

Who can say OK?

Making decisions about children
and young people in family based care.



Government of South Australia
Department for Child Protection

Contents

Part 1 – Decision making	5
About this booklet	5
Decisions involving resources and expenditure	6
How decisions are made	6
Working together to make decisions	8
Delegating decision making powers to a carer	9
Raising concerns or seeking a review of a decision	9
Verification of a Child in Care Card	9
Part 2 – Making decisions: Who can say OK?	10
Education	10
Pre-school enrolment and attendance	10
School enrolment and attendance	10
Changing schools	11
School card	12
Education plan	12
Support services at pre-school or school	12
School activities, excursions and camps	13
Out-of-school-hours care	13
School suspensions and exclusions	13
Health (medical, dental and wellbeing)	14
Medicare cards	15
Health Care Cards	15
Ambulance cover	15
My Health Record	15
Health assessment	16
Dental	16
Immunisation	17
Medications	17
Children and young people making their own medical decisions	18
Routine medical treatment	19
Non-routine medical treatment	20
Sexual health	21
Gender identity	22
Private health insurance	23
End-of-life decisions	23

Disability (NDIS)	25
Guardianship and Administration Orders	26
Identity and connection with family	27
Contact with family and community members	27
Culture and community	28
Change of a child or young person's name	29
Media publication or broadcasts	30
Tattoos and body piercing	30
Haircuts	31
Pocket money	31
Legal matters	32
Bank accounts	32
Victims of crime compensation	32
Money held on behalf of a child or young person	32
Police Interviews	32
Bail, surety and payment of fines	33
Carer involvement in Youth Court proceedings	33
Marriage	34
Wills for children and young people	34
Children or young person who are missing or absent from placement	35
Media campaigns/queries for missing children and young people	35
Missing or absent young people – Youth Justice Orders	35
Mobile phones and the internet	36
Mobile phone use	36
Internet safety	36
Safe social networking for children and young people	36
Posting images of children and young people on social media	37
Preparation for adulthood	39
Transition from care planning	39
Employment and volunteering	40
Learning to drive	40
Housing, accommodation and living arrangements	40
Post-18 supports	41
Requests for DCP held information for care leavers	41

Child care, sleepovers, babysitting and respite care	42
Babysitting	42
Overnight stays (up to 2 nights)	42
Overnight stays (3 nights or more)	43
Child care	44
Respite care	44
Travel, recreation and sport	45
Travel within South Australia	45
Interstate travel	45
Overseas travel	46
Passport applications	47
Recreation and sporting activities	47
Useful contacts	49
Review and complaints	49
Support for children and young people	49
Support for carers	50
Aboriginal and Torres Strait Islander services and agencies	50
Legal services	51
Alternative DCP contacts	51
Glossary of terms	52

Part 1 – Decision making

About this booklet

All children and young people in care require a safe, stable and nurturing environment to reach their full potential. They should take part in everyday activities that offer typical experiences of childhood and family life and have access to services that will support them to thrive and reach their full potential. One way of ensuring this happens is for there to be a clear and coordinated approach to decision making about their care.

This booklet provides guidance about making many of the day to day decisions involved in caring for children and young people who are under either the short or long-term guardianship of the Chief Executive of the Department for Child Protection (DCP) in family based care. The decision making processes outlined in this booklet do not apply to children and young people under a custody order, family group conferencing agreement or subject to a long-term guardianship (specified person) order and questions about decision making in these situations should be directed to the allocated case worker.

The decisions talked about in this booklet are mostly everyday decisions that families make about the children and young people in their care. They involve day to day decisions such as what to do when there is a medical problem, getting a haircut, going on a holiday or enrolling in a new school.

Caring for a child and young person in care is a partnership between the child or young person, their carer, the carer's support agency, their parents and family, DCP workers and other members of the care team. This booklet is a tool to assist everyone who is involved in the care of a child or young person to be clear about *who does what* when making decisions.

In some cases, the type of guardianship order in place for a child or young person may impact decision making. It is expected that a child or young person's family will be actively involved in decision making where a short-term guardianship order is in place. This reflects that reunification is being pursued and the family should be involved in significant decisions.

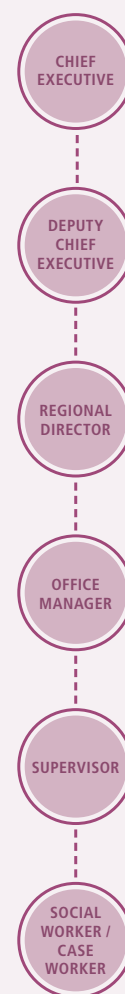
The carer, as a natural part of the parenting process, will make many decisions where a child or young person is under a long-term guardianship order (until they turn 18 years of age). This reinforces the child or young person's sense of place and belonging in the carer's family.

Terms used in this booklet

The term 'DCP case worker' is used throughout this booklet to refer to a range of roles held by DCP staff who have case management responsibilities. The term 'social worker' refers to DCP staff who are registered social workers. Social workers and case workers are managed by 'supervisors' that oversee their work. Some decisions can only be made by social workers or by supervisors, rather than case workers. The image on the right shows the DCP hierarchy.

References to 'carers' in this booklet refers to both foster and kinship carers.

A glossary of useful terms that may assist in reading this booklet is included at page 52. A list of useful contacts for support services that may be of interest is included at page 49.



Decisions involving resources and expenditure

This booklet does not cover specific details regarding financial aspects of decisions.

Where a decision has a financial implication that is not covered by the fortnightly carer payment, the carer should talk to the DCP case worker for information about what funding is available. Some costs may be reimbursed by the DCP office. Carers can speak with their DCP case worker about including any financial decisions in the child or young person's case plan, to ensure there is a written record of what has been agreed.

Carers should refer to the [Carer Support Payments handbook](#) and the [Carer Reference - Who pays for what?](#) for up-to-date payment information. These resources are available on the DCP website at childprotection.sa.gov.au.

How decisions are made

When a child or young person is placed under the guardianship of the Chief Executive by Court order, the Chief Executive is the lawful guardian of the child or young person, to the exclusion of all others.

This means that the Chief Executive has the full range of rights and responsibilities in relation to the welfare and upbringing of the child or young person. For children and young people not in care, these rights and responsibilities would normally sit with their parents.

Many of the Chief Executive's powers as the guardian of a child or young person are outlined at section 84 of the *Children and Young People (Safety) Act 2017*. This includes making arrangements:

- to place the child or young person in the care of a suitable person (for example, a foster carer or kinship carer)
- for the education of the child or young person
- for the professional examination, assessment or treatment of the child or young person
- for such other provision for the care of the child or young person as the circumstances may require.

The *Children and Young People (Safety) Act 2017* includes a number of important principles that inform how we make decisions about the care of a child or young person. This includes ensuring that decisions are made in a timely manner and take into account the child or young person's culture, disability, language, religion and views (including an observation of a child or young person's behaviours and cues if they are unable to express their views).

To ensure decisions are made in a timely manner and by people with knowledge about a child or young person's individual needs, the Chief Executive delegates a range of decision making powers to DCP workers who have case management responsibilities. These delegations vary depending on the seriousness of the decision making power. Importantly, the Chief Executive also authorises carers to make a range of decisions about the day to day care of a child or young person. These decisions are outlined in this resource.

There are other factors that can inform decision making about a child or young person under the guardianship of the Chief Executive. These can include:

- the individual needs, best interests, safety and views of the child or young person
- the type of Youth Court order that is in place (for example, guardianship for up to 12 months or until the child or young person turns 18 years of age)
- the opinions of other people concerned with the care of the child or young person (such as the carer, parents or family, the DCP case worker, carer support worker or other members of the care team)
- any agreements about case management that are reached by the child or young person's care team and set out in the child or young person's case plan
- other laws such as the *Consent to Medical Treatment and Palliative Care Act 1995* (covering things such as young people's consent to medical treatment) or the *Summary Offences Act 1953* (covering things such as body piercing)

- DCP policies and procedures that affect case management and the care and protection of children and young people
- the needs of children and young people with disabilities
- the need to maintain connection to a child or young person's cultural background, language, religious and social practices and customs; acknowledging that connection to family, culture, kin and community is essential for the health and wellbeing of children and young people from culturally and linguistically diverse ('CALD') backgrounds.

Decisions about an Aboriginal and Torres Strait Islander¹ child or young person should be made to reflect the core elements of the Aboriginal and Torres Strait Islander Child Placement Principle: prevention, participation, placement, partnership and connection. When making decisions, consideration must be given to the long-term effect of the decision on the child or young person's identity and connection with family, community, culture and Country. Decisions must be made in a way that allows Aboriginal and Torres Strait Islander children and young people and their families to meaningfully participate in the decisions that affect them. This includes supporting processes for family led decision making wherever possible.

Statement of Commitment Principles



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Best outcomes are achieved when decisions are made with the active involvement of carers, who have particular insight into the needs of the children and young people in their care. Section 82 of the *Children and Young People (Safety) Act 2017* entitles carers to participate in any decision making relating to the child or young person's health, safety, welfare, or wellbeing, if in the child or young person's best interests.

¹ 'Aboriginal and Torres Strait Islander' is used throughout Who Can Say OK? to refer to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander.

Working together to make decisions

Carers play a vital role in decision making for children and young people under the guardianship of the Chief Executive. The Statement of Commitment for South Australian Foster and Kinship Carers (the Statement) highlights the integral role carers play in a child or young person's life and the need for DCP to work in partnership with carers when making decisions. In accordance with the principles of the Statement carers should be informed, supported, consulted, valued and respected throughout the decision making process as an important member of the child or young person's care team.

Other members of the child or young person's care team include the child or young person, their parents, the carer's support worker, the DCP case worker, specialist DCP staff, any cultural worker and professionals involved with the family. The care team work together to achieve best outcomes for the child or young person.

Care team meetings provide an important opportunity for all parties to be actively involved in planning and decision making about the health, safety and wellbeing of a child or young person.

A key document developed in partnership with the care team is the child or young person's case plan. The case plan outlines what actions are required to meet a child or young person's ongoing care needs. The *Children and Young People (Safety) Act 2017* requires the circumstances of children and young people in long-term care to be reviewed at a minimum, on an annual basis. The annual review meeting provides an excellent opportunity for the child or young person and their carer to review progress over the last year and plan for the future.

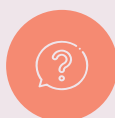
Some questions the care team should consider when making decisions:

- what are the views of the child or young person?
- is the decision related to a childhood experience that the child or young person's peers would also have the opportunity to experience, such as a sleepover or holiday?
- will the outcome be age / developmentally appropriate?
- will the decision affect the child or young person's future development?
- will the decision affect the child or young person's safety?
- will the decision build the child or young person's sense of belonging and connectedness?
- will the decision affect the child or young person's connection to their community and culture?
- who else should be involved in this decision? For example, parents, carer, school, support worker?
- how quickly is a decision needed?
- will the decision involve spending money and does DCP need to approve this expenditure?
- has the decision been appropriately recorded to ensure any new members of the care team are aware of the decision and are consistent in their approach?

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A case plan can help to ensure all members of the care team have their views and wishes taken into consideration. Important decisions about the care of the child or young person will be documented in a case plan. At times, the case plan can authorise a carer to make certain decisions. This can help carers and DCP case workers to be clear about who can give approval in situations that are not covered in this booklet.

Delegating decision making powers to a carer

Under section 76 of the *Children and Young People (Safety) Act 2017*, **DCP** can delegate (give responsibility) to carers for decision making powers that would usually need to be made by DCP. A delegation of decision making powers must be in writing and clearly state what types of decisions will be within a carer's responsibility.

Carers can speak with DCP about the use of a section 76 delegation where this may assist in making decisions for a child or young person in their care. For a section 76 delegation to be considered, a child or young person must be under a long-term guardianship order and have been placed with the relevant carer for at least 12 months.

Raising concerns or seeking a review of a decision

DCP is committed to listening and responding to concerns about decision making.

A carer, child or young person, parent, family member or any other person affected by a decision is encouraged to first contact the child or young person's DCP case worker, and then the relevant supervisor, if they have any concerns about arrangements for the care of the child or young person. DCP aims to resolve issues at a local level in the first instance. See the [Complaints and Feedback Management Procedure](#) and the [Internal Review Procedure](#) for more information about the DCP complaints and Internal Review process (available on the DCP website at childprotection.sa.gov.au)

The Complaints and Feedback Management Unit ('CFMU') can provide information about DCP complaints processes as well as external review organisations, such as the Ombudsman SA or South Australian Civil and Administrative Tribunal ('SACAT'). The CFMU can also provide information about advocacy and monitoring bodies for children and young people in care, such as the Office of the Guardian for Children and Young People.

The CFMU can be contacted on 1800 003 305 or via email at DCPComplaintsandFeedback@sa.gov.au

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Carers can access further support in seeking a review of a decision through one of the services listed under the 'Useful contacts - Review and complaints' section at the end of this booklet.

Verification of a Child in Care Card

Upon a placement being approved, a carer should be provided by the DCP case worker with a Verification of a Child in Care Card. This card proves that a person has been approved by DCP to act as the carer for a child or young person and allows a carer to make certain decisions on behalf of a child or young person (in accordance with this booklet.)

The **DCP case worker** will provide a Verification of a Child in Care Card to a carer.

Part 2 – Making decisions: Who can say OK?



Education

Carers play an important role in supporting children and young people to attend, engage and thrive in their education setting. The DCP case worker is responsible for making arrangements to enrol a child or young person in a pre-school or school, whilst a carer is responsible for supporting a child or young person's daily pre-school or school attendance and involvement in extracurricular activities.

Where a child or young person is subject to a short-term guardianship order, the child or young person's family should be consulted about significant, long-term decisions such as the school a child or young person will attend.

For information about decision making for child care arrangements, including out-of-school-hours-care, see page 13 of this booklet.

Pre-school enrolment and attendance

Children under the guardianship of the Chief Executive may start pre-school from 3 years of age and continue to attend until they are aged 6.

It is the responsibility of the **DCP case worker** to enrol a child to attend pre-school, where this is considered beneficial and developmentally appropriate for the child.

Where a child is enrolled to attend pre-school, **the carer** is responsible for supporting day to day attendance. This includes:

- transporting the child, unless alternative transport arrangements are agreed with the DCP case worker
- providing the child with appropriate lunch/snacks
- purchasing any required uniform and resources

- supporting the child with homework tasks
- attending parent/teacher interviews
- being the first point of contact if there is an emergency
- supporting the child's participation in curriculum related activities.

School enrolment and attendance

All children and young people between 6 and 16 years of age must by law be enrolled in school and must fully participate in the education program arranged and approved by the school.

All young people between the ages of 16 and 17 are required to participate in a full-time approved learning program. A learning program can include education or training delivered through a school, university or registered training organisation, an apprenticeship or traineeship, or a combination of these.

The **DCP case worker** is responsible for making sure a child or young person is enrolled in school. This includes ensuring that:

- the child or young person and their carer are consulted about the child or young person's needs and school enrolment options (including a consideration of cultural needs and disability support needs)
- the appropriate documentation is signed and sent to the school, including providing the school with the Department for Education Information Sharing Form at the time of enrolment or at the beginning of each school year.

A carer is responsible for supporting a child or young person's attendance at school on a day to day basis. This includes:

- transporting the child or young person, unless alternative transport arrangements are agreed with the DCP case worker
- providing a child or young person with appropriate lunch/snacks
- purchasing school uniforms and resources

- supporting a child or young person with homework tasks
- attending parent/teacher interviews
- signing school reports
- being the first point of contact if there is an emergency
- supporting a child or young person's participation in curriculum related activities.

Enrolment in non-government schools

In some situations, DCP may assess that it is appropriate to approve the enrolment of a child or young person in care in a non-government school and make a contribution toward the payment of non-government school fees.

If financial assistance is required, it is the responsibility of the **DCP case worker** to complete an application for exceptional resource funding for the partial or full payment of non-government school fees.

For more information about exceptional funding see the [Exceptional resource funding procedure](#), available at childprotection.sa.gov.au.

Enrolment in ethnic and community language schools

Children and young people from culturally and linguistically diverse backgrounds, or children and young people with an interest in learning about another language or culture, may seek to attend an ethnic and community language school in addition to their fulltime school enrolment. The **DCP case worker** can approve the decision to take a child or young person to an ethnic and community language school. The carer can then enrol and take the child or young person to an identified ethnic and community language school, in accordance with the child or young person's wishes.

Any fees involved in the enrolment of a child or young person in an ethnic and community language school should be discussed with the DCP case worker. Refer to the [Carer Support Payments handbook](#) and the [Carer Reference - Who pays for what?](#) for more information.

Exemption from school attendance

An application for an exemption from school attendance must be made if a decision is reached between DCP and a carer that it is necessary to take a child or young person out of school either temporarily or permanently to meet their needs.

An exemption from attending school should be sought for:

- plans to commence full-time home education for a child or young person
- a young person obtaining full-time employment
- a child or young person's disability needs requiring a part-time exemption
- a child or young person's behavioural or emotional needs requiring a part-time exemption.

Carers should speak with the DCP case worker for other exemptions that may impact a child or young person's schooling, for example:

- family travel or holidays
- medical or health reasons.

The application must be approved by the **DCP supervisor** and submitted to the school principal for their consideration.

Changing schools

Sometimes a child or young person will transition from one school to another. It is the responsibility of the **DCP case worker** to follow the enrolment procedures outlined above and work in consultation with education staff to provide the relevant transition support, including attendance at education planning meetings. Additional practical support may be required from a child or young person's care team while a transition occurs.

Enrolling in high school

Young people in care who are in year 6 are able to enrol and be accepted into any government secondary school of their choice in South Australia. If a young person wishes to attend a secondary school other than their local (zoned) school, the carer should meet with the DCP case worker and a representative of the young person's primary school to discuss enrolment options. This should occur early in year 6.

School Card

The School Card scheme offers financial assistance with educational expenses, materials, and service charges for students attending government schools.

School Cards in government schools

If a child or young person is enrolled in a government school, a carer does not need to complete an application for a School Card. A child or young person in care will be automatically approved for a School Card at the time of enrolment.

School Cards in non-government schools

If a child or young person is enrolled in a non-government school, a School Card will not be automatically approved. **A carer** must complete an application for a School Card if one is required. The application form (Form F) is available from the school or from the Department for Education website at education.sa.gov.au.

Depending on the school, eligibility for a School Card may or may not affect the level of school fees. The **DCP case worker** should contact the school for further information.

Education plan

An education plan (referred to as 'One Plan' in government schools) is necessary to ensure that a child or young person's developmental, cultural, social, psychological and educational needs are considered and adequately met.

A school principal (or their nominee) will facilitate an education planning meeting to develop the One Plan. The One Plan is reviewed at the 6-month mark during the student's first year at the pre-school or school and then on an annual basis, or when the child or young person's circumstances change.

The One Plan will be developed in conjunction with the child or young person and their care team, including the carer.

Education plans in non-government schools

Education plans may go by different names and be developed in different ways in non-government school settings. When a child or young person is enrolled in a non-government school the **DCP case worker** should contact the school to support the development of an education plan.

An education plan will be developed in conjunction with the child or young person and their care team, including the carer.

Support services at pre-school or school

It may be identified that support services or therapies would be beneficial for a child or young person to access during pre-school or school hours. Plans to engage a support service to work with a child or young person should be considered by the whole care team, to consider the most appropriate means for supporting the child or young person. The **DCP case worker** should discuss any planned support services with the child or young person, school site and carer and reflect this in the child or young person's case plan.

School activities, excursions and camps

School activities, excursions and camps can provide a wealth of positive experiences for children and young people.

A **carer** can provide consent for a child or young person to attend an activity, excursion or camp for up to two nights within South Australia, arranged by either a school or non-government agency (for example YMCA, Scouts or Guides).

DCP must provide consent for a child or young person to attend an activity, excursion or camp held interstate.

A **DCP supervisor** will need to provide consent for a child or young person to attend an activity, excursion or camp for longer than two nights.

A carer should consider the supervision arrangements for the activity, excursion or camp and any potential safety issues or support needs for the child or young person. The DCP case worker should be approached to discuss alternative plans where attendance at any activity, excursion or camp has the potential to impact contact arrangements.

Out-of-school-hours care

The **DCP case worker** should approve arrangements for a child or young person to regularly attend out-of-school-hours care or school holiday care (vacation care) programs. Agreed arrangements for out-of-school-hours care should be clearly documented in the child or young person's case plan.

Where use of an out-of-school-hours care program is unplanned or infrequent, a **carer** can provide consent and make arrangements for a child or young person to attend, noting the carer will be responsible for these costs unless pre-arranged with DCP. Carers should refer to the [Carer Support Payments handbook](#) and the [Carer Reference - Who pays for what?](#) for up-to-date payment information.

In some circumstances, the Australian Government's Child Care Subsidy may help with the cost of approved out-of-school-hours care or vacation care programs. A carer should talk to the DCP case worker about options for financial assistance and consider the requirements of the [Exceptional resource funding procedure](#), available at childprotection.sa.gov.au. Agreements reached about the payment of fees should be clearly recorded in the child or young person's case plan.

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Carers are best placed to consent to everyday activities for a child or young person in their care. Consent to school activities, excursions and camps (for up to 2 nights duration within South Australia) or infrequent out-of-school-hours care are decisions that should be left to a carer. School sites do not need to seek the consent of DCP for these decisions.

School suspensions and exclusions

Children and young people may encounter difficulties in their schooling that place them at risk of being suspended or excluded from a school site. Where a child or young person is at risk of suspension or exclusion, the **DCP case worker** should convene a care team meeting to seek input from the whole care team about strategies that may improve the child or young person's engagement and behaviours at school.

The **DCP case worker**, in consultation with the carer, is responsible for seeking a review or overseeing alternative education provisions following a suspension or exclusion. The whole care team will be involved in supporting a child or young person to re-engage in school following a period of suspension or exclusion.



Health (medical, dental and wellbeing)

It is essential that all children and young people have access to quality health care to address their medical needs and support their healthy development.

Who can consent to a child or young person in care accessing health services depends on the seriousness of a proposed medical intervention and the age/capacity of the child or young person. Section 84(1)(g) of the *Children and Young People (Safety) Act 2017* gives the Chief Executive power to make arrangements for the professional examination, assessment and treatment of a child or young person, including admitting a child or young person to hospital. This power is delegated to a range of staff within DCP. Carers are also authorised to consent to many day to day medical treatments for a child or young person in their care when required. Urgent medical treatment can be provided to a child or young person when determined to be necessary by treating medical professionals, if the consent of the DCP supervisor cannot be obtained.

A young person who is 16 years or over has the right to make their own decisions about their health care.

The [Health Services Agreement for Children and Young People in Out of Home Care](#) is an agreement entered into by SA Health and DCP that provides for priority access to health services for children and young people in care. The *Consent to Medical Treatment and Palliative Care Act 1995* also provides foundational guidance for medical and dental practitioners about the assessment and treatment of patients, including children and young people.

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Where possible and appropriate, a child or young person's medical reports and assessments should be shared with carers to ensure the care team is aware of the health and wellbeing needs of the child or young person and receive recommendations on the best way to provide support.



CONNECTION

Aboriginal and Torres Strait Islander Active Efforts

For Aboriginal and Torres Strait Islander children and young people, cultural identity is central to their health and wellbeing. Promoting a strong and positive sense of cultural identity is important to a child or young person's mental health. It can affirm a sense of belonging, connectedness and self-worth and help to protect against the impacts of racism.

Children and young people should be supported by their care team to access culturally safe and appropriate preventive health and medical services (such as accessing an Aboriginal Medical Service).

Medicare cards

All children and young people under the guardianship of the Chief Executive must have their own Medicare card.

A Medicare card enables access to a range of medical services, for free or at a lower cost, including doctors, specialists, optometrists and at times dentists and other allied health professionals. Medicare cards can also offer lower cost prescriptions and free care as a public patient in a public hospital. The card enables a child or young person to have continuity of access to these services regardless of placement changes.

The **DCP case worker** is responsible for making an application for a child or young person's Medicare card. Once received, the Medicare card can be held by the carer.

There may be occasions where a child or young person's Medicare number is needed urgently when they first enter care. In these circumstances, carers should contact the **DCP case worker** for assistance in obtaining the Medicare number.

A young person who is **15 years or over** can apply for their own Medicare card and should talk to their DCP case worker or carer for assistance.

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Carers should access the **Medicare information for foster and kinship carers** (available on the DCP website at childprotection.sa.gov.au) for information on claiming Medicare benefits for a child or young person in their care.

Health Care Cards

A Health Care Card entitles a cardholder to access cheaper prescription medications and other benefits. All children and young people under the guardianship of the Chief Executive are entitled to receive a government Health Care Card.

A **carer** can apply directly for a Health Care Card for a child or young person in their care.

When applying for a Health Care Card, a carer will need:

- a copy of the child or young person's birth certificate
- evidence that the child or young person is in their care (Verification of Child in Care Card).

Application details are available on the Services Australia website at servicesaustralia.gov.au/health-care-card.

Ambulance cover

All eligible children and young people under the guardianship of the Chief Executive, or who have transitioned from care, have cover for costs associated with emergency ambulance attendance and transport until the age of 21. An ambulance should be called for a child or young person where considered necessary by **a carer**.

For more information, see **Ambulance cover for children and young people**, available on the DCP website at childprotection.sa.gov.au.

My Health Record

My Health Record is an online summary of a person's key health information. All Australians have a My Health Record. People can opt out of the scheme and can choose to delete their record at any point in their life.

Children and young people in care have a My Health Record.

When a child or young person under the age of 14 years comes into care, DCP places a restriction on their My Health Record to ensure their details remain confidential. The My Health Record can still be viewed by the child or young person's health care providers.

The **DCP case worker** can provide information from a child or young person's My Health Record to a carer where required.

Young people from the age of 14 years have the legal right to manage their own My Health Record. If a young person in care expresses interest in managing their own My Health Record, they should discuss this with their DCP case worker.

Further information about My Health Record can be found at myhealthrecord.gov.au and childprotection.sa.gov.au/carers/how-dcp-works/my-health-record, available on the DCP website at childprotection.sa.gov.au.

Health assessment

In accordance with the [Health Services Agreement for Children and Young People in Out of Home Care](#) it is the responsibility of a **DCP case worker** to refer a child or young person who has recently been placed under the guardianship of the Chief Executive for:

- a preliminary health check as soon as possible, and ideally no later than 30 days, after the child or young person has entered care to determine areas of immediate concern
- a comprehensive health and developmental assessment within 3 months of entering care, and
- ongoing health monitoring, assessment and treatment.

The **DCP case worker** must organise appointments for health checks and assessments in consultation with the child or young person's carer. As it is often carers who are responsible for taking children and young people to appointments, it is critical that DCP case workers keep carers advised of appointment times and locations. Carers should notify the DCP case

worker if they anticipate difficulties in attending an appointment so that appropriate transport or support services can be arranged.

The outcomes of health checks and assessments must be communicated with the carer and be recorded in the child or young person's case plan. The **DCP case worker** must action any outcomes in collaboration with the carer.

Dental

School dental clinic

All children and young people under 18 years of age are eligible to attend the School Dental Service. The **DCP case worker** is responsible for ensuring the child or young person is registered with a school dental clinic. The **DCP case worker** is also responsible for informing the school dental clinic of a child or young person's change of address or if their guardianship status ends. Treatment plans should be noted in the child or young person's case plan.

Major dental treatment – including orthodontic treatment

The consent of a **DCP supervisor** is needed for orthodontic, oral surgery and other specialist dental treatment. When providing consent, DCP will discuss the details of the specialist treatment with the carer so that everyone understands the risks of the treatment and how best to support the child or young person manage their oral health care at home.

Dental treatment for young people aged 16 years and over

A **young person aged 16 years or over** may consent to their own dental treatment if the dental clinician considers the young person is able to understand the nature and effect of the treatment.

See the Routine medical treatment at page 19 and Non-routine medical treatment at page 20 sections for information about the consent requirements for dental treatments for children and young people aged less than 16 years.

Immunisation

Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation protects both individuals and others in the community by reducing the spread of disease.

It is expected that all children and young people under the guardianship of the Chief Executive receive all immunisations recommended by the National Immunisation Program (South Australia Schedule) at the recommended times. There may also be times when it is recommended that a child or young person receive additional immunisations that are not included on the National Immunisation Program to maximise their health outcomes. This can include extra immunisations recommended for Aboriginal and Torres Strait Islander children and young people.

It is the responsibility of the **DCP case worker** to check that the child or young person is up to date with all immunisations.

The **DCP case worker** will provide the carer with all relevant details about a child or young person's medical history, including any information about any allergies or allergic reactions to previous vaccines.

The **DCP supervisor** must give consent for the immunisation of a child or young person under the guardianship of the Chief Executive who is under 16 years of age. A young person aged 16 years or more can make their own decision about being immunised.

Where a child or young person is under a short-term guardianship order and under the age of 16, DCP will need to discuss decisions about immunisation with the child or young person's parents.

If a parent opposes a decision made by DCP to immunise a child or young person under guardianship, they may seek an internal review of this decision (see 'Raising concerns or seeking a review of a decision' at page 9 of this resource).

If a child or young person is under a custody order, the decision to immunise remains with the parents as the legal guardian.

When attending an immunisation appointment, a carer should take:

- their Verification of a Child in Care Card
- foster and kinship carer ID card
- the child or young person's Medicare card, and
- if the child is under five, the child's Child Health and Development Record (Blue Book).

Where DCP has consented and the carer has accompanied the child or young person to the appointment, the carer must confirm with the DCP case worker that the child or young person has received the immunisation. The DCP case worker will note this information on the child or young person's case record.

If, for a medical reason, a child or young person cannot be safely immunised, a medical exemption form must be completed by a general practitioner and submitted to the Australian Childhood Immunisation Register. The medical exemption must be recorded in the child or young person's case plan.

Medications

Carers can make the decision to administer everyday medications, such as paracetamol or common cold and flu medications, for a child or young person in their care when required and in accordance with recommended dosage instructions. **Carers** can also provide consent to school sites for the provision of routine or prescribed medications for a child or young person, for example:

- providing consent to an asthma care plan
- providing consent to the provision of paracetamol
- consenting to anaphylaxis and severe allergy plans.

Carers should follow, or ensure a plan follows, relevant medical advice regarding the administration of any medications.

Carers can also administer prescription medications to a child or young person in their care, in accordance with the relevant medical advice. Carers should keep the DCP case worker informed of any new medications, or changes to medications, that are prescribed by a treating medical practitioner. Carers can ask a medical practitioner to complete the **Appointment Results Template (ART)** to assist in conveying information about the medication and how it should be administered to the wider care team.

Only a **DCP supervisor** can provide consent to a child or young person being administered:

- general anaesthetics
- psychotropic medications.

See the 'Non-routine medical treatment' section in this booklet for more information about medications that require DCP approval.

Aboriginal and Torres Strait Islander children and young people may be eligible for the Closing the Gap Pharmaceutical Benefit Scheme (PBS) Co-Payment Program ('Closing the Gap Program'), which helps reduce the cost of some medications. Carers should make their GP aware if a child or young person in their care is Aboriginal and Torres Strait Islander and enquire if they are eligible for the Closing the Gap Program.

Children and young people making their own medical decisions

Providing medical treatment to young people who are 16 years or over

Section 6 of the *Consent to Medical Treatment and Palliative Care Act 1995* provides that a young person aged 16 years and over has the same rights to consent or refuse medical treatment as an adult. This means that a **young person who is 16 years or over** has the right to make their own decisions about their health care.

If an emergency occurs and a young person aged 16 years and over is unable to provide consent, medical treatment can still be provided if a medical practitioner is of the opinion that treatment is urgently required to meet an imminent risk to the life or health of that young person. This assessment should be supported by the written opinion of another medical practitioner who has personally examined the young person (unless it is not practicable to obtain that opinion), and the young person has not, to the best of the medical practitioner's knowledge, refused consent to treatment. If a young person (aged 16 years or over) has decision making capacity and refuses medical treatment the health practitioner must not proceed with treatment.

Providing medical treatment to children and young people who are under 16 years

Section 12 of the *Consent to Medical Treatment and Palliative Care Act 1995* permits a guardian of a child or young person who is under 16 years of age to consent to medical treatment on their behalf. The **Chief Executive, or their delegate, such as a DCP supervisor** as guardian of the child or young person can provide this consent under the *Consent to Medical Treatment and Palliative Care Act 1995* or the *Children and Young People (Safety) Act 2017*.

A child or young person can also consent to their own medical treatment if the medical practitioner is of the opinion that the child or young person understands the nature, consequences and risks of the proposed treatment. This must be supported by the written opinion of at least one other medical practitioner who has personally examined the child or young person. This recognises that as children and young people get older they gradually acquire the right to take on more responsibility for making decisions about their health care. Some circumstances when a young person may seek to make their own decisions about their health care include obtaining contraception or terminating a pregnancy.

Routine medical treatment

Carers can provide consent to routine medical treatment. This may include:

- making and attending an appointment with a general practitioner or hospital clinic
- seeking assessment, investigation and treatment for common illnesses or minor ailments and injuries
- consenting to medical treatment if it is recommended by a medical practitioner and does not involve the administration of a general anaesthetic or surgery
- consenting to diagnostic tests for new conditions such as an ultra sound or x-ray
- buying and administering medication in accordance with the advice of the treating medical practitioner
- minor dental treatment including:
 - local anaesthetic
 - routine dental treatment, including fillings
 - x-rays, extraction of deciduous (baby) teeth
 - diagnostic procedures required for orthodontic assessment.

If a carer is presenting a child or young person to a hospital for medical attention, they should take their foster and kinship carer ID card, along with the carer's photo ID and the child or young person's signed Verification of a Child in Care Card. This will help the medical team know who to liaise with for what decisions.

It is important that the carer advises the DCP case worker about any recent medical treatment the carer has consented to so this information can be documented in the child or young person's records.

Cost of medical treatment

The fortnightly carer support payment includes an amount to cover basic medical treatment and over the counter medications, prescriptions and pharmaceuticals for a child or young person in care. If additional expenses arise that are associated with a child or young person's health care, this expenditure must be assessed and pre-approved by DCP. Carers should refer to the [Carer Support Payments handbook](#) and the [Carer Reference - Who pays for what?](#) for further information. These resources are available on the DCP website at childprotection.sa.gov.au.

Statement of Commitment Principle



SUPPORTED

Carers can make decisions about routine medical treatments and appointments to provide responsive and effective care to a child or young person. Carers should contact their DCP case worker if unsure whether a medical decision is 'routine', or whether DCP consent may be required.

Ongoing medical treatment

A **carer** can consent to most forms of ongoing medical treatment prescribed by a medical practitioner for a child or young person. An ongoing course of medical treatment could be a series of medical or allied health appointments required due to a diagnosis of a chronic illness such as asthma. A diagnosis of a chronic illness and any prescribed ongoing medical treatment should be raised with the DCP case worker and recorded in the child or young person's case plan.

Non-routine medical treatment

The approval of a **DCP supervisor** may be required when seeking specialised or non-routine medical treatment for a child or young person in care. However, where urgent medical attention is required a **carer** may be capable of providing consent. See 'Urgent medical treatment' below.

Referral to a specialist

If a general practitioner makes a referral for a child or young person to see a specialist (including a paediatrician) to diagnose or treat a physical or mental health condition, the carer must advise the DCP case worker. The decision to pursue the referral must be made by a **DCP supervisor**.

'Allied health' is a term used to describe the broad range of health services provided by professionals who are not doctors, dentists or nurses. This may include audiologists, occupational therapists, osteopaths, optometrists, speech pathologists, dieticians, social workers, physiotherapists, psychologists and podiatrists.

Consent for initial allied health treatments must be provided by the **DCP supervisor** in consultation with the child or young person's carer and the referring health professional.

Statement of Commitment Principle



CONSULTED

Wherever possible and appropriate, carers should be consulted for their views about the allied health providers, specialists and other health professionals that are planned to be engaged for a child or young person in their care. There may be some instances where the choice of health professional is restricted by legal requirements that must be met by DCP.

Planned appointments should be discussed with a carer before being made, where DCP are able to select an appointment time, date, or location.

Administration of psychotropic medication

Psychotropic medication includes antidepressants, antipsychotics and sedatives and may be prescribed by a doctor to treat mood and behaviour disorders.

The use of psychotropic medication must be approved by a **DCP supervisor** and recorded in the child or young person's case plan. Any approval for the use of psychotropic medication should be informed by specialist medical advice. Once the psychotropic medication is approved and recorded in the child or young person's case plan it can be administered by a carer in accordance with medical directions.

The DCP case worker should be advised by the carer if a doctor alters the child or young person's psychotropic medication or dosage, so that the impact on the child or young person can be properly monitored and documented.

Urgent medical treatment

If a child or young person is having a medical emergency a carer should dial 000 or take them immediately to the hospital emergency department. If the child or young person requires a health intervention where consent is required, such as surgery, consent must be sought from a **DCP supervisor** or above (see 'General anaesthetic and surgical procedures' on page 21 of this resource). Where urgent medical treatment involves a high-risk medical procedure or end of life decision, consent will instead need to be sought from the **Chief Executive (or Deputy Chief Executive)**. See 'High-risk medical procedures' (see page 21 of this resource) and 'End-of-life decisions' (see page 23 of this resource) for more information.

If contact cannot be made with a DCP supervisor or above to obtain consent, **medical practitioners** are provided with discretionary powers to administer treatment if it is necessary in the medical practitioner's opinion to meet an imminent risk to the life or health of the child or young person. This must be supported by the written opinion of another medical practitioner who has personally examined the child or young person (unless it is not practicable to obtain that opinion).

Statement of Commitment Principles



INFORMED

While the consent of a DCP supervisor should attempt to be obtained for any urgent medical treatment, it is possible for a treating medical practitioner to provide urgent medical care without DCP consent, when the relevant legal requirements are met.

General anaesthetic and surgical procedures

A **DCP supervisor** or above must consent to the administration of a general anaesthetic and surgical procedures. In an emergency this can be done quickly by the hospital or medical practitioner faxing or emailing their consent form to the DCP office concerned for signature. If the supervisor responsible for the case is not available, another DCP supervisor or the manager of the relevant DCP office is able to give consent.

The consent of a **DCP supervisor** is also needed to administer a general anaesthetic associated with a dental procedure.

After hours, a carer should contact the **DCP Call Centre on 13 16 11** to seek consent from a DCP supervisor or above.

The DCP case worker must consult with the child or young person's carer before and after treatment, as carers are in the position of managing the child or young person's health and medical needs on a day to day basis.

If the proposed surgical procedure has family, cultural or religious implications (for example, circumcision for medical reasons), the DCP case worker must consult with the child or young person's family.

High-risk medical procedures

Only the **Chief Executive or Deputy Chief Executive** may make decisions about medical procedures that are of a high-risk in situations when the life of a child or young person under 16 years is threatened due to illness, trauma or injury.

Alcohol and other drug treatment services

There are a range of treatment services that may be available to help children or young people to address alcohol and other drug use issues. It is important that DCP is informed that a child or young person has been referred to a treatment service as this helps to ensure that they are adequately supported and their treatment is coordinated.

As with other forms of medical treatment, a **young person who is 16 years or over** can consent to their own alcohol and other drug treatment.

The consent of a **DCP supervisor** is required for young people under 16 years to attend treatment in a residential treatment setting or inpatient detox facility and for young people under 14 years to attend a drug counselling appointment or drug diversion program.

Sexual health

It is important that all children and young people have access to information to make informed decisions about sexual and reproductive health.

A **young person 16 years or over** can make their own decisions about their sexual health care.

Carers are often best placed to support a young person in their care to make decisions about their health and can provide consent for a young person in their care who is under 16 years to access sexual health services. This includes consenting to the use of contraceptives, such as the pill, Implanon and intra-uterine devices.

Carers can also provide consent for a young person in their care to access counselling services provided by professional sexual health counsellors, including social workers or mental health workers. If the young person's carer is not available to provide consent, this can be provided by the DCP case worker.

If a young person does not feel comfortable talking about their sexual health or contraception with their carer or DCP case worker, they should be encouraged to talk with a doctor, social worker or counsellor. In the absence of a carer or DCP case worker's consent, a second doctor's opinion is necessary for a young person under 16 to receive sexual health treatment. SHINE SA and some other health services have two-doctor clinics for young people under 16 who do not have consent from a parent, carer or guardian.

For more information on accessing sexual health information and health services see shinesa.org.au or call 8300 5300.

Pregnancy

If a young person is pregnant, it is important that they know there are appropriate adults that can offer support and help make a decision that is right for them. This may be someone that they are close to, or a professional that can offer support such as a social worker, nurse, doctor or counsellor.

A young person can contact SHINE SA to discuss pregnancy options, including continuing the pregnancy, abortion and adoption. If a young person chooses to continue with a pregnancy, they should be encouraged to contact their GP or hospital to discuss options regarding antenatal care. Aboriginal and Torres Strait Islander women can also access services provided by the Aboriginal Family Birthing program and Nunkuwarrin Yunti.

A **young person aged 16 years and over** has the same rights as an adult to consent to their own antenatal care. As much as possible, DCP case workers and carers should be involved in supporting a young person to make decisions about their antenatal care and be involved in the development of a birth plan.

After the birth, the infant is in the care of their parents who can make decisions on behalf of their child. It is important that the parents are supported to provide consent and be appropriately consulted by medical staff about the infant's care and any medical treatment that the infant may need.

Termination of pregnancy

If a young person makes a decision to terminate a pregnancy, a medical assessment is legally required. **Young people 16 or over** can make the decision to terminate the pregnancy themselves. If a young person is under 16 years of age and feels they cannot talk to their carer or DCP case worker about the pregnancy, they can discuss this with a doctor, social worker or counsellor. A young person under the age of 16 can obtain a termination without the consent of a guardian if certain requirements are met.

Gender identity

Being gender diverse or transgender means that a person's gender identity is different from their biological sex assigned at birth. Research indicates that supportive, gender affirming care during childhood and adolescence can significantly improve a child or young person's mental health and wellbeing outcomes.

If a child or young person is questioning their gender, identifies as transgender or identifies as non binary, there are a range of healthcare and support services that are available. These will vary depending on the individual needs of the child or young person. A good first step is to seek a referral (via GP, psychologist, psychiatrist or other mental health professional) to the Gender Service at the Women's and Children's Hospital for help and advice. They can discuss whether or not any further professional advice or referrals are required to support the young person.

A plan for support and treatment in accessing gender affirming care will be developed with the medical practitioner, the child or young person, their carer, their parents and family, DCP workers and other members of the care team. If the treatment plan includes hormone treatment, consent must be provided by a **DCP supervisor** or above.

The [Supporting children and young people who identify as LGBTIQ+ Practice Paper](#) (available on the DCP website at childprotection.sa.gov.au) provides further advice about offering attuned care to LGBTIQ+ identifying children and young people.

Private health insurance

A **carer** can make a decision to place a child or young person on their private health care cover. This must be at the carer's own cost.

End-of-life decisions

The **Chief Executive (or Deputy Chief Executive)** is required to make decisions about end of life care for a child or young person under 16 years. This may involve decisions about withdrawal of treatment, palliative care plans, advanced care planning and Do Not Resuscitate orders.

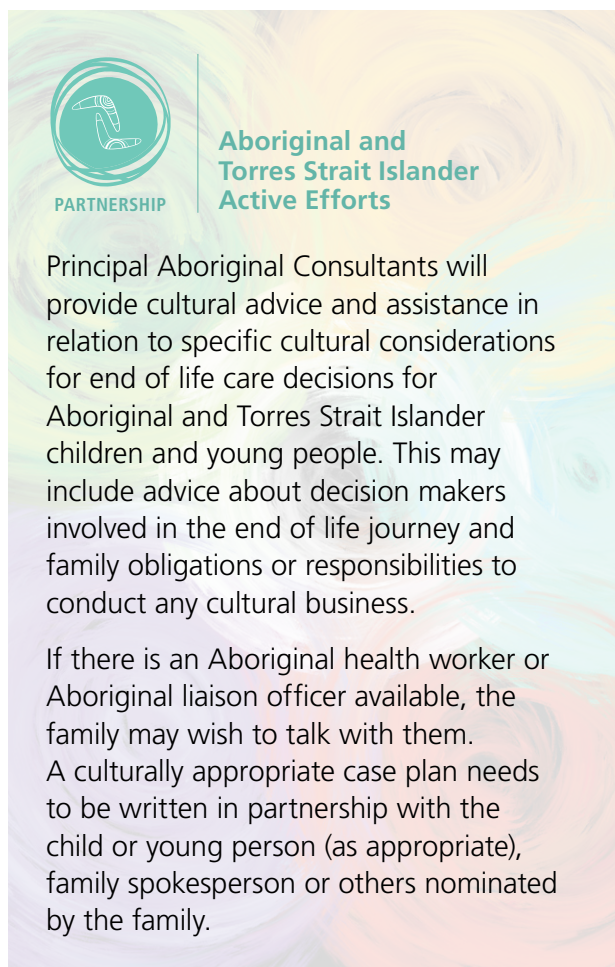
In these situations, a medical case conference should be convened to develop a medical treatment plan and case plan. All relevant parties should attend this conference, including: the child or young person (as appropriate), the carer and the carer's support person, members of the child or young person's family, DCP staff (including supervisors, Principal Aboriginal Consultants, practice leaders and DCP Multicultural Services), treating medical practitioners, hospital social workers, Aboriginal health workers or Aboriginal liaison officers.

Organ and tissue donation

Decisions about organ and tissue donation are to be made by the **child or young person's "senior available next of kin"**. The *Transplantation and Anatomy Act 1983* defines "senior available next of kin" as the first (in order of priority) of the following persons who is available at the time:

- a parent of the child or young person
- a brother or sister of the child or young person, who is aged 18 years or older
- a guardian of the child or young person.

A person who is making a decision about organ or tissue donation will be encouraged to consider any views expressed by the child or young person during their lifetime with respect to the removal and donation of their organs and tissue after their death. A child or young person's carer or DCP case worker may be able to offer insight into the child or young person's views.



Aboriginal and Torres Strait Islander Active Efforts

Principal Aboriginal Consultants will provide cultural advice and assistance in relation to specific cultural considerations for end of life care decisions for Aboriginal and Torres Strait Islander children and young people. This may include advice about decision makers involved in the end of life journey and family obligations or responsibilities to conduct any cultural business.

If there is an Aboriginal health worker or Aboriginal liaison officer available, the family may wish to talk with them. A culturally appropriate case plan needs to be written in partnership with the child or young person (as appropriate), family spokesperson or others nominated by the family.

Funeral and burial arrangements

When a child or young person in care dies, it can be challenging to manage the necessary end-of-life arrangements in a way that is inclusive of all parties.

Following changes brought about by 'Finn's Law', there is an expectation that carers be involved in planning funeral and burial arrangements, where appropriate. While decisions about funeral and burial arrangements ultimately rest with the **child or young person's next of kin (usually the child or young person's parents)**, **carers should be offered the opportunity to be involved in funeral and burial arrangements**. DCP can be approached to assist in resolving any disagreement between parties with respect to funeral and burial plans if required.

It is important for the care team to be mindful of a family's cultural beliefs or norms for death when considering funeral arrangements. For example, some cultures believe in reincarnation or may have norms regarding burial rites. DCP should undertake consultation with Principal Aboriginal Consultants or the DCP Multicultural Services team to help inform decisions about funeral and burial arrangements, or in dealing appropriately with the child or young person's remains.

Statement of Commitment Principle



The important relationship carers have with a child or young person that has been in their care should be reflected by their participation in any funeral and burial arrangements for a child or young person. Support for a foster family or kinship carers should be explored with DCP in the event a child or young person passes away.



Disability (NDIS)

Statement of Commitment Principles



VALUED



CONSULTED

Carers are integral to all aspects of the NDIS journey of the child or young person in their care. The unique knowledge and day to day insights of carers should be used to inform NDIS decisions, wherever possible. Carers should be involved in pre-planning discussions, be approached to make collaborative decisions about service providers and invited to the NDIS planning meeting.

When a child or young person who is identified as having a disability or developmental delay enters care, or is diagnosed after they enter care, the **DCP social worker** will be responsible for connecting with the National Disability Insurance Scheme (NDIS) partner in the community. For children under 9 years this will be a NDIS Early Childhood Partner and for young people over 9 years it will be a NDIS Local Area Coordinator.

If the child or young person has delays across a number of areas of development or has a disability that will have a lifelong impact on their functioning, the NDIS partner will request that the DCP social worker provide evidence of this. The carer may be requested to contribute to this evidence by providing information on the additional supports the child or young person needs in daily life and what interventions have been tried to support their development.

Based on the evidence provided, the NDIS partner decides whether an access request should be submitted to the NDIS for a funded NDIS Plan and will undertake the access request process.

The **DCP social worker** is the parental representative and is responsible for connecting with the NDIS partner, providing evidence to support NDIS access and planning, implementing the plan, and commencing any review processes. Wherever appropriate and possible, the child or young person and the carer should be involved in the connection with the NDIS partner, providing evidence for NDIS access and planning, plan implementation and review processes to achieve best outcomes.

Once the child or young person's NDIS plan is developed, decisions must be made about the implementation of the plan. Implementation of the plan will require the selection of service providers/therapists, or other decisions regarding how the plan funds may be utilised. While the **DCP social worker** has the decision making authority regarding where, when, how and by whom services are provided, these decisions should be informed by consultation with the carer and, where appropriate, the child or young person. Service providers delivering supports under the NDIS are required to adhere to quality and safeguarding requirements set out in the *National Disability Insurance Scheme Act 2013*. **DCP social workers** are responsible for the selection of registered NDIS service providers to ensure children and young people are supported by providers that adhere to these legislative requirements.

In many cases the outcomes of the NDIS plan, such as taking the child or young person to appointments, will be actioned by the **carer**.

The **DCP social worker** will be responsible for coordinating the management of the NDIS plan by relevant disability support service providers. Wherever possible this should be done in collaboration with the carer. A copy of the plan must be provided to the carer.

Assessments and DCP Psychological Services

An assessment may be requested for a child or young person where there are concerns for the child or young person's development, functioning and wellbeing. Carers are encouraged to discuss a request for an assessment with the child or young person's DCP case worker. When a request is made for a psychological assessment such as a cognitive, adaptive, educational and/or neurodevelopmental assessment, DCP case workers seek expert input from a DCP psychologist who is experienced in undertaking trauma informed psychological assessments for children and young people. The DCP psychologist will consider a broad range of information in assessing whether a psychological assessment may be required, including, but not limited to:

- the child or young person's trauma history
- feedback from the carer and school/childcare regarding the child or young person
- any previous assessments completed
- any current intervention/s the child or young person is receiving.

A referral for a psychological assessment will be submitted when assessed to be required by the DCP psychologist. Occasionally, when considering all available information, the DCP psychologist may form an opinion that an assessment is not clinically indicated, and instead may suggest other supports or therapies that could be offered to best support the child or young person. The rationale and outcome of consultation with the DCP psychologist will be conveyed to the carer by the DCP case worker.

Guardianship and Administration Orders

Some young people with a disability transitioning from care may be assessed as being unable to make independent decisions about aspects of their lives such as their accommodation, medical treatment or finances. The term used for this is 'mental incapacity'. In these situations, an application to the South Australian Civil and Administrative Tribunal ('SACAT') for a guardianship or administration order will need to be initiated before the young person is 18 years of age.

The **DCP case worker** is responsible for making an application to SACAT for a guardianship or administration order, where required. The **DCP case worker** is also responsible for ensuring evidence about a young person's mental incapacity is gathered to support the application, and this may take several weeks (and in some cases months). The application itself should be filed, with all supporting documentation, approximately three months prior to the young person's transition from care. The **DCP case worker** should consult with carers about the young person's decision making needs to support any future application for guardianship and administration orders.

Statement of Commitment Principles



Carers have valuable information and insight to share about a young person when seeking guardianship and administration orders. The specific needs of a young person, their level of capacity and evidence with respect to their capacity is important information a carer can provide to the DCP case worker to assist in any application.



Identity and connection with family

Carers should actively support all children and young people in their care to engage in activities that support their connection to family, community, language, religion and culture. This should occur in consultation with the DCP case worker as part of a child or young person's case plan.

Contact with family and community members

Positive and consistent contact between a child or young person and their family can help to enhance psychological wellbeing and identity.

Contact can be between a child or young person and a parent, sibling, extended family member or a person that is significant to the child or young person. Contact arrangements can take place through a range of mediums. This may include face-to-face visits, telephone or video calls, or the exchange of photographs and letters.

DCP is responsible for making decisions about a child or young person's contact arrangements and issuing 'Contact Determinations'. Before making a decision, DCP will take into account the views of the child or young person, their parents and family, their carer and other relevant people involved in the child or young person's life.

When a Contact Determination is completed by DCP it forms part of the child or young person's case plan. A copy of the Contact Determination is provided to each person who is to have contact with the child or young person.

Carers play an important role in supporting a child or young person's contact with their family. Carers are ideally placed to notice the impact of contact arrangements upon a child or young person. This may include noticing changes in the child or young person's mood or behaviour before or after contact, or comments that the child or young person may make about contact.

If contact arrangements are affecting the child or young person or are causing difficulty, carers should speak with the DCP case worker. If a person who is subject to a Contact Determination does not agree with decisions made about contact arrangements, they have the right to apply for the determination to be reviewed by the independent Contact Arrangements Review Panel (CARP) – see the [Contact Arrangements Review Panel Procedure](#) (available on the DCP website at childprotection.sa.gov.au) for more information.



Aboriginal and Torres Strait Islander Active Efforts

An assessment of a child or young person's contact needs will consider the Aboriginal and Torres Strait Islander Placement Principle and the need for an Aboriginal and Torres Strait Islander child or young person to maintain their connection to culture and community.

Culture and community

DCP case workers and carers should actively support a child or young person to engage in activities to enhance their connection to culture.



Aboriginal and Torres Strait Islander Active Efforts

Decision making with respect to Aboriginal and Torres Strait Islander children or young people must consider the importance of maintaining a connection to culture in order to preserve and enhance identity, connections with family and links with community.

Keeping Aboriginal and Torres Strait Islander children and young people connected to culture is central to their identity and wellbeing. A child or young person's culture helps support how they express emotion, how they learn and how they stay healthy.

Aboriginal and Torres Strait Islander cultures are very diverse, distinct and complex, and vary across communities in Australia. Culture is a living and evolving mix of social, political and spiritual beliefs and values that include ceremonies, stories, songs, history, traditions, customs and law. It is founded on the deep social, economic and spiritual connection with the sea and land. Aboriginal and Torres Strait Islander cultures are not just remnants of the past; they are living forces that are still growing and adapting even today.

Some Aboriginal and Torres Strait Islander people will identify with more than one place and may belong to several communities. It is common for Aboriginal and Torres Strait Islander people to identify with the traditional countries of both of their parents. A carer should speak with the DCP case worker for assistance in accessing culturally appropriate information and supports for a child or young person in their care.

Aboriginal and Torres Strait Islander children and young people

DCP case workers and carers should actively support a child or young person to engage in activities to ensure they maintain their connection to family, community and culture.

There are many ways of promoting Aboriginal and Torres Strait Islander culture. This can include:

- participation in significant cultural events throughout the year such as NAIDOC week, Reconciliation week and other community cultural activities or events
- visits to a child or young person's traditional Country. This can provide children and young people with the opportunity to have personal experience of their culture as well as the opportunity to meet local Aboriginal and Torres Strait Islander community members and participate in events and activities on Country.

Keeping Aboriginal and Torres Strait Islander sibling groups connected through cultural activities is important for maintaining their relationships and connections with their culture as well as developing a sense of belonging and a positive identity.

A child or young person's Aboriginal Cultural Identity Support Tool ('ACIST') is a critical tool for planning to reconnect, establish, and maintain Aboriginal and Torres Strait Islander children and young people's connection with family, community, Country and culture. The ACIST should be completed by the child or young person's care team as part of the case plan, in consultation with relevant Aboriginal and Torres Strait Islander community organisations.

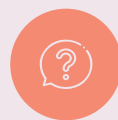
Aboriginal Family Support Services (AFSS) also develop a Cultural Plan for each Aboriginal and Torres Strait Islander child or young person placed with an AFSS carer or in an AFSS Residential Service. This can occur in consultation with the DCP case worker as part of a child or young person's case plan.

Children and young people from culturally and linguistically diverse (CALD) backgrounds

Supporting children and young people from culturally and linguistically diverse backgrounds to maintain their connections with their family, community, language, religion and culture is a critical consideration to their long-term development and wellbeing.

DCP case workers and carers should support children and young people from culturally and linguistically diverse backgrounds to attend activities that enhance their connectedness to their cultural group. This should be documented in the child or young person's Culturally and Linguistically Diverse Identity Support Tool ('CALDIST') as part of the case plan, in consultation with DCP Multicultural Services. The tool captures pertinent information with regards to the child or young person's cultural and religious background and their current care arrangement. In addition, the tool supports carers to take training in cultural competency and acknowledging the child or young person's cultural identity or connections.

Statement of Commitment Principle



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Specific information about a child or young person's cultural background and identity should be reflected in their case plan, as part of the Aboriginal Cultural Identity Support Tool ('ACIST') and the Culturally and Linguistically Diverse Identity Support Tool ('CALDIST'). The information within these tools should be shared with carers as part of the case planning process, to support the care team in meeting the cultural needs of the child or young person.

Change of a child or young person's name

A child or young person's name is an important part of their identity. It is encouraged that a child or young person retains their own name while they are in care and particularly where reunification is being explored. A child or young person's name includes the first, middle and family name listed on their birth certificate.

For various reasons some children and young people express a clear wish to informally change their name (first, middle or family). For example, a child or young person may wish to be known informally by their carer's family name. In these situations, they may choose to be known by a preferred name but retain their legal name in official documents (such as their passport or driver's licence). The decision for a child or young person to be informally known by a different name should be recorded in the department's case management system.

Where a child or young person wishes to legally change their name, the process is guided by the provisions in the *Births, Deaths and Marriages Registration Act 1996* and the *Children and Young People (Safety) Act 2017*. Generally, this process requires the consent or views of the child or young person's parents to be sought.

The DCP case worker will make an assessment about the request from a child or young person to legally change their name. This will include consultation with the child or young person and their parents and carers. The DCP case worker will also consult with a range of other professionals such as practice leaders and DCP psychologists.

For Aboriginal and Torres Strait Islander children and young people, their name may provide ties to their Aboriginal and Torres Strait Islander cultural identity, including their language, customs and lore. In these cases, consultation must take place with a Principal Aboriginal Consultant, prior to any decision making.

The **Chief Executive** will review all change of name applications and make a decision whether to direct the Births, Deaths and Marriages Registrar to formally register a change of name for a child or young person.

Media publication or broadcasts

Child or young person not identified as being in care

Sometimes there may be a request for an image of a child or young person to be released for broadcast or publication that does not identify them as being in care. For example, a photo of a child participating in a sporting event may be requested for publication in the local newspaper.

In these circumstances, the approval of a **DCP supervisor** is needed for the image to be released for broadcast or publication. DCP will assess the request and consider the impact that the media coverage may have on the child or young person.

Example

A child in care has won first place at the under 14s state swimming championship. The local paper wants to do a story that names that child but does not convey that the child is in care.

This can be an important way of recognising and celebrating the child's achievements. The carer should talk to their DCP case worker, who will seek approval from a DCP supervisor to make sure there are no risks in going ahead with the article.

Child or young person identified as being in care

The **Deputy Chief Executive** must approve any request to publish or broadcast photographs, film, articles or anything that identifies a child or young person as being in care. A carer should talk to their DCP case worker if this situation arises.

See 'Media campaigns/queries for missing children and young people' at page 30 of this booklet for information about media publications to assist in locating children or young people who are reported as missing.

Tattoos and body piercing

In South Australia, the *Summary Offences Act 1953* is the law which determines at what age a child or young person can obtain a body piercing, undergo a body modification procedure or get a tattoo.

Tattoos

No young person in South Australia under the age of 18 can get a tattoo, except for medical reasons (such as having a medical alert bracelet tattooed). A legally qualified health practitioner must provide tattoos that are obtained for medical reasons.

Body piercing – non-intimate areas

Young people over 16 years of age can consent to a body piercing procedure, such as an earlobe piercing. Young people under the age of 16 are required by the Summary Offences Act 1953 to have the consent of their legal guardian. In these circumstances, the consent of the **DCP social worker** is required.

Young people wanting some form of body piercing should be guided in their decision making by their carers, DCP case worker and family (where appropriate). DCP encourage collaborative decision making that takes into account what is culturally appropriate, a young person's age and their ability to understand the long-term implications of seeking a piercing.

As they mature, young people should have a greater role in decision making about the style, number and form of piercings they may wish to have.

Body piercing – intimate areas

No young person in South Australia under the age of 18 can have an intimate piercing (for example, genitals and nipples) or other body modification procedure (for example, earlobe stretching, body scarification, body implantation, tongue splitting, or any other form of body modification).

Haircuts

The views of a child or young person should be taken into account when making any decisions about haircuts, colours or styling. How much weight their opinion carries depends on their age and stage of development. Where reunification is being pursued, it is important that the child or young person's parents are included in this decision and that their wishes are considered. Where the child or young person is in long-term care, the child or young person and their carer should make these decisions together.

There may be important cultural implications regarding a change of haircut or hairstyle for a child or young person. Consultation should occur with the DCP Multicultural Services team and the family to inform decision making for haircuts and hairstyles where a child or young person is from a culturally or linguistically diverse background.

Pocket money

A **carer** is responsible for making decisions about the payment of pocket money, including how much pocket money a child or young person in their care should receive. DCP provides guidance about the amount of pocket money it may be appropriate to give a child or young person based on their age (see [Pocket Money & Birthday/Christmas Present Rates](#), available on the DCP website at childprotection.sa.gov.au).

Ideally, the amount of pocket money provided will match the amounts paid to any other children in the home, including the carer's own children. This is encouraged to help the child or young person feel like an included and appreciated member of the carer's family. A carer can speak with the DCP case worker if unsure how much pocket money should be paid.

Carers do not need to provide pocket money for young people aged 16 years and over who are receiving Youth Allowance.



Legal matters

Bank accounts

All children and young people in care should have their own savings account and learn money management skills. This is especially important when a young person is receiving financial payments from the Australian Government (for example, Youth Allowance).

A child or young person aged 13 years or younger will require support from an adult to open a bank account. The **DCP case worker**, as the legal guardian, should assist in the opening of a bank account on behalf of a child or young person where required. Young people aged 14 years or older are usually able to open an account without the attendance of an adult and can be supported to do so in person or online by their carer.

Proof of identification documents are required to open a savings account for a child or young person. The **DCP case worker** is responsible for providing the child or young person's birth certificate to assist with opening an account.

Victims of crime compensation

If a child or young person has been a victim of a crime, they may be eligible for compensation. It is the **DCP case worker's** responsibility to ensure that victims of crime statutory compensation applications for the child or young person are made before the child or young person leaves care, or alternatively that information about their possible eligibility is provided when the child or young person leaves care.

Money held on behalf of a child or young person

There are a number of circumstances when a child or young person in care may receive a lump sum of money. This could be when the child or young person receives a gift or inheritance, victims of crime compensation, native title compensation or royalties.

The *Children and Young People (Safety) Act 2017* provides for the **Chief Executive** to receive these funds on behalf of the child or young person and sets out how the money must be held and when it must be returned to the child or young person.

In most cases, the **DCP case worker in conjunction with DCP Legal** will make arrangements for this money to be referred to the Public Trustee to be held on behalf of the child or young person. When it is known that a child or young person will cease to be under the guardianship of the Chief Executive, the **DCP case worker** will contact the Public Trustee to ensure that proper arrangements are made for the money be returned to the child or young person.

A child or young person cannot access their funds while in care and before the age of 18 years unless there are exceptional circumstances. In the rare situation that a child or young person does seek to access or expend funds while in care and before the age of 18 years, the written approval of the **Chief Executive** is required.

Police Interviews



Aboriginal and Torres Strait Islander Active Efforts

Aboriginal and Torres Strait Islander young people are over-represented in the South Australian youth justice system. This is a complex problem related to multiple layers of socioeconomic disadvantage and intergenerational trauma experienced by many Aboriginal and Torres Strait Islander people. When an Aboriginal and Torres Strait Islander young person is required to attend a police interview the Aboriginal Legal Rights Movement should be contacted to offer culturally appropriate representation and support.

If a child or young person in care is suspected or alleged to have been involved in a crime and needs to be interviewed by the police, their **carer** must advise the DCP case worker or supervisor. After hours, the carer should contact the **DCP Call Centre on 13 16 11**. The carer should confirm if DCP are planning to engage legal representation for the child or young person and await the attendance of this legal representation, before any police interview commences.

A police interview should be conducted in the presence of an appropriate adult who can observe, support and/or advocate for the child or young person. **DCP case workers** are responsible for arranging the attendance of an appropriate adult. In some circumstances, this may require a negotiation with the police to ensure that the interview takes place at a time that can accommodate the identified appropriate adult.

In most cases it will be the **child or young person's carer or a DCP worker** who attends the interview as the appropriate adult. A carer can refuse a request to act as the appropriate adult if they feel uncomfortable or they are unable to attend. If a carer or DCP worker cannot attend the interview, other options for an appropriate adult may include a legal representative, relative, or suitable friend suggested by the child or young person who is over 18 years.

Where an appropriate adult is not available the police may seek a trained volunteer through the Red Cross Police Call Out program.

Children and young people with communication impairments or limited English may require the support of a trained communication partner when having contact with SAPOL to ensure they can understand questions being asked of them and can communicate adequately. Both the **DCP case worker** and **carer** should advise police if any form of interpreter will be required to support an interview with a child or young person.

Bail, surety and payment of fines

The **DCP case worker** is responsible for responding to issues relating to bail, surety and payment of fines that involve the child or young person. A carer should advise the child or young person's DCP case worker about any legal issues that arise with respect to the child or young person.

Carer involvement in Youth Court proceedings

Where there are current care and protection proceedings for a child or young person in the Youth Court, the child or young person's carer may be able to be participate in the Court proceedings. The **Youth Court** will have the ultimate power in determining if a carer can be involved in care and protection proceedings and what this involvement will look like.

Under section 51(3)(b) of the *Children and Young People (Safety) Act 2017*, a child or young person's carer will usually be able to make representations (express their views) in Youth Court proceedings, with the permission of the Court. Carers can ask the DCP case worker for information about the next Court hearing and for assistance in notifying the Court that they would like to provide their views regarding the proceedings.

Carers can also apply to be joined (formally included) as a party to proceedings, with the permission of the Court. Being joined as a party to proceedings has various implications and it may be useful for a carer to seek legal advice before making any such application.

Statement of Commitment Principle



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Carers should discuss being involved in any ongoing care and protection proceedings with the DCP case worker and seek independent legal advice by contacting one of the legal services listed in the 'Useful contacts' section at the end of this booklet.

Marriage

All young people aged 16 to 17 who are in care need consent from the **Chief Executive** to get married. An application must also be made to the relevant court to seek an order from a judge or magistrate authorising the marriage. A marriage must comply with the requirements of the *Marriage Act 1961*.

Wills for children and young people

Most children and young people will not have a Will, as generally the law does not allow people under the age of 18 to make a Will unless they are married or have been married.

However, a child or young person can make an application to the Supreme Court for an order permitting them to make, or revoke, a Will in some exceptional circumstances.

A carer should talk to the **DCP case worker** if they think there may be special circumstances that warrant a child or young person in their care making a Will.



Children or young people who are missing or absent from placement

The [Family based carers: Missing or absent from placement fact sheet](#) (available on the DCP website at childprotection.sa.gov.au), provides full details of the responsibilities of carers in responding to children or young people who are missing or absent from placement.

Media campaigns/queries for missing children and young people

SAPOL may recommend a media campaign to help locate a child or young person, including a request to use a photograph of the child or young person. **DCP** will coordinate all requests for media campaigns.

If SAPOL have not recommended a media campaign but the carer believes that this would be beneficial, they should contact DCP to discuss this.

Missing or absent young people – Youth Justice Orders

In some cases, young people under a care and protection order may also have a Youth Justice Order specifying conditions such as naming people they need to be in contact with or where they are to live. If the young person is missing or absent, they may be in breach of these conditions.

The care and protection of the young person is the responsibility of DCP, while compliance with the conditions of a Youth Justice Order is the responsibility of the Department for Human Services. These agencies work together for the best interest of the young person.



Mobile phones and the internet

Mobile phone use

At times, a child or young person may ask for, or need, a mobile phone. This falls within the range of day to day decisions that all families must make. **Carers** are well placed to talk with children and young people about purchasing and setting up a mobile phone. As nearly all mobile phones can access the internet, when making this decision it is also important to consider a child or young person's use of social media and online activities.

Carers can talk to the child or young person's DCP case worker to discuss any safety concerns about a child or young person having a mobile phone.

Statement of Commitment Principle



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The decision for a child or young person to have a mobile phone can raise complex issues that need to be considered. A carer can speak with DCP about the impact a mobile phone may have on any Contact Determinations or how a child or young person's social media and internet use can be appropriately supervised.

Wherever possible, DCP should discuss giving a mobile phone to a child or young person with their carer in the first instance to ensure consistency with any household rules about device use.

Internet safety

The internet is a valuable information resource, communication tool and source of entertainment. It is important that we support children and young people to use the internet safely, responsibly and enjoyably. Depending on their age and level of vulnerability, regulation, monitoring, supervision and restriction may be appropriate when it comes to the use of the internet.

Carers are well placed to have conversations with children and young people about their access to and safe use of the internet and communication technology. Some things for carers to think about are:

- establishing family rules for safe and respectful internet use
- monitoring online use and locating computers in open family areas
- installing programs to block access to unsafe sites
- being familiar with current online activity and use
- requiring a young person to include the carer in online activity for example, as a friend on Facebook or as a follower on Instagram.

Safe social networking for children and young people

Social media is an increasingly common way for children and young people to communicate and connect with others. It is important that they are provided with guidance, information and supports to ensure that they are able to do this in a positive and safe way. **Carers** can take the lead in setting boundaries and supervising safe social media use.

Social media sites can be helpful for children and young people to maintain connections with others where appropriate and in accordance with any Contact Determinations made.

The minimum age for opening a Facebook, TikTok, Instagram, Pinterest, Tumblr, or Snapchat account is 13. Creating an account with false information is a violation of the terms of these networking platforms. This includes accounts registered on behalf of someone under 13 years of age. Some social media platforms (such as Messenger Kids) are designed for children aged under 13 years and can be monitored by an adult.

Dating sites and apps are generally not permitted to be used by anyone under 18 years.

Carers can speak with the child or young person's DCP case worker when deciding if contact with others through social networking is suitable, as there may be restrictions about who the child or young person is able to have contact with in an unsupervised capacity.

Posting images of children and young people on social media

Families often enjoy using social media to celebrate achievements and life experiences. However, it is important that carers consider the legal and privacy implications of using social media to post images and information about children and young people in their care. As each situation is unique, the decision whether or not to post photos of children and young people must be considered by a **carer** on a case by case basis, considering the risks involved in disclosing information such as the child or young person's school, extracurricular activities or social networks.

The *Children and Young People (Safety) Act 2017* makes clear that a child or young person's personal information must be kept confidential and should only be disclosed when it is necessary to those who need it. This is also reinforced in the Charter of Rights for Children and Young People in Care. This states that children and young people have the right to know and be confident that personal information about them will not be shared without good reason.

A common sense approach is to ensure that any commentary that accompanies a photo on social media does not include identifying references to the child or young person's care status.

This includes references to the child or young person as a foster child, or a child in care, a child subject to a court order or court proceedings or references to child protection involvement.

Children and young people have the right to express their views about matters that affect them and to be heard. For this reason, it is important that carers talk to the child or young person about whether they wish to have their photographs posted on social media. When appropriate, it may also be necessary to use the care team to seek the views of the child or young person's parents, extended family, the DCP case worker and other professionals about social media use.

Sometimes there are safety risks to a child or young person, and it is necessary to be extra cautious about posting information or photographs that may identify a child or young person's name or location. If a carer is unsure if there is a safety risk, they should talk to the DCP case worker or carer support worker.

Carers should ensure that the privacy settings on any social media platforms that they use are restricted and should limit access to photographs and information about a child or young person in care to their family and close friends only.

For further information on e-safety issues see:

www.esafety.gov.au

www.thinkuknow.org.au

School and extracurricular activity photos

As part of a school or extracurricular community (for example a sporting team), it is important for children and young people to be included in group photos and videos where it is safe and appropriate to do so.

A child or young person's participation in photos or videos may be agreed as part of the case planning process or during education planning meetings. Generally, as long as the child or young person is not identified as being under the guardianship of the Chief Executive, they may be included in:

- school and sport photos
- award ceremonies
- newsletters
- video recordings (such as recordings of a school play)
- photos and videos on school messaging and information apps.

The safety and wellbeing of the child or young person must be considered whenever photos or videos will be shared by a school. It is the responsibility of the **DCP case worker** to provide the Department for Education Information Sharing Form to a school and to ensure that the school and carer are aware of any special requirements to protect the safety of the child or young person. This may include when the location of the child or young person needs to remain confidential.

A carer should discuss the requirement for photos or videos to remain confidential, where required, with any sporting clubs or extracurricular groups to which a child or young person belongs.



Preparation for adulthood

Carers play an important role in preparing and supporting young people to transition from care into adult life and independence.

Transition from care planning

Plans to prepare and support a young person to transition from care should begin when the young person turns 15 years of age.

The **DCP case worker** is responsible for ensuring the young person's case plan includes actions to promote the young person's connection to their community and support to confidently enter adulthood. The young person and care team should be consulted when developing the case plan actions to plan for a transition from care.

All young people in care aged 16 and 17 are provided with a CREATE Go Your Own Way kit to help in the development of their case plans and to support them to transition to independence.

Statement of Commitment Principle



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Carers have an important role in developing and progressing the young person's case plan with the other members of the care team and supporting the young person to prepare for adulthood on a day to day basis.

This includes working with the DCP case worker to provide the young person with opportunities to learn about, and develop skills in, independent living and self-care such as:

- budgeting and managing money
- meal planning, shopping and cooking
- household tasks, such as cleaning and doing laundry
- using public transport
- learning to drive (see 'Learning to drive' at page 40 of this resource)
- maintaining their personal health and hygiene
- identifying and accessing services.

This further includes supporting the young person to:

- participate in social, recreational and leisure activities
- find and participate in suitable part-time employment and/or volunteering (see 'Employment and volunteering' at page 40 of this resource)
- identify their skills, goals and future plans for education, training and employment after they have finished school and/or left care.

Young people with NDIS plans

The **DCP case worker** is responsible for involving a DCP disability specialist to support young people with NDIS plans to transition from care into specialist disability supported arrangements. NDIS planning for a young person leaving care should be undertaken in consultation with the young person and the care team.

Employment and volunteering

Employment and/or volunteering positions are often good opportunities to build skills and confidence that will benefit a young person's overall development and wellbeing.

Young people should be supported to find and participate in volunteering and/or part-time employment, if this is not detrimental to the young person's health and development, and does not conflict or interfere with their schooling or other required plans.

The decision to commence part-time employment or volunteering should be made between the **young person and their carer**. Maintaining a good balance between work, home, school, homework, family and recreational activities is an important consideration when making this decision.

If a young person requires a Working with Children Check to work or volunteer with children, the carer should discuss this with the DCP case worker.

Employment with the Australian Defence Force

The approval of a **DCP supervisor** is needed for a young person to join the Australian Defence Force (ADF). The ADF comprises three armed services: the navy, army and air force, supported by the Department of Defence. The minimum age for entry is 17 years with guardian consent. A young person should talk to their DCP case worker if they are interested in joining the ADF.

Learning to drive

Obtaining a driver's licence requires a young person to progress through a series of supervised stages before they are able to obtain a full driver's licence. A new driver must first obtain a learner's permit which qualifies them to drive under the supervision of a fully qualified driver. As a driver grows in knowledge, skills and driving experience the restrictions on driving under supervision are gradually lifted through the provisional stages.

A young person can apply for a learner's permit at 16 years of age. A young person's decision to apply for a learner's permit, and then a provisional licence, can be made with their carer, in conversation with their DCP case worker. This should be recorded in the young person's case plan.

Carers are generally best placed to support a young person to get their learner's permit, to attend driving lessons and in some cases to supervise the young persons driving. If needed, the young person's DCP case worker can also provide assistance in finding other qualified supervising drivers.

In some cases, a DCP office may provide funding toward the cost of driving lessons and the fees associated with obtaining a learner's permit and provisional driver's licence. A carer should talk to the DCP case worker for additional information and consider the requirements of the **Exceptional resource funding procedure**, available at childprotection.sa.gov.au.

Housing, accommodation and living arrangements

It is important for the **DCP case worker**, their **carer** and the **young person** to work together to plan and arrange the young person's future living arrangements well in advance of their transition from care. This will help provide the young person with some stability and continuity as they prepare to move from living in care into their adult life and independence.

Continuing to live with their carer/s after they turn 18 years can provide young people with stability and belonging, which can in turn help them achieve better outcomes into adulthood. A decision to remain living with their carers after 18 years should be made between **the young person**, their **carers** and the **DCP case worker**.

If the young person cannot continue to live with their carer after they turn 18, the **DCP case worker** is responsible for working with the young person to identify and obtain housing/accommodation for a young person to move into.

Post-18 support

The **DCP case worker, carers and the young person** should consider their post-18 support needs throughout transition planning and record them in the case plan, including opportunities that may be available through the **Investing in their future initiative** (accessible through the DCP website at childprotection.sa.gov.au). Services and programs young people may be eligible for include emergency hospital transport by ambulance up to the age of 21 years, dental services up to the age of 25 years (for eligible young people) and access to a broad range of subsidised courses provided by Registered Training Organisations, including TAFE SA for young people 16 years and over who have been under a guardianship order.

Carers who continue to have young people live with them after they turn 18 years may be eligible to receive basic carer payments until the young person turns 21 through the DCP Stability Post Care Program. Carers of young people who continue to live with them and are participating in full-time secondary or tertiary education (or are participating at their maximum capacity) may be eligible to receive the basic carer payment and the quarterly education allowance, up until the young person in their care turns 25 years.

Carers who continue to have young people live with them after they turn 18 years can complete an **application form** with the young person for the DCP Stability Post Care Program, which is downloadable from the DCP website at childprotection.sa.gov.au. If required, a DCP case worker can submit a Stability Post Care Program application on a carer's behalf.

Carers may also support young people to contact Post Care Support Services, which provides information, support and assistance to young people who have left care, including those who continue to live with their carers after they turn 18.

Requests for DCP held information for care leavers

Young people who are aged 18 years or older and have left care can apply to access documents and information held by DCP, or consent to an 'authorised representative' making an application on their behalf. The **Provision of Information to Care Leavers Guideline**, which is downloadable from the DCP website at childprotection.sa.gov.au, outlines the process for making an application.



Child care, sleepovers, babysitting and respite care

Babysitting

There may be times when a carer needs to arrange a babysitter for a child or young person. Babysitting is considered occasional child minding, usually for a set period of hours at a time. A **carer** is able to make a decision to use an appropriate babysitter in situations when the babysitting arrangement is once-off and for 2 consecutive nights or less.

However, when it becomes necessary for a carer to engage a babysitter for more than 2 consecutive nights or on a more regular basis, and not just as a once-off arrangement, this must be discussed with the carer's support worker and the DCP case worker.

Working With Children Check

A Working With Children Check is not required for a babysitter who is engaged on a once-off basis when it is a personal arrangement between the babysitter and the carer (whether or not the arrangement involves payment to the babysitter).

However, where a person provides frequent, ongoing babysitting to a child or young person in care the **DCP case worker** will need to be advised of the babysitting arrangement and arrange for a Working With Children Check to be completed.

Overnight stays (up to 2 nights)

A child or young person's **carer** may consent to a sleepover **for up to two consecutive nights**.

Carers are generally well placed to consider the individual needs and behaviours of the child or young person to assess if a proposed sleepover is appropriate. Where a request is made for a child or young person to attend a sleepover **at the home of another approved carer**, approval must be sought from **the carer's support worker and the DCP case worker**.

When arrangements are made for a child or young person to attend an overnight stay with a sibling or a member of their extended family, the arrangements must align with the conditions specified in the child or young person's Contact Determination. An overnight stay arranged with a family member should not conflict with the frequency, duration or supervision requirements specified in a contact determination. A carer should discuss plans for any overnight stay with a child or young person's family with the DCP case worker, to confirm the proposed visit does not conflict with the Contact Determinations in place.

When arranging an overnight stay, there may sometimes be:

- grounds for concern that the child or young person may, through their own behaviour, put themselves or others at risk of harm
- other factors that would make an overnight stay difficult for a child or young person (such as a disability or medical condition).

These issues may be known by the DCP case worker at the commencement of the placement or may become known to the carer at some stage throughout the placement. In both of these circumstances, the DCP case worker and the carer should collaborate to develop strategies to manage potential risks that may be involved in an overnight stay. These strategies should be recorded in the child or young person's case plan.

If a carer is unsure about the appropriateness or safety of any proposed overnight stay for a child or young person, they should talk to the DCP case worker.

When consenting to a sleepover, a carer should use their judgement about how safe and appropriate it is for the child or young person to stay overnight in their friend's home. Some questions to guide decision making about a sleepover are:

- what does the child or young person think about the sleepover?
- is the child or young person sufficiently independent and settled to be separated from the carer overnight?
- what is known about the family where the sleepover is planned to occur?
- what are the standards of behaviour in the family?
- what supervision will there be at the sleepover?
- what are the sleeping arrangements?
- who else will be at the sleepover (for example, older siblings, extended family members or other people)?
- what activities are planned and are they age appropriate (for example, movies or games)?
- what is the plan if the child or young person needs to contact the carer during the sleepover, especially if they become worried?

Overnight stays (3 nights or more)

A carer should contact the DCP case worker if there is a plan for a child or young person to stay with another family for 3 nights or more. The DCP case worker must consult with a **DCP supervisor** to seek approval for these plans and to determine any additional conditions on a case-by-case basis. The decision to provide consent will be guided by the principle that, as far as possible, children and young people in care should be able to do the same things as their peers in the wider community.

Working With Children Check

If a child or young person attends occasional overnight stays with a specific family, the adults of the household are not required to complete a Working With Children Check.

However, if a child or young person attends an overnight stay with a specific family on a regular basis, the carer should raise this with the **DCP case worker** to consider if a Working With Children Check is required.

Child care

Child care can include long day care, family day care and occasional care. High-quality child care can have a positive impact on a child's short and long-term learning and development. It can also make it possible for a carer to work, study, volunteer, attend training or to take a break.

The decision for a child to attend child care for a specified number of hours or days should be approved by the **DCP case worker**. This agreement should be clearly recorded in the child's case plan.

The Australian Government's Child Care Subsidy, Additional Child Care Subsidy (Child Wellbeing) and Additional Child Care Subsidy (Grandparent) may help with the cost of approved and registered child care. DCP staff can support carers and parents to access the Australian Government financial assistance for which they are eligible. Agreements reached about the payment of child care fees should be clearly recorded in the child's case plan.

For more information see [Child care assistance for carers](#), available on the DCP website at childprotection.sa.gov.au.

Respite care

Respite care occurs when a child or young person spends short, planned, regular or one off agreed periods with a DCP approved carer who is not their primary carer (including day respite arrangements). This is different to arranging for a child or young person to have a sleepover at a friend's house or occasionally using a babysitter. Potential respite care arrangements must be discussed with the **DCP supervisor** and approved prior to commencing.

Respite care placements can:

- provide an opportunity for carers to be refreshed
- give carers an opportunity to attend to other personal and family matters
- support placements, especially where children and young people have special and/or high needs
- provide children and young people with the opportunity to expand their caring network
- help to maintain a child or young person's connection with other people in their life, their communities, Country and culture
- give siblings who are placed separately an opportunity to spend regular time together.

Respite care is usually formally planned and recurring but may sometimes occur in emergency situations such as when a primary carer is admitted to hospital, or a family emergency arises. Emergency respite care needs to be approved by the **DCP supervisor**.

Longer-term alternative care arrangements, or placements away from a primary carer for **longer than 21 nights duration**, are not respite care arrangements and will need to be discussed with the **DCP supervisor**.

All approved respite care arrangements should be recorded in the child or young person's case plan.

See the [Respite Policy](#) (available on the DCP website at childprotection.sa.gov.au) for more information about considerations and approvals for respite care arrangements.



Travel, recreation and sport

Travel within South Australia

A **carer** can take a child or young person for trips and holidays within South Australia, where the travel does not conflict with the child or young person's case plan or family contact arrangements. A carer should let the DCP case worker know of travel plans, so that DCP can keep a record of contact details and travel dates.

Interstate travel

Interstate day trips

A child or young person in care may need to travel interstate for a day trip for a range of reasons. For example, when a child or young person lives close to a state border and needs to travel interstate to go shopping, play sport or to visit family and friends.

A **carer** can take a child or young person on an interstate day trip.

There may be special circumstances that could have an impact on a child or young person being able to travel interstate on a day trip, for example, when a child or young person has medical needs and must remain in close proximity to emergency medical services. In these cases, the DCP case worker and the carer should jointly develop strategies to manage the potential risks of a trip.

Interstate trips involving overnight stays

If the proposed interstate travel involves overnight stays, approval from a **DCP supervisor** is required. On these occasions, the carer should contact the DCP case worker as soon as possible to discuss the proposed travel arrangements, to ensure there is enough time for approval to be provided.

When a child or young person is placed under a short-term guardianship or custody order, the DCP case worker should discuss the proposed travel arrangements with the child or young person's parents, where possible and appropriate.

What information will help DCP make a decision about an overnight, interstate trip:

- ☐ **Travel details:** purpose, destination and dates of trip, who will be the supervising adult and contact details for the supervising adult and child or young person.
- ☐ **Case plan:** will the trip have an impact on the child or young person's case plan? For example- family contact, attendance at significant family, cultural, sporting, school events, medical or counselling appointments and the child/young person's reunification plan?
- ☐ **Schooling:** will the trip have an impact on schooling?
- ☐ **Views of the child or young person:** How does the child or young person feel about the proposed travel?
- ☐ **Special arrangements:** Does the child or young person have any medical requirements, special care or dietary needs that should be taken into account?
- ☐ **Cost:** Is the carer covering the costs involved or are there costs that require a financial contribution from DCP? Carers should discuss costs for proposed travel with the DCP case worker and refer to the [Carer Support Payments handbook](#) and the [Carer Reference - Who pays for what?](#) for more information. These resources are available from the DCP website at childprotection.sa.gov.au.

Frequent interstate travel involving overnight stays to the same location

Some children and young people have regular trips interstate that involve overnight stays.

This may be because:

- the child or young person, or their carer, has relatives interstate
- the child or young person receives medical care or specialist appointments interstate
- the child or young person needs to travel interstate to traditional land or Country to attend significant cultural events or funerals.

In these circumstances, carers are encouraged to talk to the DCP case worker about obtaining a **letter of approval from DCP**. This can give a carer permission to travel to a specific interstate destination with a child or young person on trips that involve overnight stays, without needing to obtain consent from DCP on every occasion. A letter of approval must be reviewed and reissued every 12 months.

Example

Alice is a carer who lives in Adelaide, South Australia. Alice's mother lives in Warrnambool, Victoria and is in poor health. It is often necessary for Alice and her family to travel to Warrnambool at short notice.

In this example, Alice should talk to the DCP case worker about obtaining a letter of approval giving written permission for Alice to travel with a child or young person who is in her care to Warrnambool when needed for an agreed period of time.

Overseas travel

The approval of a **DCP regional director** is required for a child or young person in care to travel overseas. This approval is to be sought as early as possible prior to the planned departure date to ensure there is enough time for approval to be provided. Travel bookings should not be made until approval has been granted.

A carer should contact the DCP case worker to discuss the proposed overseas travel arrangements. In seeking approval from the regional director, the DCP case worker will consult with the child or young person's parents to seek their views about the proposed overseas travel plans. Consideration of a request for overseas travel should be processed in a timely manner to provide carers with an outcome as soon as possible.

What information will help DCP make a decision about an overseas trip:

- ❑ **Travel details:** purpose, destination and dates of trip, who will be the supervising adult and contact details for the supervising adult and child/young person.
- ❑ **Travel advice:** Does the Australian Government's Department of Foreign Affairs and Trade *Smart Traveller* website contain any related travel warnings and is a risk management / safety plan in place? (See smartraveller.gov.au)
- ❑ **Case plan:** will the trip have an impact on the child or young person's case plan? For example- family contact, attendance at significant family, cultural, sporting, school events, medical or counselling appointments and the child/young person's reunification plan?

- ❑ **Schooling:** will the trip have an impact on schooling?
- ❑ **Views of the child or young person:** How does the child or young person feel about the proposed travel?
- ❑ **Special arrangements:** Does the child or young person have any medical requirements, special care or dietary needs that should be taken into account?
- ❑ **Cost:** Is the carer covering the costs involved or are there costs that require a financial contribution from DCP? Carers should discuss costs for proposed travel with the DCP case worker and refer to the [Carer Support Payments handbook](#) and the [Carer Reference - Who pays for what?](#) for more information. These resources are available from the DCP website at childprotection.sa.gov.au.

Passport applications

All children and young people in care should have the opportunity to obtain a passport. A passport provides children and young people with immediate opportunities to travel overseas. It is also an important document that can help to verify a child or young person's identity when they first seek access to a range of services and benefits.

A **DCP manager** must provide approval for an application for a child or young person in care to obtain a passport.

The **DCP case worker** will apply for a passport on behalf of the child or young person. A passport application for a child or young person in care can sometimes be a complex and lengthy process. This is because there are requirements for obtaining the consent of all people with parental responsibility for the child or young person before the passport can be issued. As part of the passport application process, evidence of the Australian citizenship of the child or young person's parents is also required. If this is not available, DCP will need to apply to the Department of Home Affairs for proof of citizenship; a process which can take several weeks.

An application for a passport can commence at any time and should occur well in advance of making overseas travel plans. Carers should not make travel bookings until a passport has been issued and travels plans have been approved through the appropriate channels by **DCP** (see 'Overseas travel' at page 46 of this resource).

Recreation and sporting activities

Low-to-moderate risk recreational and sporting activities

A **carer** can consent to a child or young person participating in sporting and recreational activities that are of low-to-moderate risk. Some examples of low-to-moderate risk activities include athletics, swimming, football, netball, hockey, ice-skating and skate boarding.

A carer should contact the DCP case worker if they are unsure whether an activity is low to moderate risk.

A carer should ensure that an organisation running a sport or recreational activity has child safe environment policies and procedures in place and those within the organisation working with children or young people have a Working With Children Check. The DCP case worker can be approached to assist the carer in confirming that an organisation holds the relevant checks.

Higher-risk recreational and sporting activities

The approval of a **DCP supervisor** is needed for a child or young person to participate in a sporting or recreational activity that involves a higher risk of harm.

Whether an activity involves a “higher risk of harm” is discretionary and subject to age and the environment where the activity is occurring. Some examples of higher-risk activities might include abseiling, motorbike or quad bike riding, parachuting, hang gliding, bungee jumping, white-water rafting and scuba diving.

In making a decision about a child or young person’s participation in a higher-risk sporting or recreational activity, the DCP supervisor may consider:

- the views of the child/young person, parents and carer about participation in the activity
- the suitability of the activity in relation to the child/young person’s age, developmental level and experience
- the risks involved
- the qualification of the organisation or individuals providing the activity (including whether the organisation has appropriate child safe policies and procedures in place and required Working With Children Checks)
- protective strategies to minimise the level of risk (for example, adult supervision and the supply and use of safety equipment).

Useful contacts

Review and complaints	
<p>DCP Central Complaints and Feedback Management Unit</p> <p>The DCP Central Complaints and Feedback Management Unit can provide advice about making a complaint or seeking a review of a decision made by DCP.</p>	<p>t: 1800 003 305</p> <p>e: DCPComplaintsandFeedback@sa.gov.au</p>
<p>South Australian Civil and Administrative Tribunal (SACAT)</p> <p>SACAT is a State tribunal that helps South Australians resolve issues within specific areas of law, either through agreement at a conference, conciliation or mediation, or through a decision of the Tribunal at hearing.</p>	<p>t: 1800 723 767</p> <p>e: sacat@sacat.sa.gov.au</p> <p>w: sacat.sa.gov.au</p>
<p>Ombudsman SA</p> <p>The Ombudsman South Australia is an independent review body that investigates complaints about South Australian government and local government agencies.</p>	<p>t: 1800 182 150</p> <p>e: ombudsman@ombudsman.sa.gov.au</p> <p>w: ombudsman.sa.gov.au</p>
Support for children and young people	
<p>The Guardian for Children and Young People (GCYP)</p> <p>GCYP is a monitoring and advocacy body for children and young people in care. In some circumstances, GCYP can directly represent the voice and views of children and young people if there is a need for an independent advocate.</p>	<p>t: 1800 275 664 or 8226 8570</p> <p>e: gcyp@gcyp.sa.gov.au</p> <p>w: gcyp.sa.gov.au</p>
<p>The Commissioner for Children and Young People</p> <p>The Commissioner for Children and Young People is an independent statutory office. The Commissioner promotes and advocates for the rights, development and wellbeing of all children and young people in South Australia.</p>	<p>t: 08 8226 3355</p> <p>e: CommissionerCYP@sa.gov.au</p> <p>w: ccyp.com.au</p>
<p>The Commissioner for Aboriginal Children and Young People</p> <p>The Commissioner for Aboriginal Children and Young People is an independent statutory office. The Commissioner promotes and advocates for the rights, interests and wellbeing of Aboriginal and Torres Strait Islander children and young people in South Australia.</p>	<p>t: 08 8226 3353</p> <p>e: CommissionerACYP@sa.gov.au</p> <p>w: cacyp.com.au</p>
<p>The CREATE Foundation</p> <p>The CREATE Foundation is the national consumer body representing the voices of children and young people with an out-of-home care experience.</p>	<p>t: 1800 655 105</p> <p>e: sa@create.org.au</p> <p>w: create.org.au</p>

Support for carers

Connecting Foster and Kinship Carers SA (CF&KCS-SA)

CF&KC-SA is the peak representative body for foster and kinship carers (Carers) in South Australia. CF&KC-SA aims to improve the lives of children and young people in care through the provision of services valuing and supporting carer families to sustain strong and positive relationships.

t: 1800 732 272

e: support@cfc-sa.org.au

Aboriginal and Torres Strait Islander services and agencies

Aboriginal Family Support Services (AFSS)

AFSS is the lead Aboriginal foster care agency in South Australia. It also provides a range of family support programs in South Australia including Circle of Security- Parenting, Seasons for Healing (grief and loss program), Healthy Homes, Resilient Families, Reunification, Targeted Intervention, Aboriginal Gambling Help Services and a broad range of cultural services.

t: 8205 1500

e: afss@afss.com.au

w: afss.com.au

Watto Purrinna Aboriginal Primary Health Care Service

Watto Purrinna Aboriginal Primary Health Care Service provides a free comprehensive program of culturally sensitive services across Adelaide's northern and central regions. 'Watto Purrinna' is a Kaurna term meaning 'the branch of life'.

t: 8182 9206

Nunkuwarrin Yunti of SA Inc. - Health Services

Nunkuwarrin Yunti is the largest Aboriginal community controlled health service in South Australia. It offers a wide range of primary health, social and emotional wellbeing, health promotion and health training and development services to Aboriginal and Torres Strait Islander people.

t: 08 8406 1600

Nunkuwarrin Yunti's Link-Up SA Program

Nunkuwarrin Yunti's Link-Up SA Program provides family tracing, reunion and counselling services to Aboriginal and Torres Strait Islander people and their families who have been separated under past policies and practices of the Australian Government. Assistance is also provided to people over the age of 18 years who have been adopted, fostered or raised in institutions.

t: 08 8406 1600

e: nunku@nunku.org.au

DeadlyKidsSA

DeadlyKidsSA aims to support Aboriginal children and young people to be happy, healthy and strong by providing a number of different activities to promote the health and wellbeing of Aboriginal children or young people and their families across South Australia. Its activities include supporting fun and healthy cultural events such as the annual Strong Aboriginal Children's Health Expo and the provision of "Get Set, Go!" backpacks through the Aboriginal Children's Backpack program.

e: HealthDeadlyKidsSA@sa.gov.au

Legal services

Legal Services Commission

The Legal Services Commission's telephone advice line can provide general legal information and advice. The advice line operates Monday to Friday between 9am-4.30pm.

Legal information and advice can also be obtained from the Legal Services Commission's online chat facility (Legal Chat), which also operates Monday to Friday between 9am-4.30pm and is accessible through the Legal Service Commission's website.

t: 1300 366 424

w: lsc.sa.gov.au

Aboriginal Legal Rights Movement (ALRM)

ALRM can offer legal representation and advice for those that meet their eligibility criteria. A duty solicitor can be contacted from Monday to Friday between 9am-5pm.

t: 8113 3777 or **free call:** 1800 643 222

e: CivilFamilyLaw@alrm.org.au

w: alrm.org.au

Alternative DCP contacts

DCP After-Hours line

Carers can call the DCP After-Hours line where they require consent to a decision outside of business hours. Calls can be received from 4pm-9am the next day on weekdays and throughout the entirety of weekends and public holidays.

Carers should contact their allocated DCP case worker to seek required approvals during business hours.

t: 13 16 11

Glossary of terms

Carer	Foster, kinship and specific child only carers.
Care team	Members of the child or young person's care team can include the child or young person, family, carer(s), carer support agencies, DCP case worker and care partners involved in the development of the case plan.
Case worker	<p>The person responsible for supporting the child's placement and making sure that the conditions of the child's guardianship order are carried out. The case worker in a matter may also be a registered social worker.</p> <p>It is expected that every child or young person under the guardianship of the Chief Executive is allocated a DCP case worker.</p>
Chief Executive	<p>The Chief Executive of the Department for Child Protection and the delegated decision-maker for certain high level decisions involving children and young people in care.</p> <p>All children under guardianship orders are legally under the guardianship of the Chief Executive, who then shares decision making ability with those involved more directly in a child or young person's care (including carers).</p>
Children or young person	A child or young person under the age of 18 years.
Child or young person's case plan	<p>Section 28 of the <i>Children and Young People (Safety) Act 2017</i> (the Act) requires that each child or young person in care pursuant to the Act have a case plan that is developed and maintained in partnership with the child or young person, families, carers and relevant professionals. A case plan must include the following parts as may be relevant to the child or young person's circumstances:</p> <ul style="list-style-type: none"> • decisions made at a family group conference • a cultural maintenance plan • a reunification plan • contact arrangements • how disputes about matters included in the plan are to be resolved • a physical health plan • a mental health and emotional wellbeing plan • an education and development plan
Deputy Chief Executive	The Deputy Chief Executive of the Department for Child Protection and the delegated decision-maker for certain high level decisions involving children and young people in care.
Department for Child Protection (DCP)	The South Australian Government's statutory child protection service agency.

DCP manager	The manager of a DCP office, responsible for providing oversight of supervisors, social workers and case workers. Certain high-level decisions, such as approving an application being made for a passport, can only be made by a DCP manager.
DCP Multicultural Services	A specialist team within DCP that offers culturally-informed consultations and advice with respect to children and young people from culturally and linguistically diverse backgrounds.
DCP regional director	The director of a region of DCP offices. Certain high-level decisions, such as approving overseas travel, can only be made by a DCP regional director.
DCP supervisor	The supervisor of a team of case workers and social workers. Many decisions, such as approval for certain medical procedures, can only be made by a DCP supervisor.
Family based care	Children or young people in care living with foster, kinship and specific child only carers.
Guardianship of the Chief Executive	<p>The Chief Executive of the Department for Child Protection is the child or young person's legal guardian.</p> <p>Guardianship is ordered by the Youth Court of South Australia and may be for a period of up to 12 months or until the child or young person turns 18 years of age.</p>
National Disability Insurance Scheme (NDIS)	The National Disability Insurance Scheme provides people with a permanent and significant disability with funding and supports for services.
NDIS Plan	A NDIS Plan is a written agreement developed with a person with disability or their nominee and includes supports to meet their needs and personal goals.
National Immunisation Program (NIP)	<p>The NIP was set up by the Commonwealth and state and territory governments in 1997 and aims to increase national immunisation coverage to reduce the number of cases of diseases that are preventable by vaccination in Australia.</p> <p>The NIP is available for babies, young children, teenagers and older Australians. The program also targets people of all ages who are at greater risk of serious harm from certain diseases.</p>
Parent and family	The child or young person's immediate and extended family of origin.
Practice leader	A specialist social work consultant that provides expert advice in complex matters where required.
Principal Aboriginal Consultant	A specialist cultural consultant that provides expert cultural advice in matters involving Aboriginal and Torres Strait Islander children and young people.

Regional Disability Support Officer	A specialist consultant that provides expert disability advice in matters involving a child or young person with a disability.
Reunification	The planned process of reconnecting children and young people safely with their families through providing services and supports to the child or young person, their families and their carers.
Respite care	Agreed periods of regular, short, or planned time that a child or young person spends with another carer other than their primary carer. This could be regular weekends, school holidays or one-off overnight stays.
Social worker	A DCP worker with accreditations as a social worker, who will typically undertake case management responsibilities. A social worker is capable of exercising the same decision making powers as a case worker and may have additional decision making responsibilities not shared by case workers.
South Australian Civil and Administrative Tribunal (SACAT)	SACAT is a State tribunal that helps South Australians resolve issues within specific areas of law, either through agreement at a conference, conciliation or mediation, or through a decision of the Tribunal at a hearing. In particular, SACAT has jurisdiction to hear reviews of decisions under Chapter 7 of the <i>Children and Young People (Safety) Act 2017</i> (excluding Part 4 of that Chapter) that have already been subject to an internal review by DCP.
Working With Children Check	Working With Children Checks are an essential mechanism in protecting South Australia's children and young people from harm. The checks are conducted by the Department for Human Services Screening Unit.

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