, or maintain a safe living environment for the child, and there is a likelihood that the child will experience harm caused by physical, mental or emotional abuse or neglect. It may be a chronic or episodic problem of alcohol use.

Examples include, but are not limited to the following.

- Intimidation and/or violence related to alcohol use.
- Co-sleeping while under the influence of substances.

L02 Substance use

A carer's current use of substances (illicit, prescribed or over-the-counter medication) negatively impacts his/her ability to:

- Provide adequate care or protection of the child; and/or
- Maintain a safe living environment for the child;

AND

There is a likelihood that the child will experience harm caused by physical, mental or emotional abuse or neglect. It may be a chronic or episodic problem of substance use.

Examples include, but are not limited to the following.

- Intimidation and/or violence related to drug activities, and as a result child likely to experience physical or emotional abuse.
- Substances and/or drug-using equipment, such as used syringes or hazardous chemicals associated with the use and manufacture of drugs, in the child's living environment likely to impact child safety.
- Co-sleeping while under the influence of substances.

L03 Mental health

A carer has a mental health problem that negatively impacts his/her care or protection of the child to the extent that there is a likelihood that the child will experience harm caused by physical, mental or emotional abuse or neglect. It may be a chronic problem or episodic dysfunction.

Examples include, but are not limited to the following.

- Aggressive or erratic behaviour toward the child.
- Carer's distorted perceptions lead to physical threats toward the child.
- Carer's depression is immobilising, resulting in the child frequently being unsupervised or unfed.

L04 Intellectual disability

A carer has an intellectual disability that impairs his/her ability to provide adequate care or protection for the child, or maintain a safe living environment for the child, and there is a likelihood that the child will experience harm caused by physical, mental or emotional abuse or neglect.

Examples include, but are not limited to the following.

- Carer lacks the capacity to parent any child (e.g. failure to obtain routine or emergency medical care, inability to protect the child from others).
- Carer lacks the capacity to parent an infant (e.g. not knowing that infants need regular feedings, expecting a baby not to cry or misinterpreting infant responses or cues).
- Carer does not understand limits on physical contact (including rough handling of an infant or child).
- Carer has difficulty managing a household (e.g. keeping house clean or keeping a sufficient supply of food).

L05 Domestic violence

At least one carer is a perpetrator or victim of domestic violence that is chronic and/or severe, and there is a likelihood that the child will experience harm caused by physical, mental or emotional abuse.

And, one or more of the following thresholds applies.

- One or more domestic violence incidents within the past six months (or if the mother was a victim of domestic violence during her pregnancy and the child is currently under 24 months of age) involving:
 - » Physical assault; or
 - » Incident involving weapon; or
 - » Threat to kill; or
 - » A SAPOL DV Risk Assessment Score of High (i.e. score of 45+); or
 - » The issuing of a Domestic Abuse Intervention Order; or
 - » A breach of a Domestic Abuse Intervention Order.
- Two or more episodes of physically assaultive behaviour (e.g. pushing, hitting, kicking, throwing objects) in the last six months.
- Pattern of physical, sexual, emotional, psychological or economic abuse that prevents one partner from making choices for the safety of children.

Likelihood of harm due to domestic violence applies whether or not the child was present at the time of the alleged current incident.

L06 Homelessness

The family is homeless or highly transient, AND the living conditions represent a likelihood of harm to the child.

Examples include, but are not limited to the following.

- The child is of no fixed address.

- » Includes: 'sleeping rough', or sleeping on the street.
- » Does not include: Staying at a friend or relative's house, Emergency accommodation, Homeless gateway accommodation, caravan park etc.
- Inappropriate or dangerous sleeping arrangements (e.g. infant sleeping in a car).
- Exposure to the elements (extreme heat or cold).
- Inability to properly store or prepare food or needed medications; exposure to hazards in abandoned buildings (e.g. broken glass, rotting floors, used needles, rats).
- Exposure to other people who may be violent, substance-abusing or predatory.

L07 Female genital mutilation

There is a likelihood that the child will undergo FGM.

This includes the possibility of the child being taken interstate for the purposes of the procedure, whether by their parent, guardian or other person.

If the person involved is other than a parent or guardian, then an EXF needs to be considered.

L08 Likelihood of sexual harm

There is a likelihood that the child will be sexually harmed.

Examples include, but are not limited to the following.

- A person who has previously sexually abused this or another child (DCP has substantiated sexual abuse and/or there is a conviction for sexual abuse and/or the person was charged with sexual abuse and is awaiting trial) has recently become a household member or has regained access to the child. To determine whether or not previous sexual abuse of this or another child presents a reasonable suspicion of current risk, consider known information about sexual offender assessment and treatment. If no expert opinion is available at the time of notification or recorded in DCP records to indicate that the person does not present a risk to children, this screening criteria must be selected.
- The child discloses a fear that sexual abuse may occur.
- There are indications that the child is being groomed.

- If a current allegation exists concerning sexual acts or exploitation, or there are suspicious indicators consistent with sexual abuse related to a sibling or another child in the home, consider the additional children to be at risk of sexual abuse.
- The child has, or will be, taking part in a marriage ceremony that would be a void marriage or an invalid marriage under Australian law.

L09 Persistent absenteeism

Because the child is of compulsory age (6–17) and not enrolled or has been persistently absent from school without an acceptable explanation, there is a likelihood that the child will experience harm.

'Persistently absent' means that there is a pattern of absenteeism that is enduring or ongoing in nature; an enduring pattern does not require extended consecutive absence.

An 'acceptable explanation' would give confidence about the child's safety and wellbeing and the certainty of the child's return to school at the earliest practicable time.

Examples include, but are not limited to the following.

- The child is of compulsory school age and not enrolled.
- The parent/s refuses to send the child to school or engage with any other education options available including distance education or home schooling.
- Offers of support or attempts to assist the family to overcome barriers to attendance have been refused or the family have disengaged.
- The child's education is seriously interrupted by non-attendance; and the child's physical and/or social and/or developmental welfare is compromised.
- The child experiences extended patterns of absenteeism that do not meet the Protocol (N07), as the child returns to school frequently enough, or is sighted often enough to not meet the criteria in the protocol.

None of the above grounds apply

Reported information does not meet any of the above harm and/or likelihood of harm grounds. Report will be screened out unless an override applies.

Screening Recommendations and Overrides

Initial Screening Recommendation

Screen in: At least one harm, or likelihood of harm ground was selected

Select this decision if any harm or likelihood of harm ground was selected, which indicates that at least one reported allegation meets the statutory requirements for an investigation.

Screen out: No harm, or likelihood of harm ground was selected

Select this decision if no harm or likelihood of harm ground was selected, indicating that the notification does not meet statutory requirements for an investigation.

Overrides

Policy

X01 Screen in for investigation: A carer has previously severely harmed this or another child.

No harm or likelihood of harm grounds are present; however, there is evidence that a carer has previously severely harmed this or another child.

A previous substantiation does not necessarily indicate that severe harm occurred.

Do not select this if the circumstances meet the criteria for qualifying offences.

Evidence could include the following.

- Prior substantiation of a carer perpetrating significant injuries.
- Conviction for murder, manslaughter, criminal neglect, or causing serious harm to any child (not including children of whom they were the parent or guardian).
- Charged for (whether acquitted or charges withdrawn) murder, manslaughter, criminal neglect, or causing serious harm to any child (whether the child was their own biological child, stepchild or other).

Discretionary

Use of a discretionary override requires a senior practitioner/supervisor approval, and a reason must be documented.

X02 Discretionary override to screen in (complete all required assessments)

Although no harm or likelihood of harm ground was selected, unique circumstances not captured by the screening criteria support a final decision of 'screen in'.

Discretionary override to screen out

Although a harm or likelihood of harm ground was selected, unique circumstances not captured by the screening criteria support a final screening decision of 'screen out'.

Final Screening Decision (after consideration of overrides)

Screen in: At least one harm or likelihood of harm ground was selected and there are no overrides to screen out; OR the notification was screened in with an override. Complete Section 2: Response Priority.

Select this decision if any criteria are selected (which means that at least one reported allegation meets the statutory requirements for an investigation) and the referral was not screened out with an override. For all referrals in which the final screening decision is to screen in, a response time must be identified.

Screen out: No harm or likelihood of harm ground was selected, and there are no overrides to screen in; OR the notification was screened out with an override.

Select this decision if no harm or likelihood of harm ground was selected (which means that the referral does not meet statutory requirements for an investigation) AND you did not screen in the referral with an override.

SECTION 2: RESPONSE PRIORITY

Response Priority Decision

REQUIRES RESPONSE WITHIN 24 HOURS, based on one or more criteria below. (Select all that apply.)

Child death is suspicious or unexplained, and another child is in the home

A child death was reported, and a medical or law enforcement professional or other reliable source is concerned it may have resulted from or was caused by a parent/carer's action or lack of action to protect the child, AND another child is currently in the care of the parent/carer.

Child requires same-day medical, forensic or mental health attention, AND either abuse/neglect is suspected or parent/carer is unwilling/refusing to obtain needed treatment

Examples include but are not limited to the following.

- A child has symptoms associated with a failure-to-thrive diagnosis and no medical attention is being provided currently, or the child's appearance and symptoms suggest that he/she should receive medical attention.

- The parent/carer is unwilling or unable to obtain medical treatment; without such medical treatment (e.g. blood transfusions, insulin required at regular intervals for diabetes treatment), the child's condition may become life threatening or may result in permanent impairment.
- A child is experiencing extreme mental health behaviours, such as psychosis, as part of an escalating pattern of behaviours, AND parent/carer is unwilling or unable to keep the child safe.
- A child requires same day forensic attention to ensure likely forensic evidence can be obtained from an allegation of sexual abuse where there may be physical or medical evidence (injuries, DNA or STD's).

Child has a life-threatening injury that is suspicious, unexplained or consistent with abuse

- Any of the following physical indicators of injury resulting from a parent/carer's action or lack of action are currently present: internal injuries, significant burns, head injuries.
- Include situations in which the exact cause of an injury may be unknown, but it is reasonably suspected that a parent/carer caused the injury, OR the intent of the parent/carer is unknown but there is a basis to suspect the injury was non-accidental.

Infant has a serious injury that is suspicious, unexplained or consistent with abuse, AND the parent/carer who is alleged to have either caused the injury or failed to protect will have access to the child

This includes the following.

- Any injury to a non-mobile infant.
- Any of the following physical indicators of injury resulting from a parent/carer's action or lack of action that are current: internal injuries; broken bones; bruises; burns; fractures; injuries alleged to have been caused by an object (e.g. imprint of a belt buckle); or superficial injuries such as cuts, welts, abrasions etc.
- Situations in which the exact cause of an injury may be unknown, but it is suspected that a parent/carer caused the injury, OR the intent of the parent/carer is unknown but there is a basis to suspect the injury was non-accidental.

Child is unsupervised or inadequately supervised and requires immediate care

The likelihood of the child being physically injured or becoming ill is high if a 24-hour response does not occur. Examples may include but are not limited to the following.

- Parent/carer is unable to care for child due to arrest, illness or hospitalisation or incapacitation, or the parent/carer left the child unsupervised for some other reason, AND appropriate arrangements for the child's care were not made.
- Parent/carer died and adequate arrangements for the child's care have not been made.
- Parent/carer stated that the child cannot remain in the home today or is forcing the child to leave the home today and is not making appropriate alternative arrangements for the child's care.
- Parent/carer abandoned or has immediate plans to abandon a child, meaning the parent/carer voluntarily surrendered the child and relinquished his/her rights as a parent/carer.
- Child was inadequately supervised and was seriously injured or the child avoided serious injury only due to intervention by a third party. The probability of serious injury is high if no response occurs today because the circumstances that led to the inadequate supervision have not changed.
- Parent/carer is currently caring for a child and is under the influence of drugs or alcohol or is experiencing symptoms suggestive of suicidal, homicidal or psychotic behaviour or an intellectual impairment (e.g. hearing commands to hurt the child, is incoherent or passed out with a child in his/her care), AND, as a result, the child is at immediate risk of injury.

Child is likely to be sexually harmed within the next 24 hours

The likelihood that the child will be sexually abused is high if a 24-hour response does not occur. This is due to any of the following.

- Allegations include current concerns of sexual abuse, and parent/carer of concern will have access to the child.
- Parent/carer allegedly views or possesses child pornography and has/will have unsupervised access to the child.
- Household member is a registered sex offender and has access to the child.

Physical conditions of the living environment are immediately unsafe

Characteristics of an immediately dangerous living environment may include:

- Uncapped needles;
- Leaking gas;
- Lack of water utilities and no alternative safe provisions;

- Drug manufacturing/production in the home; and
- Objects accessible by child that present a safety concern due to child's age, behaviour or developmental ability (e.g. power tools, weapons).

A child is at imminent risk of serious physical harm, or there has been a plausible threat made to the child's life

Due to the nature of the violence or serious harm, a 24-hour response is required both to assess and ensure the physical safety of the child.

Examples include but are not limited to the following.

- The carer has threatened the child's life, and the threat must be taken seriously due to previous carer behaviour.
- The carer's behaviour is currently violent and out of control. This includes situations in which the child is not currently in the home but is imminently expected to return home.
- There are reasonable grounds to suspect that female genital mutilation will occur.

Qualifying offence (a child's parent, or someone who is residing or about to reside with a child, has been convicted of a qualifying offence)

This amendment provides for the issuing of instruments of guardianship or restraining notices where a child's parent, or someone who is residing or about to reside with a child, has been convicted of a qualifying offence.

Under this section of the legislation, a newborn infant is considered to require an immediate response upon birth, even whilst in the hospital, if the child is likely to reside with the person upon being discharged.

Family is likely to move to avoid investigation, and there has been an interstate notification/alert, or a screened in child protection notification where the investigation could not be completed because the family refused to engage, fled or could not be located

Due to past actions by the family, statements by the family, or other credible information, there is reason to believe that this family is intentionally attempting to avoid child protection investigation or intervention.

Current notification involves a carer who previously caused death/serious injury to any child due to abuse/neglect.

'Serious' injuries include those resulting in death or those in which the injury required emergency assessment/treatment by a medical practitioner **and** posed a danger of death, temporary or permanent impairment or disfigurement.

Examples include, but are not limited to:

- Brain damage
- Skull or bone fracture
- Subdural haemorrhage or haematoma
- Dislocations
- Internal injury
- Poisoning
- Large or deep burns or severe lacerations.

No 24-hour criteria are present; REQUIRES RESPONSE WITHIN 10 DAYS.

Response Priority Recommendations and Overrides

Overrides

Discretionary

Use of a discretionary override requires senior practitioner/supervisory approval. A reason for the override must be documented.

Increase to 'within 24 hours'

Although no 24-hour criteria are marked, unique circumstances not captured by the response priority assessment support a final response priority decision of 'within 24 hours'.

Decrease response level (decrease requires supervisory approval)

Although a 24-hour criteria is marked, unique circumstances not captured by the response priority assessment support a final response priority decision of 'within 10 days'.

No overrides

No overrides apply