

# Interagency Code of Practice

**INVESTIGATION OF SUSPECTED CHILD ABUSE OR NEGLECT**



**Government  
of South Australia**

# Interagency Code of Practice: Investigation of suspected child abuse or neglect (ICP)

This edition of the ICP was developed by a committee representing the following agencies:

- Department for Education and Child Development
- Families SA
- Attorney-General's Department
- Department for Communities and Social Inclusion
- South Australia Police
- Office of the Director of Public Prosecutions
- SA Health
- Commissioner for Victims' Rights
- The Guardian for Children and Young People
- Child Protection Services, Adelaide Women's and Children's Hospital (Women's and Children's Health Network)
- Child Protection Services, Flinders Medical Centre (Southern Adelaide Local Health Network).

This edition of the ICP is also endorsed by the following non-government organisations/associations:

- Catholic Education South Australia
- Association of Independent Schools of South Australia
- Nganampa Health Council
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council
- Teachers Registration Board of SA.

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Requested updates and amendments to this document should be directed to Families SA, phone 8124 4185.

# Preface

The Interagency Code of Practice (ICP) describes how agencies and organisations investigate suspicion of child abuse and neglect. The quality of this investigative response will influence the speed with which a child is protected from further harm and the likelihood of them receiving the long-term support and/or services necessary for their recovery. It will also influence the successful identification and prosecution of people who abuse or neglect children, the identification of other victims and/or the identification of parents whose difficulties in protecting their children might be resolved.

It is important therefore that everyone involved in following the ICP appreciates how significantly the investigation of child abuse and neglect can contribute to its prevention.

The ICP will continue to be reviewed to ensure its information and operating instructions are current and reflect best practice. This edition represents the third revision since it was first published in 2001. To date, the pattern of ICP revisions reflect:

- an increased appreciation of the range of practitioners who contribute to an effective response
- increased recognition of children's vulnerability in the ICP processes including as witnesses
- more balanced attention to all forms of child abuse and neglect
- the central importance of the strategy discussion in identifying the scope of actions required to protect children from further harm.

The revisions also reflect learning and reform generated by state reviews and inquiries, most notably the 2003 child protection review *Our Best Investment: A State Plan to Protect and Advance the Interests of Children*, the 2008 *Children in State Care Commission of Inquiry and Children on APY Lands Commission of Inquiry*, and the 2013 *Royal Commission Independent Education Inquiry*.

This edition of the ICP replaces the APY Lands Child Protection Protocols for the Investigation and Assessment of Suspected Child Abuse and/or Neglect 2010. The decision to retire the 2010 protocols was made in July 2015 by the agencies and organisations involved in responding to allegations of child abuse and neglect arising on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands. Those agencies and organisations decided that consistent responses to all children across South Australia (SA) are better achieved when everyone follows a single code of practice.

In 2009 responsibility for updating the ICP transferred from the Attorney-General's Department to Families SA.

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# Essential understanding

## PURPOSE

The ICP's purpose is to provide, in one document, the key actions practitioners need to take when they are involved in an investigative response to suspected child abuse or neglect.

The actions include specific considerations that must be made at various stages of the ICP process. These considerations are foremost about operating in children's best interests and protecting them from harm. They are also about supporting an effective criminal justice response for victims. One of the challenges in the ICP process arises when these considerations may be in conflict, eg securing a child's immediate safety may traumatise a child or may weaken an investigative goal.

The ICP sets out how an interagency team should operate to meet the responsibilities and address the complications inherent in this work. Urgent, high-risk and complex decisions are best taken in partnership rather than in isolation, and they are more likely to be effective when based on all available relevant information.

## SCOPE

The ICP applies to:

- all circumstances of child abuse and neglect, both intra-familial and extra-familial and committed by either adults or children.
- practitioners of government agencies and non-government organisations (receiving state and/or Australian Government funding) who are responsible for the practice outlined in the ICP, or whose involvement/information is essential to the ICP's purpose.

## PRINCIPLES AND CONCEPTS

The following principles and concepts are essential understanding for ICP practitioners:

- vulnerability
- information sharing
- rights of children
- possibility of other victims
- responsibility to inform
- serious sexual behaviour involving children.

## VULNERABILITY

A child or young person of any age, race, culture, religious/social community or residential location can experience abuse or neglect. Some populations of children and young people, however, are considered to be vulnerable in general and the risk of abuse or neglect is part of that vulnerability.

The following is a non-exhaustive list of children's 'circumstances' in which vulnerability is inherent:

- Babies and very young children
- Children with disabilities
- Children in care
- Homeless children and those who run away/abscond
- Children in detention
- Children already abused or neglected
- Children who experience chronic lack of supervision
- Children who are socially or geographically isolated and/or living in poverty
- Children, including those newly arrived to Australia, with fractured or unclear family support/trauma associated with the experience of persecution, violence and war/language barriers/dislocation from cultural and emotional support.

Practitioners are responsible to limit, in every way possible, the disadvantages faced by vulnerable children and to use all agreed measures that afford them improved equity in the ICP processes. Those involved in interviewing vulnerable children and supporting them through the court process must be familiar with the guidelines Supporting Vulnerable Witnesses in the Giving of Evidence: Guidelines for Securing Best Evidence, which are available on the Attorney-General's Department website at [www.agd.sa.gov.au](http://www.agd.sa.gov.au)

It is important to recognise and counter the vulnerability faced by all children and individuals, but the needs of the following three groups are especially acknowledged and highlighted in the ICP, based on their over-representation in child protection statistics and the nature of their vulnerability.

## Children with disabilities

Children with disabilities may face particular challenges at all stages of the ICP process and it is the responsibility of all practitioners to limit the impact of these wherever possible. A disability does not mean that children are incapable of providing credible and reliable evidence but it may mean they will need varying degrees of assistance to convey their experiences, provide their evidence and ensure it is heard.

Children with intellectual and/or communication disabilities are particularly vulnerable to abuse and neglect. They may have difficulties in explaining or indicating their experience of abuse or neglect in ways ordinarily relied upon by practitioners, and this is why offenders might specifically target them.

All children with disabilities and particularly those with intellectual and/or communication disabilities have a right to expert assistance and additional support that will ensure they receive equal access to care and justice.

As of 1 July 2016, children with complex communication needs are entitled to a communication partner and/or use of a communication device for Child Protection Services (CPS) and South Australia Police (SAPOL) interviews and in court proceedings. The communication partner is a trained, independent volunteer approved by the Minister to facilitate communication between vulnerable witnesses with complex communication needs and others in the criminal justice process. Communication partners will be available through the Communication Partner Service managed by Uniting Communities. If a registered communication partner is unavailable or unsuitable, CPS and SAPOL can at their discretion use a communication assistant, that is a person who is available and suitable to provide communication assistance. This will be on a case-by-case basis.

## Aboriginal children

Many of the vulnerabilities faced by Aboriginal children are shared by other populations of children. However some Aboriginal children face an aggregation of vulnerability, eg a disability, lack of adult supervision, previous abuse or neglect and living in a remote community.

Practitioners must appreciate that in addition to these potential vulnerabilities Aboriginal children and their families are impacted by a history of past injustices. The toll of these injustices continues to affect the health, wellbeing and hopefulness of Aboriginal families, and practitioners must have empathy towards this cumulative harm and its direct and indirect impact on children.

Practitioners need to work hard to establish the trust and cooperation of the protective adults in Aboriginal families and communities as one way of acting in the best interests of Aboriginal children.

Appendix A provides information about considerations when working with Aboriginal people and relevant principles and provisions of the *Children's Protection Act 1993*.

## Children in care

With few exceptions, the decision to take children into the care of the state is because they have already been subject to serious abuse and neglect. In general terms they are vulnerable to further abuse by others because they may:

- have difficulty recognising the wrongfulness of abusive behaviour
- submit to violent relationships
- have levels of emotional need/dysfunction that makes them targets for grooming
- fear perceived consequences of disclosing their experiences
- exhibit sexually problematic behaviour, which can attract the predatory behaviour of others.

It is important to appreciate that the above vulnerabilities can persist, even with stable placements, good care and consistent schooling and support. It is also important to note that within this population, children with disabilities and Aboriginal children are over-represented and so an aggregation of vulnerability is experienced.

SAPOL, the Families SA Care Concerns Management unit and the Department for Communities and Social Inclusion (DCSI) Care Concerns Investigation are required to advise the Guardian for Children and Young People (GCYP) when allegations of sexual abuse involve children in care. The monitoring and advocacy role of the GCYP and the Charter of Rights for Children and Young People in Care are outlined on the GCYP's website [www.gcyp.sa.gov.au](http://www.gcyp.sa.gov.au)

## INFORMATION SHARING

The quality of the information that agencies and organisations share with each other is essential to the effectiveness of the ICP.

The importance of information sharing begins with how people acquire suspicion or knowledge of child abuse and neglect. It continues through the assessment, investigation and prosecution stages, and it remains of ongoing importance to how effectively a child or young person is protected from further abuse and assisted to recover.

Consequently, of all the areas of common understanding that are assumed in the ICP, it is knowledge and confidence about information sharing

that is the most important. It is central to the effectiveness of the strategy and outcomes discussions and to ongoing case management (Sections 3 and 6).

### Information Sharing Guidelines (ISG)

South Australia established the Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG) to give government and non-government providers of human services a single state-wide protocol to follow.

First approved by Cabinet in 2008, the ISG was subsequently expanded in its scope and approved again by Cabinet in 2013 to apply to all members of the SA community. This expanded scope means the ISG is used by sectors involved with the issues commonly underlying child abuse and neglect – domestic violence, mental health, drugs and alcohol, disability and homelessness. The information and expertise available in these sectors can play a pivotal role in the ICP process.

The ISG provides a simple flow chart of information sharing actions and decisions to help ensure the responses to serious risks to safety remain focused on those risks – and are not compromised by misunderstandings about privacy or confidentiality. This is critical to the work of the ICP where confusion or insecurity about what information should be sought or shared may mean that abuse isn't exposed, or a prosecution is unsuccessful or opportunities to protect a child from harm are missed.

Practitioners should be aware that the provisions allowing for disclosure of personal information, where it is unreasonable or impracticable to obtain the individual's consent, are complementary between jurisdictions. The basis for disclosure (most relevant to the ICP) is generally described as a necessity to lessen or prevent a serious threat to the life, health or safety of any individual, or to public health or safety. This is important when practitioners are liaising with federally funded agencies and with other states. Barriers to information sharing should not arise if parties are clear about the purpose of the information sharing and the specific information relevant to that purpose.

A focus on legitimate purpose and relevance is helpful in resolving disagreements between agencies about what can be shared. It is also helpful in supporting practitioners to operate within the legislation that governs their work. For example, if Families SA is seeking to place a child in a kinship care arrangement the legitimate purpose for seeking information from SAPOL is to protect the child from known risks to their safety, if placed in that situation. The relevant information SAPOL can provide to meet that purpose is to advise if there are or are not risks. In this way SAPOL can protect a child from residing with an individual who may be on the Australian National Child Offender Register (ANCOR) register – without breaching the law governing their disclosure of that information.

### Key requirements of the ISG

- Verify the identity of the person with whom you are sharing personal information
- Seek the consent of children and adults wherever safe and practicable to do so
- If consent can't be sought or is refused, continue to share information necessary to prevent serious risks to safety
- Ensure information is secure, provided in a timely manner, accurate and only includes information relevant to the purpose
- Follow your agency's appendix for approval and record-keeping requirements.

The ISG flow chart and practice guide is provided in full in Appendix F.

The practical arrangements for the transfer of information in the form of transcripts, recordings etc are outlined in Section 7.

Note: The ISG do not apply to the Courts Administration Authority, the Crown Solicitor's Office, the Office of the Director of Public Prosecutions, the Legal Services Commission and members and officers of courts and tribunals.

## RIGHTS OF CHILDREN

Practitioners following the ICP are required to understand and respect a number of core principles in their work with children. In general, these principles mean acting in a child's best interests (See 'Explanation of terms' in Section 1.). For the purposes of the ICP this includes the below information.

### Seeking children's views about decisions that affect them

This is an important contribution to a child's 'best interests' because it affirms their right to contribute to, and where possible, control matters affecting their lives. This should happen at all stages of the investigation of suspected abuse or neglect and wherever appropriate should be discussed as the 'seeking of a child's consent'.

The recommended way to assess whether a child has understood the implications of their consent is to ask them to tell the practitioner in their own words:

- what the request or suggestion is and why it has been made
- what they understand will happen if they do or do not give consent, and
- why they have either given or withheld their consent.

The clarity and consistency of the answers given to these questions will help determine whether or not a child's consent is genuinely informed.

Note: a child's safety will always override other principles including the obtaining of consent.



## Access and equity

Disability experts, child advocates, cultural representatives, witness assistants, communication assistants and interpreters must be appropriately employed to assist children whose views and experiences are difficult for practitioners to understand and to therefore properly reflect in their implementation of the ICP.

This responsibility applies at all stages of the ICP including during trial, and to all the circumstances that create a difficulty for children whether it is age, language, culture, disability or some other factor.

Challenges to ensuring access and equity also arise for children living in rural/remote communities and those where access to services is limited relative to other locations. A tension can exist between children's rights to have timely access to support and the impact of achieving that when it involves removing them from their home.

Respecting children's different needs based on culture, disability or the remoteness of their community means having identical aims for those children but finding different ways to achieve them. It means being flexible and open to using different methods to provide access and equity. For example, in a remote community it may mean relying on a sound record of disclosure by a child to a professional such as a health worker or teacher as justification to take immediate protective actions as opposed to delaying actions until someone with statutory powers can speak with the child.

The principles governing the treatment of victims apply to victims of all ages. The principles are set out in full in Appendix D.

## Limiting further trauma

Any stage of the investigative response to child abuse and neglect can be traumatising for children. However, practitioners can help prevent further trauma by:

- limiting the number of times children need to be interviewed. This relies in part on all practitioners following best practice when listening, observing, interviewing and recording and by accepting sound records of disclosure provided by other practitioners
- recognising that children are vulnerable witnesses. This means ensuring that all available special arrangements at trial are utilised to remove or at least reduce trauma – eg closed court, audio visual links, use of screens, special access and egress of the court building and all other permitted and practicable arrangements
- recognising the likelihood that at certain stages child victims might assume responsibility for their abuse or for the incarceration of family members or family friends. These are profoundly damaging responses for which children need long-term understanding and support to overcome.

## Assisting recovery

Children and their protective parents have a right to information relevant to children's immediate and long-term health and wellbeing needs. It is not appropriate to delay the offer of therapeutic or counselling services to children who have experienced abuse or neglect based on concerns that it may impact the justice response.

Practitioners are responsible to ensure that other services involved in providing support to a child or protective parent are given information:

- relevant to the service provider being able to meet the child's needs
- necessary for the service provider to avoid compromising an investigation and trial.

CPS and other counselling or therapeutic services play extremely important roles in helping protective parents understand how to support their child without interrogating them. This consistent advice also protects against tainting a child's evidence.

Legislative provisions aimed at protecting the identity of accused persons and child victims or offenders (sections 69A and 71A of the *Evidence Act 1929* and sections 13(1) and 63C of the *Young Offenders Act 1993*) relate to the publication of names or of information that would identify specific people protected by those sections.

These legislative provisions do not prohibit private and confidential communication between practitioners who are responsible to establish protections and interventions for children – such as the provision of advice, counselling or therapeutic services.

## POSSIBILITY OF OTHER VICTIMS

The responsibility to consider the possibility of other victims applies to cases of intra-familial and extra-familial abuse or neglect. This responsibility is considered and recorded as part of the strategy discussion. See Section 3.

The test to be applied when agreeing to act on this possibility is 'that there are reasonable grounds for suspecting that there might be other victims' (South Australia Royal Commission 2012-2013 Independent Education Inquiry, report para 591). See a full description of this responsibility in Section 4.

## RESPONSIBILITY TO INFORM

A number of authorities and persons will need to be informed about suspected abuse and neglect in order to:

- assist in the identification of possible victims, as per the above principle
- safeguard other children exposed to an alleged offender
- meet various legislative requirements, such as notifying the Guardian for Children and Young People if the child is in state care.

SAPOL and Families SA are the lead agencies in approving the process of informing others while an investigation and/or prosecution is in train. See full description of this responsibility in Section 4.

## SERIOUS SEXUAL BEHAVIOUR INVOLVING CHILDREN

*(Note this is inclusive of the term 'sexualised behaviour')*

Sexual behaviour in children is a normal phenomenon and represents an important contribution to children's healthy sexual development.

However, some sexual behaviour in children is abnormal and can:

- cause the child or other children serious harm and/or
- place the child or other children at greater risk of adult perpetrators and/or
- strongly suggest that the child has been sexually abused by others.

**Appendix G Sexual Behaviour Guide** outlines sexual behaviours in children – from birth to adulthood – that are generally considered to be either 'age-appropriate', 'concerning' or 'serious.'

The ICP focuses on responses to serious sexual behaviours but all professionals working with children should be intervening with 'concerning' sexual behaviours as a means of identifying their causes and preventing serious incidents.

'Serious' sexual behaviour is generally behaviour by or between children that:

- is coercive, excessive, aggressive, secretive, compulsive, degrading or threatening and/or
- involves a significant difference in age/developmental capability between the children involved and/or
- represents a serious risk to the mental or physical health of the children involved.
- may be self-directed or targeted at/affecting others.

See a full description of the responsibilities in responding to children's serious sexual behaviour in Section 4.

## EXPLANATION OF TERMS

The following definitions are relevant to this document.

### Aboriginal and Torres Strait Islander

According to section 6 of the *Children's Protection Act 1993*,

'Aboriginal child' means a child:

- who is a descendant of the indigenous inhabitants of Australia, and
- who regards himself or herself as an Aboriginal or, if he or she is a young child, is regarded as an Aboriginal by at least one of his or her parents.

'Torres Strait Islander child' means a child

- who is a descendant of the indigenous inhabitants of the Torres Strait Islands, and
- who regards himself or herself as a Torres Strait Islander or, if he or she is a young child, is regarded as a Torres Strait Islander by at least one of his or her parents.

### Age of consent

In South Australia any person aged 17 years or older can have sexual relations with another person aged 17 years or older, if they each consent. This can be a person of the same or opposite sex.

Note: It is against the law for a person in a position of 'care and authority' (eg a teacher) to have sex, or to try to have sex with a person under 18 years (*Criminal Law Consolidation Act 1935 CLCA*).

Note: Two 16-year-olds can lawfully have sex (s49(4) CLCA). Nevertheless practitioners may still need to respond to care and protection issues even though an offence of unlawful sexual intercourse will not apply.

### Age of criminal responsibility

In South Australia, a child under 10 years cannot be charged with a criminal offence (section 5 *Young Offenders Act*). A child between the ages of 10-14 years can be charged with a criminal offence, but there is a presumption against criminal responsibility, whereby a child is presumed not to be capable of forming intent to commit a criminal offence. This is known as the common law doctrine of *doli incapax*. However, this presumption can be rebutted by evidence.

### Arrest

This means that a police officer, who has reasonable cause to suspect that an alleged perpetrator has committed an offence, takes that person into custody.

### Balance of probabilities

'Balance of probabilities' is the civil standard of proof. It is the standard of proof applicable to applications under sections 20 and 37 of the *Children's Protection Act 1993*. Findings should be based on a conclusion that it is 'more probable than not'. The burden of proof rests on the plaintiff.

### Beyond reasonable doubt

'Beyond reasonable doubt' is the criminal standard of proof. The onus is on the prosecution to establish each element of the offence beyond reasonable doubt.

### Care Concerns – DCSI Care Concerns Investigations (CCI) and Families SA Care Concerns Management unit (CCMU)

The ICP describes the actions government agencies are required to take in the investigation of child abuse and neglect. These actions are the same for all children, including those under the guardianship of the Minister. Whether children live with their parents or whether they are in the care of the state the response to serious and urgent notifications is the same, that is a strategy discussion occurs between the agencies responsible for the investigation and securing the safety of a child.

With respect to the ICP, the role of the Families SA CCMU and DCSI CCI units is to ensure that:

- people providing care to children (as employees, volunteers, carers)
- who are the subject of serious or urgent notifications of child abuse or neglect

are not maintained in roles that might place other children at risk.

This is why the involvement of the CCI and CCMU in strategy discussion decisions is so important as it helps ensure that quick protective actions can be taken on behalf of children's safety.

### Carer

Registered foster/kinship carers, residential care staff (government and non-government employees) and commercial care staff who assume a duty of care for children placed in out-of-home care; providers of respite care including but not limited to children in out-of-home care eg respite to families with children with disabilities.

### Child

For the purposes of the ICP, the term means an unborn child\* and a child up to the age of 18.

\* An 'unborn child concern' (UCC) is raised by Families SA when information is received about an unborn child (at a minimum of 20 weeks gestation) where it is determined that there are risk factors present likely to impact on the safety and wellbeing of the infant when born.

## Child abuse and neglect

The abuse or neglect of a child, according to section 6(1) of the *Children's Protection Act 1993*, means:

- sexual abuse of the child; or
- physical or emotional abuse of the child or neglect of the child to the extent that:
  - the child has suffered, or is likely to suffer, physical or psychological injury detrimental to the child's wellbeing; or
  - the child's physical or psychological development is in jeopardy.

Physical abuse – any act inflicted upon a child that results in physical injury to the child.

Sexual abuse – any sexual behaviour imposed on a child.

Emotional abuse – a chronic attitude or behaviour directed at a child, or the creation of an emotional environment, which adversely impacts on a child's development.

Neglect – any serious omission or commission by a person, which jeopardises or impairs a child's psychological, intellectual or physical development or safety.

## Child Abuse Report Line/Families SA Call Centre

These terms are currently used interchangeably. They both describe the operational unit of Families SA with the responsibility to receive phone-based and electronic notifications of suspected child abuse and neglect. A crisis care response service is part of the Call Centre operations.

## Child 'at risk'

For the purposes of section 6(2) of the *Children's Protection Act 1993*, a child is 'at risk' if:

- there is a significant risk that the child will suffer serious harm to his or her physical, psychological or emotional wellbeing against which he or she should have, but does not have, proper protection; or
- the child has been, or is being, abused or neglected; or
- a person with whom the child resides (whether a guardian of the child or not):
  - has threatened to kill or injure the child and there is a reasonable likelihood of the threat being carried out; or
  - has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person; or
- the guardians of the child:
  - are unable to care for and protect the child, or are unable to exercise adequate supervision and control over the child; or
  - are unwilling to care for and protect the child, or are unwilling to exercise adequate supervision and control over the child; or

- are dead, have abandoned the child, or cannot, after reasonable inquiry, be found; or

- the child is of the compulsory school age but has been persistently absent from school without satisfactory explanation of the absence; or
- the child is under 15 years of age and is of no fixed address.

## Child's best interests

This term refers to a 'standard' to be achieved when making decisions that affect children. It requires that certain principles are always taken into account during the decision making process. It also requires that a child's right to safety is given the greatest weight if it is in conflict with other 'best interests' principles such as those outlined below from the United Nations Convention on the Rights of the Child:

- A child capable of forming a view on his or her best interests must be able to give it freely and it must be taken into account (article 12)
- Children who have any kind of disability have the right to special care and support (article 23)
- It is in the best interests of Indigenous children to be raised in the Indigenous community (articles 5, 8.2 and 30)
- Parents have primary decision-making responsibility on behalf of their children (articles 5 and 18.1) but, if they fail to make the child's best interests a basic concern, the State may intervene to protect those interests (eg, article 9.1)
- Children have the right to information that is important to their health and wellbeing (article 17)
- It is in a child's best interests to maintain contact with both parents in most circumstances (article 9.3).

*Child safety will always override other principles, including those relating to privacy and confidentiality.*

## Consent

For the purposes of the ICP the term consent means informed consent.

Informed consent is permission an individual gives, either implied or explicit, after they have demonstrated that they understand the purpose of the request and the likely outcomes of their consent. Age, intellectual capacity, mental health, cognitive ability and abuse of substances will each impact an individual's capacity to demonstrate this understanding and these impacts must be acknowledged and managed – they cannot be 'overlooked'.

*Child safety will always override other principles, including those relating to the obtaining of consent.*

## Corroborative evidence

Evidence that strengthens, adds to, or confirms already existing evidence.

## Domestic violence

Domestic violence and emotional abuse are behaviours used by one person in a relationship to control the other. Partners may be married or not married; lesbian, gay, bi-sexual, transgender, intersex (LGBTI); living together, separated or dating. Children's exposure to domestic violence is a serious form of child abuse. It can result in profoundly damaging impacts on children's psychological, emotional and physical safety and wellbeing as well as compromising their educational and social development by interrupting their schooling attendance and their opportunities to socialise with peers.

*Children's exposure to domestic violence can be fatal.*

## Evidence

Evidence means anything that tends to prove the existence of a fact.

## Extra-familial

All those matters that do not fall within the definition of intra-familial (see below) are considered 'extra-familial'. This includes matters in which the alleged perpetrator of abuse/neglect is a friend, visitor, stranger etc, and anyone who may live in the house who is not a relative and who does not have responsibility for the care of the child (eg a boarder). It also includes persons who may stand *in loco parentis* (in the place of the parent) to the child as part of their employment or service delivery role (eg teachers, child care staff, family day-care providers, school boarding house supervisors).

## Intra-familial

For the purposes of the ICP, 'intra-familial' is defined as those persons who have a biological and/or legal relationship to the child, or who are a member of the household and have responsibility for care and supervision of the child. This includes a natural, adoptive (where a legal adoption order has been granted), or step-parent of the child, a person (other than the Minister) who is the legal guardian of the child or has the legal custody of the child, or any other person who stands *in loco parentis* (in the place of the parent) to the child (other than those described as extra-familial) and has done so for a significant length of time.

It also includes a relative of the child (such as uncles, cousins), whether or not that relative lives in the household and whether that relative has the responsibility for care and supervision of the child.

For Aboriginal and Torres Strait Islander families, 'intra-familial' includes any person who has the cultural responsibility to care for the child according to kinship rules.

'Intra-familial' includes other persons who live in the household or spend a substantial amount of time in the household who are not relatives of the child and

who have responsibility for the care and supervision of the child (ie act in a parenting capacity), such as a parent's live-in partner, a nanny, a parent's partner or a child's boy/girlfriend who does not reside in the household but spends more than 50% of their time there and who has responsibility for the care of the child. It does not include foster carers, staff of residential institutions, or part-time carers such as day-care providers or baby-sitters.

## Independent Commissioner Against Corruption (ICAC) and Office for Public Integrity (OPI)

The *Independent Commissioner Against Corruption Act 2012* (ICAC Act) created two offices, the Office for Public Integrity and the Independent Commissioner Against Corruption; both offices are overseen by the Commissioner. The focus of the ICAC Act is on preserving and safeguarding the integrity of the functions performed by the public sector, in order to promote confidence amongst the community.

The OPI receives and assesses complaints and reports about potential matters of corruption, misconduct and maladministration in public administration and provides recommendations to the Commissioner on how such matters might be dealt with.

Under schedule 1 of the ICAC Act, public officers include public sector employees, local government employees, local government elected members, members of parliament, judges, and persons performing contract work for a public authority or the Crown. This includes non-government organisations and their workers.

Immediately contact the Office for Public Integrity if you have a reasonable suspicion that corruption, or serious or systemic misconduct or maladministration may have occurred. Further information on what to and how to report is available at [www.icac.sa.gov.au](http://www.icac.sa.gov.au)

## Multi Agency Protection Service (MAPS)

MAPS is a partnership between South Australia Police, the Department for Communities and Social Inclusion, Families SA, the Department for Health and Ageing, Department for Education and Child Development and the Department for Correctional Services.

The participating agencies are co-located to facilitate real time information sharing. The aim is to collate information held by the participating agencies to inform a holistic assessment of potential or actual whole family risks related to domestic violence. Critical information is provided to relevant agencies about risks to children and families.

MAPS is a critical source of information for the ICP strategy discussions. See Section 3.

## Notification

Notification is defined by the *Children's Protection Act 1993* at sections 11, 12 and 13 as a legally binding process that requires defined classes of persons to notify Families SA when they have a reasonable

suspicion of abuse or neglect. However, any person can make a notification of suspected child abuse or neglect to Families SA.

### **Parent**

For the purposes of this document, this term means biological parent, adoptive parent, step-parent, legal guardian or extended family member such as a grandparent who has full-time care of a child or as applicable within indigenous or other cultural contexts.

### **Practitioner**

This term refers to all government agency personnel and non-government organisation personnel who are responsible for the practice outlined in the ICP or whose involvement, information or service is essential to the ICP's purpose.

### **Proofing**

Proofing is a meeting before trial between the prosecutor and witness for assessment and clarification of the evidence to be given by the witness.

### **Protective parent**

A parent (as per above definition) who is considered capable of and prepared to act protectively towards a child, based on information available at the time. This protective capacity includes being able to ensure that a child is not left in the care/company of persons alleged to have harmed them.

### **Reasonable cause to suspect**

This means suspicion based on facts that create a reasonable suspicion in the mind of a reasonable person.

### **Remote community**

In this document a remote community means a community situated a long distance from highly populated towns or cities and/or that does not have transportation links or other infrastructures that are typical of more populated areas. Some members of a remote community may have a number of residential rights or associations, both within and across SA's borders and they may move regularly or irregularly between those residential areas. In this document the term 'remote community' includes but is not limited to Oak Valley, Yalata, Maralinga Lands communities, APY Lands communities, Oodnadatta, Maree, Copley and Nepabunna.

### **Report**

This means that a police officer who has a reasonable suspicion that a person has committed an offence compiles a brief of evidence and forwards it to prosecution authorities so that a decision can be made to summons the person to court.

### **Safety**

The condition of being and feeling safe. It means freedom from the occurrence of, or preventable risk of physical/psychological harm, danger or loss.

### **Serious sexual behaviour involving children**

(Note: this is inclusive of the term 'sexualised behaviour')

For the purposes of the ICP 'serious' sexual behaviour means sexual behaviour by or between children that is:

- coercive, excessive, aggressive, secretive, compulsive, degrading or threatening and/or
- involves a significant difference in age/developmental capability between the children involved and/or
- represents a serious risk to the mental or physical health of the children involved
- is self-directed or targeted at/affecting others.

A guide to examples of serious sexual behaviour for specific age groups is provided as Appendix G. See full description of responsibilities in Section 4.

Sexual behaviours involving children that are assessed as 'serious' must trigger a strategy discussion.

### **Serious notification**

A Families SA Tier 2 notification requires a response not exceeding five days.

A child or children are at risk of significant harm or are considered to have suffered significant physical or psychological harm/abuse and the notification does not contain any information to suggest that it should be considered urgent.

A strategy discussion for 'serious' notifications will occur when:

- Families SA or SAPOL intend to interview the child prior to informing the parents about the investigation and there is the likelihood of a criminal investigation proceeding
- there are allegations of significant abuse – physical, sexual, psychological/emotional or neglect
- serious sexual behaviour involving children is alleged. (See Section 4)
- either SAPOL, Families SA or CPS consider a strategy discussion is necessary.

### **Severe domestic squalor**

Severe domestic squalor refers to households that are extremely cluttered, in a filthy condition, and where the accumulation of items such as personal possessions, rubbish, excrement and decomposing food creates an environment that jeopardises the health and wellbeing of the occupants. Furthermore, 'normal' household activities such as cooking, bathing and sleeping are impeded or impossible.

Exposure of children to severe domestic squalor is harmful to their physical and psychological wellbeing and puts them at high risk of sustaining injury and developing infestations and infections. Such exposure can be considered criminal behaviour with SAPOL investigations and prosecutions being undertaken in accordance with Division 7A section 30 of the *Criminal Law Consolidation Act* (failing to provide food etc in certain circumstances). See full discussion in Section 4.

### **Strategy discussion**

This is a formalised and documented discussion between Families SA, SAPOL and other involved government and non-government agencies to exchange information relevant to a notification, and to plan and coordinate the most effective investigation of the alleged abuse or neglect. The full process of a strategy discussion includes an outcomes discussion and identification of the agency with responsibility for ongoing case management. See Section 3.

### **Urgent notification**

A Families SA Tier 1 notification requires a response within 24-hours.

Urgent notifications involve one or more of the below indications:

- Child in need of immediate protection from imminent or current serious harm (Families SA Tier 1)
- Child reported to have current suspicious injuries/ signs of severe neglect
- Child reported to have been recently sexually abused/assaulted
- Situation notified requires urgent SAPOL investigative response ie to secure evidence

A strategy discussion occurs for all 'urgent' notifications.

# Notifications of child abuse and neglect and immediate referrals

The role of people notifying child abuse and neglect is crucial to the potential prevention of further harm to children. The quality of a notifier's report and the way in which they have used 'open questions' to allow a child to provide more detail plays a significant role in helping to trigger an investigation where required and to limit the number of interviews a child experiences.

The training people receive as mandated notifiers must include the simple but important skills of listening with empathy and respect, asking open questions without prompting answers and immediately making an objective factual record of the discussion.

## WHAT TO INCLUDE IN A NOTIFICATION

A child protection notification relates to a reasonable suspicion that a child is at risk of, has been or is being abused or neglected. This relates to suspected physical, sexual and emotional abuse and neglect.

When making a notification, the Child Abuse Report Line (CARL) staff member will request the following information:

- The child or young person's name, age and address
- The notifier's reason for suspecting that the injury to, or behaviour of, or the condition of the child or young person is the result of abuse or neglect
- The notifier's assessment of immediate danger to the child or young person (information may be asked about the whereabouts of the suspected perpetrator/s)
- The current whereabouts of the child or young person
- When and where the incident occurred
- What arrangements, if any, exist for the care and protection of the child or young person
- A description of the injury, the behaviour or condition observed
- The identity of the suspected perpetrator, if known.
- What involvement, if any, other agencies have in dealing with the abuse or neglect issues.

It is not necessary for a notifier to have all of the above information to make a notification. If they have a suspicion on reasonable grounds they must make a report.

## HOW TO NOTIFY

The Child Abuse Report Line is the central point for all notifications of child abuse and neglect and operates 24 hours a day, 7 days a week – phone 13 14 78 or online at [www.reportchildabuse.families.sa.gov.au/](http://www.reportchildabuse.families.sa.gov.au/).

Note: The online system will guide notifiers as to whether their concern can be lodged electronically or whether it requires phone contact.

## WHO SHOULD NOTIFY

Any person can notify Families SA regarding their concerns; however, sections 11 (1) and (2) of the *Children's Protection Act 1993* obligate certain persons to notify Families SA of their suspicions that a child is being or has been abused or neglected, where that suspicion is formed in the course of the person's work (paid or voluntary) or in the course of carrying out their official duties. These mandated notifiers are:

- a medical practitioner;
- a pharmacist;
- a registered or enrolled nurse;
- a dentist;
- a psychologist;
- a police officer;
- a community corrections officer (an officer or employee of an administrative unit of the Public Service whose duties include the supervision of young or adult offenders in the community);
- a social worker;
- a minister of religion;
- a person who is an employee of, or volunteer in, an organisation formed for religious or spiritual purposes;
- a teacher in an educational institution (including a kindergarten);
- an approved family day care provider;
- any other person who is an employee of, or volunteer in, a government or non-government organisation that provides health, welfare, education, sporting or recreational, child care or residential services wholly or partly for children, being a person who—

(i) is engaged in the actual delivery of those services to children; or



(ii) holds a management position in the relevant organisation the duties of which include direct responsibility for, or direct supervision of, the provision of those services to children.

## THE OFFENCE OF FAILING TO NOTIFY

Under section 11(1) of the *Children's Protection Act 1993*, it is an offence for a mandated notifier to fail to make a notification of a suspicion of child abuse or neglect. The maximum penalty for this offence is a \$10,000 fine.

### Defences for mandated notifiers who fail to notify

It is a defence for a mandated notifier who fails to notify of a suspicion of child abuse or neglect to prove that:

- his or her suspicion was due solely to having been informed of the suspected abuse by a police officer acting in the course of his or her official duties (section 11(2a) *Children's Protection Act 1993*); or
- his or her suspicion was due solely to having been informed of the suspected abuse or neglect by another mandated notifier, and believed on reasonable grounds that the other person had given a notification in respect of the suspected abuse or neglect (section 11(2b) *Children's Protection Act 1993*).

## DETAILS OF THE NOTIFIER

Section 13(2) and (3) of the *Children's Protection Act 1993* provides confidentiality to the identity of the person who notifies their suspicion of abuse or neglect. Section 13(2) of the Act does, however, allow the exchange of information concerning the notifier in the following circumstances:

- in the course of official duties to another person acting in the course of official duties\* (\*eg as participants in a strategy discussion as outlined in Section 3)
- with the consent of the notifier; or
- by way of evidence presented in proceedings before a court.

## FAMILIES SA ASSESSMENT AND RESPONSE CLASSIFICATION

Families SA Call Centre workers will assess the information provided by notifiers to determine whether the concerns of abuse or neglect meet the statutory threshold for intervention under the *Children's Protection Act 1993*.

Concerns that meet the threshold are then assessed as to what level of intervention is required. A number of determinants exist in relation to deciding the type of response required, differentiating between children who are:

- in immediate danger (Tier 1)
- primarily at risk of significant harm (Tier 2)
- primarily in need, who would suffer in the long-term if intervention did not occur (Tier 3).

The notification reports for Tier 1 or Tier 2 responses are then allocated to an applicable office. Tier 3 reports go to the Linking Families team.

If the Families SA Call Centre worker determines that the matter is one where the notifier is concerned but it is deemed not to meet the statutory criteria for child abuse or neglect, the report will be recorded in the system and assessed as a 'notifier concern' (NOC). No action will be taken by Families SA in relation to a NOC, but it may be given consideration if future reports are made on the same child or young person.

## PROCESS AFTER RECORDING A CHILD PROTECTION NOTIFICATION

If a strategy discussion is triggered this will be convened according to the required timelines. For the full outline of strategy discussion requirements, including response timelines, see Section 3.

In some matters, a Families SA visit to the family to conduct an initial assessment of the allegations will have occurred before a strategy discussion or referrals to SAPOL and the relevant CPS. This may have occurred if information provided by the notifier was imprecise and required clarification, or when a Families SA initial response uncovered further harm to the child.

## MAKING A REFERRAL TO CPS

### Office hours

All referrals or consultations are initially dealt with by the intake worker rostered on that day. The normal daily roster is between 9am and 5pm Monday to Friday.

If it is more appropriate for other members of the CPS staff to be involved then the intake worker will arrange this. It is important that referring agents and individuals seeking consultation or referral respect that this is the initial stage in the process of service provision at the CPS.

### Telephone referrals:

- Women's and Children's Hospital CPS: 8161 7346
- Flinders Medical Centre CPS: 8204 5485 and 8204 5484

E-mail referrals may be made to the CPS intake worker.

- Women's and Children's Hospital CPS:  
CPSintakeworker@health.sa.gov.au
- Flinders Medical Centre CPS:  
FMCchildprotectionservice@health.sa.gov.au

When urgent referrals are emailed to CPS, particularly those that have a Tier 1 rating, they must be followed by an urgent phone call to the CPS intake worker by the appropriate Families SA staff person.

### **After hours**

The CPS provides an emergency after-hours on-call service.

On-call staff can be contacted by telephoning the switchboard of the relevant hospital and asking for the CPS on-call clinician.

- Flinders Medical Centre switchboard: 8204 5511
- Women's and Children's Hospital switchboard:  
8161 7000.

## **MAKING A REFERRAL TO SAPOL**

Referrals of child abuse notifications are normally made direct to the relevant sergeant in charge, Family Violence Investigation Section (FVIS) in the metropolitan area, or the officer in charge, Investigation Section in the country area.

If the sergeant in charge (FVIS) or country Investigation Section officer cannot be contacted, Families SA may direct their enquiries to the Police Communications Centre, who will assist in locating an officer to deal with the matter.

Upon receipt of the notification SAPOL will determine urgency ratings in extra-familial matters. However, the Families SA supervisor, when referring the matter through, will include their assessment of the urgency of the response required. This information will assist SAPOL and CPS when deciding to allocate the file for follow-up and/or interviewing process.

In extra-familial cases SAPOL will have the lead in determining further action.

# Strategy discussion

## PURPOSE

The strategy discussion is pivotal to the aims of the ICP. It sets the tone for the interagency cooperation and coordination that will be needed in the short- and long-term response to child abuse or neglect notifications. It identifies what actions are to be taken by which people and in what order. It results in a single plan that all parties follow for the purpose of providing the most timely and effective response to protect children from harm and/or to prevent ongoing harm.

Note: Where necessary, Families SA or SAPOL will act to protect a child before a strategy discussion is convened eg, if a child is in immediate danger and/or has life threatening injuries.

## TRIGGERS FOR CONVENING A STRATEGY DISCUSSION

A strategy discussion is triggered when:

1. a child protection intra- or extra-familial notification has been assigned an 'urgent' rating (Families SA Tier 1). 24-hour response time

Urgent notifications involve one or more of the below indications:

- Child is in need of immediate protection from imminent or current serious harm (Families SA Tier 1)
- Child reported to have current suspicious injuries/ signs of severe neglect
- Child reported to have been recently sexually abused/assaulted
- Situation notified requires urgent SAPOL investigative response ie, to secure evidence.

Strategy discussions are convened for all 'urgent' notifications.

or

2. a child protection intra- or extra-familial notification has been assigned a 'serious' rating (Families SA Tier 2). Response time not exceeding five days.

Serious notifications involve one or more of the below indications:

- A child or children are at risk of significant harm or are considered to have suffered significant physical or psychological harm/abuse

- The notification does not contain any information to suggest that it should be considered urgent.

Strategy discussions are convened for 'serious' notifications when:

- Families SA or SAPOL intend to interview the child prior to informing the parents about the investigation and there is the likelihood of a criminal investigation proceeding
- serious sexual behaviour involving children is alleged. (See Section 4)
- either SAPOL, Families SA, CPS or another involved agency consider a strategy discussion is necessary.

## CONVENORS OF STRATEGY DISCUSSIONS

In general Families SA convenes intra-familial strategy discussions and SAPOL convenes extra-familial strategy discussions where Families SA will not be involved in the response. However, it should be noted that the categorisation of notifications as either intra-or extra-familial is not fixed in any way. The understanding of the relationships between children, young people and adults can change as more information is gathered and cultural circumstances are fully appreciated.

CPS and other agencies can request that a strategy discussion is convened by negotiation with Families SA and SAPOL.

Main contacts involved in initiating a strategy discussion:

Families SA: (in order) the supervisor, the senior practitioner, the duty worker who will refer to appropriate person. If after hours, contact the Families SA Call Centre.

SAPOL: (in order) the sergeant in charge of the relevant FVIS, a member of the FVIS, a senior police officer (inspector or above/ urgent only), Police Communications who will contact the relevant on-duty or on-call member. After hours contact is either FVIS or CIB.

CPS: The intake worker between 9am to 5pm Monday to Friday and via on call worker after hours.

## CONVENORS' RESPONSIBILITIES

- Establish the meeting time, date, venue or mechanism, such as a conference call
- Invite participants
- Provide details of the notification to all participants ahead of the meeting
- Ensure participants understand the process and their information sharing, record keeping and confidentiality obligations
- Chair the meeting
- Complete the strategy discussion record and distribute it promptly to all agency/organisation participants (excluding private citizens)
- Convene follow up strategy and outcomes discussion and redistribute the updated record as per above
- Ensure ongoing case management is agreed to and identified on the strategy discussion and outcomes record.

## IDENTIFYING PARTICIPANTS AND GATHERING INFORMATION

A strategy discussion will include the agencies that undertake/manage the initial and ongoing investigative response. It is essential that as much information as possible is gathered prior to the strategy discussion and used to inform the agreed actions to optimise the outcomes. Coordinated responses work best when the fullest possible picture is gathered at the outset and everyone holds the same information. Seeking information through MAPS is an example of utilising many agencies' information without necessarily bringing them to the discussion itself.

The participants in strategy discussions will usually, but not always, include at least SAPOL and Families SA. Where appropriate it will also include the relevant CPS. The participants will be sufficiently senior persons, able to make the necessary planning decisions and commitments (including about resources) that are likely to arise out of strategy discussions.

In Families SA, this means a senior practitioner and/or supervisor. In SAPOL this means a supervisor or senior investigating officer. If SAPOL participation and/or direction is sought during periods where the relevant FVIS members are not on duty, the senior police officer of the relevant area will appoint a suitably qualified police officer to participate and then refer their decisions to the relevant investigation area.

- The person who will be conducting the forensic interview of the child should, wherever possible, participate in the strategy discussion
- If a child is on interstate orders, the Families SA interstate liaison position must be consulted so that relevant information from the interstate child protection agency is included in the discussion.

If a child subject to a strategy discussion is under the guardianship or custody of the Minister, the following people should participate.

- The Guardian for Children and Young People or their delegate when the matter involves an allegation of sexual abuse
- The Families SA case worker allocated to the child under the guardianship of the Minister
- The Families SA Care Concerns Management unit or DCSI Care Concerns Investigation if the case involves a serious allegation of abuse or neglect against a carer, employee or volunteer and SAPOL will be investigating.

## Guiding questions to help identify other participants/contributors

The following questions will help guide the identification of other potential participants or providers of information to the strategy discussion:

- Who else holds critical information that will help establish the urgency to act?
- Who else holds critical information relevant to the notification?
- Who else is currently working with the child/family?
- Who will be involved in, or relied on, as part of the initial response? (including people with statutory roles).

Answers to the guiding questions may identify a required participant from CAMHS, Housing SA, a school, CaFHS, a disability service, a refugee organisation, a cultural consultancy, an approved Aboriginal advising authority, a women's shelter etc.

## PARTICIPANT CONTRIBUTIONS

All participants must provide relevant information regarding their agency's current and/or prior contact with the child, family and/or alleged perpetrator focusing on:

- history of suspected or confirmed child abuse or neglect, either as a victim or alleged perpetrator
- history of violent, unpredictable or out-of-control behaviour
- information in relation to an unborn child (antenatal attendance)
- information about the child in relation to developmental status, presence of disability, circumstances, and needs relevant to the response
- any other information useful to planning an effective response, such as medical history of the child.

## CONFIDENTIALITY AND RELEVANCE OF INFORMATION

Unless the agency participant (or a non-agency participant) instructs otherwise, the information brought to the strategy discussion should be treated as sensitive and confidential. Therefore, as per the ISG:

- it should not be used by participants for purposes other than those which fulfill the actions agreed to in the strategy discussion
- the strategy discussion record must be stored securely according to individual agency specifications
- unless the notifier has consented to their identity being disclosed, this information may only be disclosed as allowed for by law or departmental policy.

Respecting the confidential and sensitive nature of the information shared during strategy discussions is achieved when participants:

- focus only on what is relevant to the purpose of the strategy discussion
- record only what is necessary for people to know in order to take the protective or investigative actions outlined on the strategy discussion and outcomes record (see below).

## STRATEGY DISCUSSION AND OUTCOMES RECORD

Interagency goodwill and cooperation are not enough on their own to ensure the successful coordination and completion of agreed actions. The complexity of the ICP actions and the information to be coordinated demands that careful ongoing documentation of decisions and intentions is maintained throughout using a single record.

This single record represents the 'same page' from which ICP practitioners check and consider the completion and outcomes of actions. **Its use is mandatory.**

Set out in the next pages is the template for the ICP strategy discussion and outcomes record. Its checklists and prompted text ensure participants consider all the questions and issues critical to the ICP's purpose. It helps keep the focus on ensuring the safety of and the prevention of harm to children and, where applicable, an effective prosecution process.

The record's use is mandatory to ensure that:

- participants understand and agree\* to the planned actions
- the safety of children other than those who are the subject of the notification is also considered
- the individuals from whom and to whom relevant information should be shared to protect children's safety is considered in all cases
- a single agreed record, updated with outcomes and ongoing case management is available for reference
- ongoing case management is informed by relevant information from agencies involved in the initial response.

\* A participant's receipt of the record represents agreement with the actions recorded. If not in agreement it is the individual agency representative's responsibility to return the record with proposed amendments.

Section 4 describes in more detail the considerations listed on the record template.

### Management of the strategy discussion and outcomes record

The electronic version of the strategy discussion and outcomes record template is available through SAPOL, Families SA and CPS. The convening agency will generate the record for the initial discussion and distribute it to participants. See also Section 7 for information about storage of the strategy discussion and outcomes record.

## ICP – STRATEGY DISCUSSION RECORD

Date: \_\_\_\_\_ Child's name: \_\_\_\_\_ Names of all known family members and relationship to child: \_\_\_\_\_  
 Time: \_\_\_\_\_ DOB/age: \_\_\_\_\_  
 Location: \_\_\_\_\_ C3MS Intake #: \_\_\_\_\_  
 Nominated chair/agency: \_\_\_\_\_ Other children involved: \_\_\_\_\_  
 Participants/agency: \_\_\_\_\_

ATSI	Y/N	<b>Further details (as relevant):</b> <i>(Child's disability, developmental functioning, health, emotional wellbeing, communication or other assistant needed, care situation, presence of protective factors, family's beliefs about parenting)</i>
Disability	Y/N	
In care	Y/N	
CaLD	Y/N	
Interpreter	Y/N	

**Intake summary:** *(Number of previous notifications, MAPS report, Family Safety Framework referral, SAPOL/CPS/Families SA current and historical contact with child/family, interstate orders, involvement of Family Court)*

**Relevant information:** *(Contribution from agencies and non-government organisations currently or recently working with the child/family – eg in relation to health, education, disability, housing, family violence, drug and alcohol etc)*

Strategy discussion checklist		By whom	Date due
<b>Agreed actions/decisions</b>			
<b>Safety</b>	<b>Actions required to address immediate threats to child safety</b>		
Immediate safety for child/urgency to act	<i>Reside with/exposed to perpetrator/unsafe environment/need for urgent medical treatment</i>		
Planned forensic medical assessment/inpatient admission if an infant	<i>How quickly does this need to occur? Who will transport child? (not persons under suspicion)</i>		
Immediate safety for other children involved	<i>As above for children identified on record as 'other children involved'</i>		
Does alleged perpetrator or child involved in serious sexual behaviour work with/have contact with children not identified in notification?	<i>Employed/volunteering with children? Residing in a home or residential facility with other children? Living in a community environment with inadequate supervision of children? Enrolled at a school?</i>		
Possibility of other victims	<i>Based on above is there a reasonable possibility of other victims? Which children have been entrusted to the care of or been exposed to the alleged perpetrator?</i>		
Urgent information needed to assess risk to children's safety	<i>What significant information is missing from whom? Is alleged perpetrator likely to move to new location? Inter-state safety alerts/child protection warrants?</i>		
Urgent information to be provided to others to protect children's safety - including cross-border information sharing	<i>Who needs to be informed so that immediate risks to safety are addressed? - education authority, other jurisdiction, employer?</i>		
Safety issues for staff attending the home	<i>Risk factors in the household, known threats or weapons, drug and alcohol, violence</i>		
Consent	<i>Who does consent need to be sought from and for what purpose? Consider relevance and practicability</i>		
<b>Interviews</b>	<b>For what purpose, by whom, where and in what order – focus is on coordinating agency actions to limit the number of times a child is interviewed</b>		
Forensic investigation required?	<i>Is matter likely/unlikely to proceed in the criminal justice system/Youth Court? Forensic samples required from child/perpetrator/scene? Does evidence need to be protected against contamination? Collusion between parents? Contact between victim/s and alleged perpetrator? Plan to protect emotional safety of child</i>		
Victim/s	<i>Who needs to be present? Who provides emotional support/information?</i>		
Protective parent /carer	<i>Who provides emotional support/information? Is their capacity to protect child agreed?</i>		
Parent/carer (if under suspicion)	<i>Offence history/ notifications/reports/investigations re this child/ other children</i>		
Notifier	<i>Ensuring safety of notifier (incl. protection of identity as relevant)</i>		
Alleged perpetrator (adult)	<i>Offence history/notifications/reports/investigations re this child/other children</i>		

Strategy discussion checklist	Agreed actions/decisions	By whom	Date due
Interviews	For what purpose, by whom, where and in what order - focus is on coordinating agency actions to limit the number of times a child is interviewed		
Child who has engaged in serious sexual behaviour	<i>Who needs to be present/provide emotional support/interpreter/communication assistance?</i>		
Other possible/suspected victims	<i>As identified through above 'safety' considerations</i>		
People who need to be advised of interviews	<i>Who will be involved in providing the venue, helping prevent alleged perpetrator from becoming aware of investigation or absconding, supporting the victim during or following the interview, providing interpreter service/communication assistance?</i>		
<b>Information coordination</b>	<b>Ensuring actions are coordinated and help limit further harm or trauma</b>		
Housing, education, disability, drug and alcohol, mental health, domestic violence services	<i>Will these services play a role in the initial response? Has their information been utilised in the planning?</i>		
Targeted parent group/specific community members. NB SAPOL leads these decisions if they are investigating the matter	<i>If other victims are suspected which parents/community members will need to be informed and by whom? By personal contact or by written advice? (education sectors manage this responsibility via specific guidelines)</i>		
Broader community	<i>Is the potential for other victims such that wider communication is necessary? Community already aware? Is misinformation creating risk or harm? Will advice to community help allay fears/provide community with protective actions/help address contributing problems? Can identity/safety of child be protected in the process?</i>		
Specific confidentiality issues	<i>Ensure participants are aware of any confidentiality issues specific to this case</i>		
Notifying obligations re victim or perpetrator (statutory, regulatory or employing authorities)	<i>Office of the Guardian for Children and Young People education sectors, Education Standards Board (ESB)</i>		
Dispute assistance sought	<i>Issue disputed, assistance sought from whom, advice received</i>		
<b>Follow up</b>	<b>Tracking further decisions/distributing record</b>		
Record completed and distributed to participants			
Investigation/assessment outcomes discussion tentatively scheduled			



## ICP – OUTCOMES DISCUSSION RECORD

Date: Child's name:  
 Time: DOB/age:  
 Location: C3MS Intake #:  
 Chairperson: Other children involved:  
 Participants/agency:

Outcomes checklist	Agreed actions/decisions	By whom	Date due
Outcomes and feedback	Tracking outcomes / further decisions / referring systems issues		
Feedback from agency investigation/assessment	SAPOL, CPS, Families SA		
Outstanding information/results yet to be obtained	What information, who is responsible, when and how this will be conveyed		
Agreed outcome of investigation	Abuse/neglect confirmed/not confirmed/safety of other children protected Identity of suspected perpetrator and relationship to child Summary of current and/or potential psychosocial factors of adversity/ safety concerns (eg drug/alcohol abuse, domestic violence, mental illness, homelessness, child contact with alleged perpetrator)		
Systems issue identified	Nature of issue / referred to		
Ongoing case management	Of children (as victims and as children who need to be diverted from harming others)		

Child's name:  
 (Repeat as required for each child involved)

Lead agency: *Timeframes*

Case management agreed to by: Name:

Contact details:

Date:

# Investigation and assessment following strategy discussion

## BACKGROUND

This section outlines some elements of the investigative and assessment work agreed to by agencies as part of the strategy discussion. It provides more information about some of the concepts to be understood in making strategy discussion decisions.

This section is not to be read as a comprehensive list of sequenced investigative and assessment steps. The required steps can only be derived via the strategy discussion checklist for each individual case. Hence no standard investigative approach will apply to all situations and no two strategy discussion records will be the same.

The ICP emphasises that collaborative interagency investigations are likely to provide optimal outcomes in determining what may or may not have happened to a child, their current and future safety and whether there is sufficient evidence to determine that a criminal act against a child has been committed. This means that SAPOL, Families SA and the CPS will rely on a continuous flow of information from each other as well as from other agency sources to ensure their decisions and opinions are based on the fullest possible picture of children's circumstances.

The ICP also assumes that children's safety remains the paramount consideration at all times including during investigations and assessments. This means utilising statutory powers such as child protection orders to address immediate known safety issues as well as protective information sharing when risks to other children are suspected.

In this section the term 'initial interview' refers to the communication process with the child in order to establish initial safety issues and/or whether a forensic interview is warranted.

A 'forensic interview' refers to an interview conducted for the purpose of criminal proceedings and this work is set out in full in Appendix B.

Components of investigations and assessments may include but are not limited to:

- background information sourcing and analysis inclusive of any interstate/overseas police and statutory agency information
- interviews of parents/carers
- forensic medical assessments
- forensic interviews of children
- interviews of alleged offenders

- witness statements
- obtaining consent
- removal of children
- use of police warrants
- information sharing to prevent risks to children's safety
- background information from other involved professionals such as teachers, general practitioners, CAMHS, health professionals
- SAPOL site visits/reenactments/seizing of evidence
- home environment assessments
- parenting assessments
- case conferences
- drug and alcohol assessments
- mental health assessments
- appropriate referrals for therapy and/or other supports as identified.

## CONSENT

Each of the agencies involved in initial or forensic interviewing and assessments follows specific consent requirements outlined in full in Appendix B.

Seeking informed consent at all stages of an investigation and assessment is the recommended practice wherever it is safe and practicable to do so. Seeking consent must not be pursued at the expense of a child's physical or emotional safety.

Protective parents and carers have an important right to express their view about what is in the best interests of the children in their care, particularly those children who are not old enough or developmentally capable of providing informed consent. However, when the child is older, they should have greater involvement in the discussion and provision of consent.

This is an important contribution to a child's 'best interests' because it affirms their right to contribute to, and where possible, control matters affecting their lives.

The recommended way to assess whether a child has understood the implications of their consent is to ask them to tell the practitioner in their own words:

- what the request or suggestion is and why it has been made
- what the child or young person understands will happen if they do or do not give consent, and
- why they have either given or withheld their consent.

The clarity and consistency of the answers given to these questions will help determine whether or not a child's consent is genuinely informed.

A child or adult's mental health, intellectual functioning or their abuse of substances may impact their capacity to demonstrate an understanding of the implications of their consent. These impacts must be acknowledged – they cannot be overlooked for the convenience of an investigation proceeding.

## MINIMISING THE IMPACT OF INTERVIEWS ON CHILDREN

Limiting the number of personnel who initially respond to allegations will not only alleviate the child's distress but may also help to minimise the number of interviews for the child. This is a primary aim of the strategy discussion and the reason for careful sequencing of who does what when. See Section 3 and the strategy discussion record.

Keeping the number of interviews with the child to a minimum should be the goal of each agency. Therefore, when a clear disclosure of abuse or neglect has already occurred, it may be better to obtain a detailed account from the person to whom the child initially spoke, such as the notifier or recent complaint witness. The conversation with the child should then centre more on safety needs, and on discussing with him or her any future issues, such as the need for a forensic interview.

In addition to causing a child distress, repeated interviews may make a child feel as if they are not taken seriously and can give rise to inconsistencies in their statements. These inconsistencies may lessen the credibility of the child's account within both the civil and criminal jurisdictions.

## POSSIBILITY OF OTHER VICTIMS

The responsibility to consider the possibility of other victims applies to cases of intra-familial and extra-familial abuse or neglect and is a key consideration in the strategy discussion checklist.

The test to be applied when deciding whether to act on this possibility is 'that there are reasonable grounds for suspecting that there might be other victims' (South Australia Royal Commission 2012-2013 Independent Education Inquiry, report para 591).

The factors to be taken into account in assessing whether reasonable grounds exist include but are not limited to:

- the nature of the alleged offending
- the circumstances in which the alleged offending occurred
- the place or places where the alleged offending occurred
- the age and gender of the victims
- the age and gender of the alleged offender
- whether the alleged offender had regular and frequent contact with other children or a group or groups of children and the nature and circumstances of that contact, and
- the opportunities that were available to the alleged offender on which to offend against children.

In order to be properly informed about the above factors the strategy discussion will need to draw on information from a range of practitioners. In extra-familial cases it will generally involve gathering information provided by people 'responsible for' the environment in which the offending is alleged to have occurred. This might be the manager of a campsite, a local library official, an NGO providing respite services, a church youth centre supervisor, or a not-for-profit holiday program leader for children with disabilities. Information must be sought from the people who can answer key questions such as what opportunity an alleged offender had to offend against other children. Practitioners are not in a position to assume answers to this question. Every circumstance is different and every environment can operate differently.

At different times SAPOL and Families SA will need to draw on information from practitioners when assessing risks in intra-familial cases. For example, it is likely to be relevant to inquire about the behaviour and wellbeing of the siblings of a suspected victim. This may involve gathering information from a childcare operator or a family day care provider. What is critical to the strategy discussion is that the information is gathered and used to help establish if there are 'reasonable grounds to suspect that there might be other victims.'

Once an individual child or groups of children are identified as possible victims, SAPOL will undertake and/or approve actions to be taken by other practitioners that will ensure an appropriate response is undertaken. See below – 'Responsibility to inform'

Meeting this principle can have dual benefits – firstly and primarily to the identification of victims and their access to justice and support, and secondly to the potential success of a prosecution.

## RESPONSIBILITY TO INFORM

A number of authorities and persons will need to be informed about suspected abuse and neglect in order to:

- assist in the identification of possible victims, as per the above section
- safeguard other children exposed to an alleged offender
- meet various legislative requirements or administrative agreements such as notifying the Guardian for Children and Young People if the child is in state care.

SAPOL and Families SA are the lead agencies in approving the process of informing others while an investigation and/or prosecution is in progress.

The main focus of the 2012-2013 Royal Commission Independent Education Inquiry (IEI) was an investigation of how to responsibly and lawfully inform people who have a legitimate interest in matters relating to the sexual abuse of children.

The IEI Report sets out when, in what way and with what content various groups should be informed of a justice process relating to alleged child sexual abuse. That process gives due regard to the legislation designed to protect the identity of victims and of accused persons but reinforces that those protections do not prohibit private and confidential communication between practitioners and other relevant adults who are responsible to establish protections and interventions for children.

These private and professional exchanges of information are of acute importance when people such as carers and educators are relied on to monitor the behaviour of children who have been abused or neglected. Families SA has responsibility to ensure that other adults who have a duty of care for children are given enough information about those children's circumstances, behaviours and needs so that new or ongoing risks are recognised and responded to. For example, a carer must be made aware of the behavioural impacts of a child's history of abuse or neglect in order to help address those behaviours and to recognise when new or different behaviours raise concerns that should be reported and investigated. Families SA is authorised to share relevant information for these purposes as outlined in its ISG procedure.

## SERIOUS SEXUAL BEHAVIOUR INVOLVING CHILDREN

(note: this is inclusive of the term 'sexualised behaviour')

Sexual behaviour in children is a normal phenomenon and represents an important contribution to children's healthy sexual development.

However, some sexual behaviour in children is abnormal and can:

- cause the child or other children serious harm and/or
- place the child or other children at greater risk of adult perpetrators and/or
- strongly suggest that the child has been sexually abused by others.

Appendix G Sexual Behaviour Guide – Birth to 18 outlines sexual behaviours in children from birth to adulthood that are generally considered to be either 'age-appropriate', 'concerning' or 'serious.' Practitioners are expected to consult this guide as a means of assessing seriousness.

'Serious' sexual behaviour is generally behaviour by or between children that:

- is coercive, excessive, aggressive, secretive, compulsive, degrading or threatening and/or
- involves a significant difference in age/developmental capability between the children involved and/or
- represents a serious risk to the mental or physical health of the children involved
- may be self-directed or targeted at/affecting others.

### Assessing seriousness

Many factors influence the assessment of seriousness of sexual behaviour such as the age and developmental capability of the child, the context in which the behaviour has taken place, the behaviour history of the child, and the impact of the behaviour on other children.

Like other matters responded to under the ICP, the assessment of seriousness will be based on the contextual information provided by a number of practitioners, including previous intakes and each case will need to be considered on its individual characteristics. Consulting the behaviour chart in Appendix G will assist in establishing a more consistent understanding across practitioner groups about what should be considered serious sexual behaviour in children of particular ages.

Some common features of 'serious' children's sexual behaviours are:

- their persistent nature despite education or interventions, and/or
- where younger or developmentally less able children have been targeted and/or
- where a child has suffered serious harm.

Some sexual behaviour is immediately recognisable as serious. For example an older adolescent accused of rape or sexual assault may be charged with a criminal offence, appear before the Youth Court and may be placed in juvenile detention.

However, young children may engage in a range of serious sexual behaviours that are not understood by them to be harmful or unsafe and may not necessarily be experienced by the children involved as harmful. In these circumstances practitioners need to gather as much information as possible to consider whether the behaviours:

- prompt a suspicion of adult sexual abuse and/or
- indicate serious neglect on the part of the parent/carer
- indicate serious lack of appropriate parental boundaries and/or exposure to violence or other traumatic events.

Adults need to be made aware of children's serious sexual behaviours in order to help divert children from continuing to engage in those behaviours, protect other children in the same environment and to be able to recognise new behaviours of concern.

The feature of 'persistence' is also important in the assessment of neglect as it helps distinguish between parents/carers who respond protectively when made

aware of concerning sexual behaviours and those that are unwilling or incapable of acting protectively. Note that persistence of serious sexual behaviour across a cohort of children may also indicate broader community-based problems. In such circumstances the environmental or situational factors underlying the persistence of children's serious sexual behaviours may only be remedied through community-wide involvement and change.

All sexual behaviour involving children that is assessed as 'serious' (guided by the behaviour chart at Appendix G) will trigger a strategy discussion.

### Respecting the status of 'child'

Responses to children involved in serious sexual behaviour must ensure their status as children is properly recognised and respected.

This means that:

- children under the age of 10 cannot be charged with a criminal offence (section 5 *Young Offenders Act 1993*). Children aged between 10 and 14 are presumed not capable of forming intent to commit a criminal offence, but can be charged when there is evidence to rebut this presumption
- the ICP refers to children against whom allegations have been made as 'children who have engaged in serious sexual behaviour.' This is intended to neither minimise nor exaggerate the seriousness of the behaviour, but to help prevent the use of misleading and inappropriate labels such as 'offender' or 'perpetrator' being applied to children
- using the term 'children who have engaged in serious sexual behaviour' incorporates situations where a child has engaged in serious sexual self-harm as well as situations where a group of children have been involved without an obvious victim
- all children involved in serious sexual behaviour require support – to recover from harm and/or to be diverted from harming others and/or themselves. The strategy discussion record and ongoing case management reflect these non-negotiable dual responsibilities – that is, to children who have engaged in the behaviour and to children harmed by the behaviour
- allegations involving children's serious sexual behaviour can change quickly from an extra-familial to an intra-familial assessment and vice versa. Practitioners need to be open and responsive to these changes
- the *Young Offenders Act 1993* does not prohibit private and confidential communication between ICP practitioners and other professionals who are responding to notifications involving children. It does prohibit publication of identifying information about children involved in the juvenile justice process. This means practitioners must protect

children's identities when planning written or verbal communication with broader stakeholder groups, such as parent communities.

## INITIAL RESPONSE TO CHILD AND PARENTS/CARERS

### The immediate safety of a child

If, prior to the strategy discussion, Families SA or SAPOL have serious concerns about the child's immediate safety in the care of either parent (including the one who is not the subject of the notification), immediate actions through section 16 of the *Children's Protection Act 1993*, to remove the child from the situation must be taken.

### See Appendix H for process of removing children in danger and use of police warrants.

If no direct response to the family has occurred before the strategy discussion, agreed actions at the strategy discussion will inform the initial response. At the outset it is critical to determine whether there is a protective parent in the home. This task will be assisted by information sharing during the strategy discussion. The location, timing and specific agency that will conduct the initial response to the child and family will be agreed. It may be that a joint visit between SAPOL and Families SA to the child's home is considered appropriate (eg, for reasons of worker safety). In specific circumstances, a decision may have been made to visit and speak with the child away from their parents eg, at school.

### Engaging with the child and their protective parents/carers

The initial steps of the investigation should be undertaken in such a way as to involve, inform and engage with the child's parents/carers who are not the subject of the allegation/concern. It is important that the child and their protective parent/carer are kept fully informed of and engaged in the process of investigation and assessment at all times and all relevant stages.

However, if a parent/carer refuses to give consent for a forensic medical or forensic interview, this must be regarded as a very serious matter and appropriate action through the Youth Court should be considered.

Having identified that a parent is protective, Families SA will negotiate appropriate safety plans with the protective parent/carer. These plans will have been discussed as part of the strategy discussion and will be identified on the strategy discussion record. They may involve a wide range of arrangements relating to care and supervision boundaries from sleeping arrangements to permitted visitors etc.

## Helping children and families make informed decisions

It is essential that victims of abuse or neglect (and their protective parents/carers) are advised about the nature of any criminal investigation and the court process. It is important that this is done at an early stage, so that the victims (and their parents/carers) have a clear and full appreciation of the process.

Children who have adequate developmental capacity, and their protective parents/carers who are not under investigation of suspected child abuse or neglect, must be informed that they have a level of control throughout the investigation process, including having their wishes considered in decisions regarding the prosecution of the accused. All ICP practitioners involved in the interagency investigation have a responsibility to ensure that the child and their parent or carer, where appropriate, is fully informed of the progress of the investigation.

## Sighting the child and identifying the presence of any injury

Children who are the subject of an interagency investigation must be sighted by Families SA or SAPOL.

In relation to notifications involving allegations/suspicions that a child has a physical injury, it is important that the Families SA social worker or SAPOL officer attending for the initial response to the child/family determines whether any injury referenced in the notification or any other injury(ies) of concern is present or not.

Consideration needs to be given to whether the notifier who has reported the injury is a health professional, how recently the injury(ies) were seen, the age of the child and whether the body part involved requires the checking of the child by a doctor or other health professional. All young infants should be checked for injury at the beginning of and at appropriate intervals during an investigation.

## The initial interview with the child

The aims of an initial interview with a child will be influenced by the nature of the notified concerns and may include some or all of the following actions:

- talking to the child about how safe they are feeling
- determining whether they have any immediate needs/requests
- clarifying information from the notification
- enquiring about the presence of any injury or health concerns, if relevant
- explaining in developmentally appropriate language what is going to occur during the investigation
- ascertaining the developmental status/emotional wellbeing of the child and informally assessing whether the child might be capable of participating in a forensic interview.

It is important to ask general open-ended questions to encourage narrative responses from the child, rather than asking the child questions that are leading or specific

about the concerns raised. If a child begins to provide information about the allegation or other concerns, it is important to listen, not to interrupt their flow, and then to inform the child that you have heard what they have said, but not to ask any additional questions or seek more information from the child at this time. This information should be obtained in the context of a forensic interview, conducted by SAPOL or CPS so it can be used in the various court jurisdictions. It is also important to accurately document what the child has said as soon as possible after the conversation has concluded.

## Venue for the initial interview

Whenever possible, conducting the initial interview or speaking to the child at their school, or any place other than the child's home, should be avoided. There may be occasions when it is important or necessary to interview the child away from the family home, such as when:

- the child has expressed a fear of going home
- the parent/carer indicates that they will be unsupportive of the child
- the person suspected of being responsible for harming the child may place pressure on the child not to disclose
- the alleged perpetrator may be present.

Wherever the venue, practitioners should be mindful of minimising the number of people present and likelihood of interruptions so as to respect the child's needs for privacy and confidentiality, and to minimise any feelings of anxiety or embarrassment.

## Interviewing at a school or children's service

If it is necessary to speak to a child at a school or children's service, then:

- sufficient time should be allowed to contact the school/service to arrange for the meeting with the child
- a decision must be made as to whether to advise the parents before or after the interview
- parents should be informed as soon as reasonably practicable in the circumstances
- the primary responsibility of the principal or director and their staff is the wellbeing of the child
- all parties need to be sensitive to the needs of the child (consider non-uniformed personnel)
- the presence of the principal or director or a nominated staff member to support the child during the interview depends upon the circumstances surrounding the alleged abuse and/or to whom the initial allegation was made
- if the allegation of abuse or neglect is against a staff member, it is inappropriate for other staff members to be present at the interview
- the person to whom the child first complained of the alleged abuse is a potential witness. Therefore, only in exceptional circumstances should this person be present for any subsequent interview of the child

- If the interview is to be conducted at an education or care location, Families SA must provide a letter to the principal or director outlining its authority under the *Children's Protection Act 1993*.

### Transportation of the child to the forensic interview or forensic assessment/examination

#### Metropolitan

Subject to the discussion about who will accompany the child to the interview, normally the non-abusing parent/carer conveys the child. Issues such as whether the parent/carer is in a domestic violence situation need to be considered.

SAPOL personnel may assist in transporting children in special circumstances – for example:

- if the caregiver has limited financial or physical means of attending the interview
- if country investigation personnel request conveyance of the child from the airport to the interview and/or medical assessment.

See also the interagency agreements regarding removal and transportation of children contained within General Order: Children – Protection.

Normally, the supporting parent will convey the child to the DPP for proofing. However, SAPOL members may assist with this.

#### Rural or remote

Individual local service areas may develop their own arrangements within their local networks regarding an accompanying adult, carer or Families SA officer and the conveyance of a child for medical examinations and/or interview process.

If any difficulties are encountered in these negotiations, referral for assistance can be made to the officer in charge, SCIB. In child sexual abuse cases, it is essential that SAPOL and Families SA consult quickly and regularly to ensure that children are protected and that the criminal investigation is not impeded. It is the responsibility of the officer in charge of a local service area to ensure that liaison is established and maintained between the local SAPOL and Families SA members.

### ASSESSING WHETHER THE CHILD MIGHT BE CAPABLE OF PARTICIPATING IN A FORENSIC INTERVIEW

There is no simple rule of thumb that allows a practitioner to reliably assess whether a child has achieved a sufficient developmental level to be able to participate in a forensic interview and is likely to provide information of forensic value.

It is rare for children three years and less to be able to give, during an interview, sufficient information with the necessary contextual detail for the interview to have potential forensic value, unless they have exceptional developmental capabilities. Their verbal skills are not the best parameter to use in assessing their suitability for interviewing, but rather their ability to describe events or provide a suitable narrative in a reliable context.

Unless there are clear developmental problems, of which many parents or carers will be aware, children between three and four years may have the developmental capacity to provide information of forensic value. Language problems, in and of themselves, should not automatically preclude an interview being attempted as some language difficulties can be worked around.

The agency protocols for forensic interviews and assessments are provided in Appendix B.

### CONTACTING SAPOL IN A DANGEROUS SITUATION

If a Families SA social worker believes that they need the assistance of SAPOL to ensure their safety when working with a particular family, the worker may, in the case of child protection matters, contact the relevant police FVIS or country investigation section for advice on the best response or person to deal with the matter.

In non-urgent and non-child protection matters, if a breach of peace is anticipated when Families SA intervenes, a patrol may be requested by phoning Police Communications 131 444, or in country regions the relevant local police station.

In life-threatening or urgent situations when a police patrol is required, phone 000.

### ALLEGATIONS OF ABUSE WITHIN, OR POTENTIALLY INVOLVING, FAMILY LAW PROCEEDINGS

The following information provides guidance about matters that involve or potentially involve proceedings in the Family Court and Federal Circuit Court of Australia. The information is designed to facilitate the interagency process when these allegations arise. It is applicable to all agencies involved in planning the initial response and ongoing investigation and assessment of these matters.

When child abuse notifications are made where there are Family Court or Federal Circuit Court of Australia orders about a child's living arrangements, there is an onus on agencies to act with a degree of urgency in regard to the child returning to the other parent's care.

Interagency discussion about how to best proceed in these instances is necessary and should follow normal procedure. During the course of the strategy discussion, consideration should be given to the degree of difficulty in obtaining any useful information if the matter is to be dealt with within a short space of time. Additionally, the information needs to be assessed within the context of the family situation. In most situations it may be more prudent to delay the interview to maximise the opportunity for the child to properly disclose their alleged abuse.

There are a number of options that can be taken in these circumstances, which are outlined below.

### **When a court order is in place**

If allegations arise about a child's safety in the care of one parent/carer, where Family Court-ordered care arrangements are in place, the other parent should be advised to consult with their solicitor on the next working day about how best to keep the child safe. The other parent and the Family Court should then be informed of the current concerns.

### **When there is no court order**

Many separated parents have private arrangements or parenting plans rather than formal court orders. The parent/carer should be advised to retain the child in their care pending the outcome of the investigation. Advise them to seek legal advice. The Legal Services Commission offers a free initial consultation service. In many situations there is no need to go through lengthy and costly litigation.

### **Handover of statements to CPS**

Whenever a matter involves the Family Court and the CPS is involved, it will be the responsibility of the police investigating officer to liaise with the appropriate clinician from the CPS concerning the investigating officer's knowledge of the family situation and any SAPOL investigation into the matter.

## **SAPOL CRIME SCENE ASSESSMENT**

During the course of a police investigation involving allegations of abuse and/or neglect, a crime scene investigator may forensically examine a scene. Scene examination may include but is not limited to seizing forensic material, examining and photographing a scene or recreating a scene to assist with the forensic brief and/or investigation.

### **Child images – photography**

All attempts should be made to minimise the number of people photographing children. In all instances where photographing of a child is considered necessary for the purpose of a child protection investigation, a discussion should be held with CPS to establish whether CPS or SAPOL crime scene officers should take the photos. Generally this will be established during the strategy discussion.

For children based in the country, if there is likely to be more than a one-day delay before transfer to Adelaide for a forensic medical assessment, it may be necessary to have initial photographs taken by crime scene detectives, so that vital information about bruise colour, size etc is not lost.

Parents and carers will commonly photograph young children with injuries. SAPOL should obtain such photos during normal chain of evidence procedures and provide them to CPS doctors if required. The weight given to such photos will be limited in the absence of a medical examination.

## **INVESTIGATION CONSIDERATIONS FOR SPECIFIC PHYSICAL ABUSE CIRCUMSTANCES**

### **Infants with injuries**

In cases of inadequately explained injury in infants who are not independently mobile (generally under one year of age) or older children with limited mobility due to disability, there should be a high index of suspicion for an inflicted mechanism in the case of inadequately explained injuries. All young infants with inadequately explained injuries should be considered 'in need of protection from imminent or current serious harm' and therefore the concerns should be assigned an urgent (Tier 1) rating.

Infants with current injuries will likely be admitted to hospital for a forensic medical evaluation to ensure their immediate safety, and also because forensic radiology and other investigations are commonly required. Careful consideration of a child's safety needs is required at the time of the admission and will usually involve Families SA conducting an initial assessment of the infant's parents and developing a plan for the child's safety, which may involve Families SA supervision of all parental contact, limited visiting hours, and the employment of nannies or other measures.

### **Children with injuries**

Notifications that relate to children with current injuries suspected of being inflicted by a person should be immediately referred to SAPOL and CPS for an urgent strategy discussion. In young children with limited verbal capacity and in children with a disability, the appearance of their injuries may be the most important piece of evidence in determining whether they are likely to have suffered inflicted injury. This information is imperative for any future criminal proceedings and determinations of a child's future safety. With the passage of time and healing, the appearance of injuries, particularly bruising, changes. This limits any conclusion about the original appearance and hence compatibility with any reported injury mechanism. For these reasons there should be no delay in beginning the initial strategy discussion, which may lead to a referral for a forensic medical assessment and injury photo documentation occurring.



### Suspected induced or fabricated illness

Fabricated or induced illness (FII – previously referred to as Munchausen by Proxy and still referred to as ‘medical child abuse’ by some experts) refers to situations where a child has been harmed either as a result of repeated medical interventions in response to the parent/carers claims of medical symptoms, or through a parent/carer actually causing an illness in the child. In this situation, a child’s safety must be considered at imminent risk and an urgent response is required. In situations of suspicion of illness fabrication, initial case conferencing with involved medical staff to determine whether all likely medical conditions have been reasonably excluded should occur before making a notification.

### Suspicious ingestion of non-prescribed medication or illicit drug

Notifications that identify information about the suspicious presentation of children considered to be exposed to or intoxicated as a result of non-prescribed medication/drugs require an urgent response so that toxicological samples can be collected for forensic analysis. Collection of these samples requires consent under the *Criminal Law (Forensic Procedures) Act 2007* and hence the involvement of the interagency process is required to achieve this.

Children living in households in which drugs are manufactured may be exposed environmentally and are also at higher risk of ingestion.

Toxicological analysis can be conducted on children’s hair, blood and urine samples. The CPS paediatrician will determine the most appropriate sample based on the specific circumstances.

A focus of the interagency investigation will be the determination of whether the child was administered the drug by an adult or obtained the drug as a result of inadequate parental supervision/neglect.

## CHILD NEGLECT

Neglect is the most common category of abuse notified and relates to omissions in care of a child, which have caused the child to suffer physical or psychological harm. It more often relates to an ongoing or fluctuating level of inadequate care rather than a single event of neglect. As a result the harm is cumulative and can be associated with extremely damaging effects on a child’s wellbeing and development which may be lifelong. Most critically, neglect can be, and has been, fatal for children.

It is quite common in circumstances of neglect for there to be multiple notifications that do not reach the statutory threshold for investigation. It is therefore crucial for previous notification history

to be considered when determining whether a new notification requires a thorough investigation.

Neglect is typically divided into five types and it is very common for many types of neglect to coexist within a family group.

The types of neglect are:

- physical
- psychological/emotional
- educational
- medical/dental
- supervisory.

Given the chronic nature of child neglect, the sourcing of all relevant agencies’ information is of the utmost importance so that a comprehensive understanding of the family circumstances is obtained. Factors that may contribute to neglect of children include:

- drug and alcohol misuse
- mental health issues
- domestic violence
- trauma history
- intellectual impairment
- severe domestic squalor.

This list of contributing factors to child neglect reinforces the range of agencies that may need to be involved in a coordinated interagency response. The strategy discussion checklist is designed to ensure that information is sourced from and shared with all the agencies that will play a role in responding to both the cause and result of child neglect.

## SEVERE DOMESTIC SQUALOR

Severe domestic squalor refers to households that are extremely cluttered, in a filthy condition, and where the accumulation of items such as personal possessions, rubbish, excrement and decomposing food creates an environment that jeopardises the health and wellbeing of the occupants.

Furthermore, ‘normal’ household activities such as cooking, bathing and sleeping are impeded or impossible. In extreme cases, severe domestic squalor may also have an impact on neighbours because the property may be a fire hazard, emit a foul odour and harbour vermin. See ‘A Foot in the Door: Stepping towards solutions to resolve incidents of severe domestic squalor in South Australia’ available at [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

SAPOL will obtain photographs and a video recording of such homes using their general search warrant provisions. Notifications to Families SA should be made in these circumstances and a strategy discussion convened to agree further investigation approaches.

This investigation typically involves other agencies such as the Metropolitan Fire Service (fire risk), health authority (hygiene risk), and Housing SA (details about the tenancy).

## MEDICAL NEGLECT

Notification of medical neglect should occur when medical professionals have reached the conclusion that:

- failure to adhere with recommended medical treatment has or is likely to cause significant harm to the child
- a parent/caregiver has not sought timely medical attention for the child in relation to a significant issue
- all reasonable attempts have been made by health professionals and others to address any barriers to the parents/carers agreeing to, accessing and maintaining the medical treatment
- these concerns have been put to the parents/carers both verbally and in writing, ensuring that any cultural and language barriers have been addressed.

An expected outcome from a strategy discussion would be the organising of a case conference between medical staff and Families SA. Here it can be further established whether all reasonable efforts to engage the family and overcome any obstacles to treatment have been undertaken and documented, and that statutory intervention is the required next step. How the family should be approached and the urgency of the medical treatment must be established during the case conference.

The CPS consultant and psychosocial clinician may be involved along with Families SA in convening/contributing to the case conference.

## DOMESTIC VIOLENCE

Children's exposure to domestic violence is a form of child abuse. Domestic violence can be, and has been fatal for children. Its impact may involve physical, emotional or sexual abuse and various forms of cumulative neglect.

Depending on their nature, notifications relating to domestic violence will be a justification for strategy discussions and interagency responses.

The strategy discussion checklist requires that liaison with MAPS occurs as part of the gathering of background information. This is an essential check to ensure that the presence or history of domestic violence contributes to the judgement regarding the level of risk children are exposed to, and to the subsequent planned interagency actions.

The vulnerability of infants to harm in violent environments and the impact of violence on brain development are critical factors that must be considered within the strategy discussion.

## SUSPICIOUS CHILD DEATH

When a child dies and there are suspicious circumstances surrounding that death it is imperative that a Families SA notification is made and that a strategy discussion is convened. An important focus of this interagency discussion will be the existence of any siblings residing in the family home and an agreed approach to ensuring their safety. It is also imperative that siblings are sighted so that any injuries or signs of neglect can be documented as soon as possible.

In situations where there are current or past concerns related to neglect, consultation with CPS may be required. In circumstances where other children under seven or over in negotiated situations may have information of importance with regards to the circumstances surrounding the child's death, a referral to CPS to conduct a forensic interview is necessary.

## INVESTIGATION CONSIDERATIONS FOLLOWING ALLEGATIONS OF SEXUAL ABUSE/ASSAULT

CPS pediatricians will provide forensic medical assessments for children less than 16 years depending on the agreed geographical distribution, based on the child's primary place of residence not the location of the alleged assault. There are currently no practitioners outside of metropolitan Adelaide who have the required expertise to conduct forensic medical assessments on children. Young people over 16 years requiring a medical assessment should be referred to Yarrow Place Rape and Sexual Assault Service.

If a child or young person has any significant medical needs (altered consciousness, serious injury, significant intoxication) they should be transferred to the nearest hospital emergency department. Transfer to hospital should not occur for forensic examinations in otherwise well children/adolescents until after discussion with the appropriate CPS service. Emergency Department doctors do not conduct forensic assessments on children.

Whether or not a forensic medical assessment in relation to allegations of sexual assault is indicated will be initially discussed at the strategy discussion and then again, if necessary, after the forensic interview of the child has been conducted by either CPS or SAPOL.

CPS paediatricians will determine the urgency of the forensic medical assessment based on the following considerations: the likelihood of DNA evidence being present, time since the assault occurred (DNA in the high vagina can still be obtained up to 5-7 days), the relationship of the alleged perpetrator to the child (limited value in contact DNA when perpetrator has had prior contact with child), the type of sexual contact alleged (oral and anal ejaculation require a more urgent response), presence of any symptoms indicative of injury

(pain, bleeding) and the age of child. A strategy discussion involving the investigating SAPOL detective who has the most comprehensive knowledge of the case is therefore important before any arrangements for a forensic medical are made.

When conducting forensic procedures with victims of abuse and neglect, consideration should be given to the general principles for carrying out forensic procedures as detailed in part 3, division 1 of the *Criminal Law (Forensic Procedures) Act 2007*. This specifies that consent from a parent or guardian is required for all children under the age of 16 years, before the forensic medical assessment is arranged. If there is no appropriate person to give the necessary consent, decisions will need to be made about intervention by Families SA through section 16 or investigation and assessment orders and/or in some circumstances, (usually sexually assaulted adolescents), consent can be provided by a senior police officer (at or above the level of inspector, division 1, section 9 *Criminal Law (Forensic Procedures) Act 2007*).

In all situations the child or young person must provide their assent and co-operation with the forensic examination. If they are not agreeable as expressed verbally or by their behaviour (young children) the forensic procedure cannot proceed. This does not refer to situations where the child has injuries that require medical treatment when the *Consent to Medical Treatment and Palliative Care Act 1995* provisions apply. Samples to be used specifically for forensic purposes cannot be collected in relation to this Act; specific consent is required as per the *Criminal Law (Forensic Procedures) Act 2007*.

In specific circumstances forensic medical assessments will be indicated when a sexual assault is not recent (historical), as residual signs of injury may be present and thereby support a child's allegations.

## ACCESS TO COUNSELLING

Children and their protective parents have a right to information relevant to children's immediate and long-term health and wellbeing needs. It is not appropriate to delay the referral for therapeutic or counselling services for children who have experienced abuse or neglect, based on concerns that it may impact the justice response.

Practitioners are responsible to ensure that other services involved in providing support to a child or protective parent are given information:

- relevant to the service provider being able to meet the child's needs
- necessary for the service provider to avoid compromising an investigation and trial.

CPS and counselling or therapeutic services play extremely important roles in helping protective parents understand how to support their child without questioning them in an inappropriate manner. This consistent advice also protects against tainting a child's evidence.

Therapy referrals to the CPS should be routine for children or young people who SAPOL have identified to have been sexually assaulted and who have been interviewed by SAPOL. The CPS will decide on the best therapeutic source for the child or young person and family and coordinate the beginning of the referral process within CPS or refer appropriately to another agency such as CAMHS.

The same process of referral should be followed in rural/remote areas. CPS will advise Families SA and/or SAPOL on whether the child should be seen in Adelaide or in another location and by whom.

## Families SA

It is the role of the Families SA social worker to consider the referral of family members for therapy. This includes siblings, parents and other relevant members of the household.

Family members can be referred to a number of different health professionals. It is important that the social worker making the referral understands the range of services available, has a clear knowledge of the skills of the various practitioners providing such services, and discusses the reason for the referral with the client as well as the therapist to whom the referral is being made. The social worker should seek to ensure that families are engaged with services as some vulnerable families will find the referral process challenging.

Consent for release of information should be discussed with the family at the time of referral.

## SAPOL

In all instances, information about the various therapeutic services should be provided to the child and/or their caregiver.

In the metropolitan area, SAPOL may consider referring the matter on to a victim contact officer so they can assist with the victim's needs. However, the number of people that the child comes into contact with should be kept to a minimum.

# Prosecution and court matters

## DECISION MAKING

Action to protect a child from further abuse may be appropriately taken by family members, including extended family. Sometimes this may involve applications to the Family Court for parenting or residence orders.

There may be circumstances, however, when formal state intervention is needed. Orders are sometimes sought through the Youth Court to ensure that appropriate assessments are completed or immediate action is taken under section 16 of the *Children's Protection Act 1993* to protect a child from further abuse. In less urgent situations, a family care meeting may be convened, or an application made to the Youth Court for an investigation and assessment order or a care and protection order to secure the child's protection.

Such intervention requires the coordinated involvement of several agencies. The various activities undertaken by agencies during this stage should represent a planned and coordinated response to the investigation and assessment conclusions. An interagency case conference can be useful to structure the approach to the Youth Court.

Within the criminal jurisdiction, SAPOL investigators gather the evidence and then decide whether to report or arrest the person suspected of having committed the abuse, or to file the matter. In all situations the police officer is to consider whether or not the intended action is in the best interests of the child, and should consult with all relevant agencies to obtain their views.

Having considered a police brief of evidence, the DPP then decides whether a criminal prosecution is warranted.

Each agency has a particular role and mandate. It is important in such cooperative arrangements that practitioners from each agency do not assume the responsibility for, nor prejudice, another agency's role in the child protection or criminal process.

The following information gives guidance with regard to these issues.

## FAMILIES SA

In considering the issue of protection of a child there are options other than the criminal process that can be used. The *Children's Protection Act 1993* gives Families SA the responsibility of making applications to the Youth Court for investigation and assessment orders and care and protection orders when the safety of the child cannot be

assured within the family setting. An investigation and assessment order might include an order that a parent/carer cease or refrain from residing in the same premises as a child (the standard of proof for such applications is the balance of probabilities).

Social workers will consult with their Families SA office supervisor to determine the need for a court order application, the grounds for the application, and the types of orders required. In the case of an Aboriginal or Torres Strait Islander child or young person, consultation will take place with the appropriate Aboriginal organisation. After consultation with the CSO, the solicitors from the CSO represent Families SA in making an application to the Youth Court.

Any person breaching Youth Court orders can be prosecuted, and the matter can be referred to SAPOL for investigation.

## SAPOL

The decision to arrest or report a person suspected as responsible for an alleged abuse should be made in accordance with SAPOL general orders.

The decision-making process may involve consultation with Families SA and/or CPS workers who have dealt with the child and the family.

Importantly, the wishes of the child, and caregiver where appropriate, should be sought and, where possible, respected.

Whilst the threshold of what constitutes a 'reasonable cause to suspect' rests with the individual police officer, consideration should be given to the amount and type of useful information that children of a very young age can communicate before proceeding to charge a person.

## Prosecution decision process and guidelines

It is extremely useful for the DPP to have the contact details for both the Families SA and CPS officers so that they may assist in the assessment of the prosecution files.

### Proofing of the child witnesses

The DPP will advise the police investigator of the intended proofing session with the child.

If the investigator was the person who took the statement, attendance at the proofing will be arranged with them. If possible, the DPP will arrange for Witness Assistance Service officers to attend at all proofing sessions for children.

The DPP must be given copies of the video and/or audio recordings of interview when it is requested. These tapes are an important means by which the prosecutor can assess the presentation of the child in order to make a determination about a reasonable prospect of conviction.

The prosecutor would usually arrange for the child to view the video before proofing to ensure that the child has the best chance of accurately recounting the circumstances surrounding the allegations.

The prosecutor would not as a matter of course provide a copy of the video or audio tape to the defence counsel. They will, however, permit the viewing of the video by defence at the DPP office, and if an expert for the defence wishes to view the video, the DPP would facilitate this.

### Conveying the child to the proofing

Normally the supporting parent will take the child to the DPP proofing. However, the officer in charge of the matter may help in this regard.

## PROSECUTION PROTOCOL FOR THE DPP

SAPOL is the investigative body that provides a brief with an attached record of interview of the child (or witness statement if the child is over the age of 14 years).

### The forensic interview

The interview (or statement) needs to specify with some particularity the identity of the alleged offender and to provide sufficient detail of the alleged offence/s to enable the DPP to identify the appropriate charges. It is essential that the interviewer is appropriately trained and provided with sufficient material to enable them to conduct an interview that covers all the essential elements of the alleged offence.

It should be kept in mind that forensic interviews of children may ultimately be tendered in court and used as the child's evidence of sexual offending. Where possible, the interviewer should aim to separate the conversation in relation to different topics (that is, different offender, witnessing abuse against another victim). This will, where necessary, allow for interviews to be edited by topic before being tendered in court proceedings.

It is clearly undesirable to conduct multiple interviews with a child. In the case that insufficient detail is contained in the interview, the DPP will liaise with SAPOL and/or CPS. Reinterviewing should only occur if it is not possible to decide whether or not to prosecute without doing so or if further disclosures are made which require a further interview to be conducted.

There must be enough detail to identify an occasion upon which it is alleged the offence/s occurred. For example, when dealing with old offences, reference to the grade the child was in is not helpful unless the age at which the child started school is known.

There must also be enough detail about the sexual behaviour to determine the individual offences (such as persistent sexual exploitation) or charges based on the course of conduct.

The interviewer must not lead the child or suggest answers, as this defeats the purpose of the interview and makes it impossible to determine whether the child can give an intelligible account of events.

Before the interview the interviewer should be apprised of relevant facts so that they know what topics need to be canvassed and what needs clarification.

If there was a recent complaint by the child it is very important to ask the child how they came to make the complaint and what it was they said.

In cases where the DPP requires further information or assistance in relation to the cognitive development or any other matter relating to the child, or the family circumstances of the child, contact may be made with CPS either directly or through the investigating officer.

### The assessment

An assessment is made in all cases about whether there is a reasonable prospect of conviction. In most cases, the child will be 'proofed' by a solicitor from the DPP. The assessment may include considerations of the following factors:

- the age of the child
- whether the child can give an intelligible account of events
- the ability of the child to give sworn or unsworn evidence
- any supporting evidence, including medical and forensic evidence
- whether the alleged offender has made any admissions of guilt and, if so, what they admit
- any relevant previous complaints of sexual abuse
- the attitude of the child and/or parent or carer to the matter proceeding before the criminal courts
- the support that is available to the child, including counselling and medical assistance
- any other relevant factor.

If it is determined that there is a reasonable prospect of conviction and the matter proceeds, the child and parents are regularly kept informed of the proceedings. In the event of new evidence or a change in circumstances, it may be necessary to reconsider whether there is a reasonable prospect of conviction.

In the event that there is not a reasonable prospect of conviction on the available and admissible evidence, the child and parent or carer must be promptly informed and given an opportunity to speak to the prosecutor about the decision

### **Engaging with the child**

The child and their parent/carer must be advised of their rights in relation to special arrangements for vulnerable witnesses such as use of closed circuit TV, prerecording and replay of evidence, use of a screen or partition, a closed court, a court companion or other relative and friend for provision of emotional support, communication assistance, extra time and breaks and removal of wigs and gowns. The general procedures for giving evidence will be explained and any special requirements will be arranged. This will be done by the prosecutor or, where appropriate, the child witness assistance officer.

Where possible, the child witness assistance officer will be available to all child witnesses who require information, counselling and/or a support person for court proceedings, including pre-trial arrangements. This officer will be able to provide general information to the parents or carers and refer questions of a legal nature to the prosecutor. Children identified as having complex communication needs are entitled to a communication partner or use of a communication device.

### **Informing the child and parent or carers of outcome after trial**

After the trial the child and their parents or carers must be promptly informed of the outcome and be given an opportunity to speak to the prosecutor and/or child witness assistance officer if they wish.

### **Keeping Families SA informed**

The Witness Assistance Service (DPP) endeavors to keep Families SA informed at all relevant stages of the process if the child is under the guardianship of the Minister or Families SA are actively involved with the family.

### **Crown Solicitor's Office**

As legal representatives of the Minister for Education and Child Development or the Chief Executive of the Department for Education and Child Development, the solicitors from the CSO present evidence to the Youth Court in connection with applications for either care and protection orders or investigation and assessment orders.

The evidence adduced is a combination of that gathered by Families SA caseworkers, statements taken from witnesses or victims by SAPOL, and medical reports, interviews and assessments conducted by the CPS. Unlike the DPP, the Crown Solicitor's Office does not have cause to interview a child victim or call a child victim to give evidence in the Youth Court. This is because of

the provision in the *Children's Protection Act 1993* that requires a child who is the subject of proceedings to be represented by a legal practitioner. This practitioner is normally provided from the Youth Legal Services of the Legal Services Commission, except when the child is of Aboriginal or Torres Strait Islander descent, in which case a private practitioner funded by the Legal Services Commission will represent the child.

### **Pre-trial special hearings**

From 1 July 2016, pre-trial special hearings are available upon application for a witness who is a young child (of or under 14 years old), or a witness with a disability that adversely affects their capacity to give a coherent account of their experiences or to respond rationally to questions. Pre-trial special hearings are only available in proceedings for serious offences against the person, or breaching of intervention or restraining orders.

# Outcome discussion and ongoing case management

## OUTCOME DISCUSSION

The length of the investigation and assessment phase will vary but will typically start with the strategy discussion and cease when the outcome discussion is concluded and an agreed lead agency has responsibility for ongoing case management.

The agency responsible to convene the outcome discussion will be determined and recorded as part of the initial strategy discussion.

The purpose of the outcome discussion is to:

- share the outcomes of all investigations conducted
- share the opinions of practitioners involved
- collectively formulate an agreed case direction and ongoing case management (see below).

The outcome discussion should occur following any interagency investigation and assessment and before any lead agency closes their involvement or makes significant case direction decisions.

The agreed outcomes will be documented by the lead agency on the ICP record (see Section 3) and circulated to the other parties involved in the interagency response for endorsement.

## ONGOING CASE MANAGEMENT

An investigation may take a year or more before it is considered concluded. The needs of children subject to the ICP processes, however, may never 'conclude' in the same way that an investigation or court process concludes. Unless supported, abused and neglected children may suffer lifelong impacts that disadvantage them in all aspects of their lives and, ultimately, disadvantage the families and communities in which they live.

For this reason the outcomes discussion must identify a lead agency that will monitor and record the long-term actions of a number of agencies or organisations that assist a child towards recovery from harm and protect against future harm.

The lead agency for ongoing case management must be identified on the ICP record and the case management plan attached or referenced to an agency file.

## LEAD AGENCY

Initially either Families SA or SAPOL leads the ICP process. Families SA will continue to lead the case management of families where abuse or neglect has been confirmed and where there is an assessed risk of further abuse. Families SA's ongoing case management responsibility is to coordinate its service provision with other agencies, ensuring that the level of care is monitored and evaluating the family's progress in meeting the objectives of the case plan. In some circumstances and at a particular stage it may be agreed that a health service such as CPS, CAMHS or a non-government agency assumes leadership.

SAPOL will continue to ensure critical information flows quickly to the lead agency, such as when child abuse matters are either withdrawn prior to court or a nolle prosequi is entered during the trial. In these instances, the investigating police officer will advise Families SA of the withdrawal of charges, especially where the only orders helping to secure the child's safety are provided for by SAPOL or court bail. During the time leading up to court, the accused may breach their bail conditions. These breaches may place the child's safety in jeopardy and SAPOL needs to ensure the lead agency has this information so protective action is coordinated between the people working with and caring for the child.

In extra-familial cases SAPOL may hand over ongoing case management to an agency such as an education sector or to community youth justice services.

The lead agency for ongoing case management may change as a child's circumstances change. Whichever agency assumes leadership, it must ensure that a child continues to be monitored and that relevant information flows quickly to and from it as the lead agency eg, trial or offender information as outlined above, new disclosures from a child or new identified risks to children.

## ONGOING CASE MANAGEMENT AIMS

It is the lead agency's role to monitor that the following aims are met:

- practical arrangements are in place to protect a child's physical and emotional safety based on understanding how and when threats to their safety are likely to arise in their particular environment
- a child has access to appropriate counselling and/or other health services as their needs emerge and change
- those services either assist their recovery from harm and/or divert them from harming others
- a child who has been placed in out-of-home care has received both an initial and comprehensive health assessment
- a child is engaged with an education program that adapts to their needs and helps support their recovery
- a child's protective parents or carers are provided with appropriate support and information
- all ongoing information relevant to protecting a child is immediately shared between the agencies/organisations working with and caring for that child. See Appendix F.

In matters that involve serious sexual behaviour between children, ongoing case management must be provided to all children involved; that is, to children who have been harmed and to children who engaged in serious sexual behaviour and need to be diverted from harming themselves or others. The lead agency for these two children, or groups of children, will not necessarily be the same.

Ongoing case management is heavily reliant on the support mechanisms outlined in Section 8 Essential Support for Interagency Work.



# Management of records

## STRATEGY DISCUSSION AND OUTCOMES RECORD

It is the responsibility of SAPOL, Families SA and CPS (if participating) to each store a copy of the strategy discussion and outcomes records within their respective agencies. Storage must be secure and accessible for auditing, trend analysis, research purposes etc.

## CPS REPORTS – FORENSIC, MEDICAL OR PSYCHOSOCIAL ASSESSMENTS, PHOTOGRAPHS

### Forensic and medical or psychosocial assessment reports

The investigating officer should advise the CPS clinician of any specific timeframes for the provision of reports. This should occur as soon as the timeframe is known.

The medical report will be supplied in a declaration form at the request of the investigating officer. Otherwise the report will follow the standard format.

- WCH CPS: Requests should be directed to the director, CPS
- FMC CPS: Requests should be directed to the director, CPS.

The child's forensic interview report or psychosocial assessment can be attached to the brief of evidence. This provides the DPP with the family background information that they require to make an assessment of the file (for issues concerning disclosure of these documents to defence counsel, refer to the appropriate DPP prosecution policy).

### Photographs

To obtain photographs for the purposes of copying them for court processes, the following arrangements have been agreed to:

- WCH CPS: Liaise directly with the CPS director
- FMC CPS: Liaise directly with the CPS director
- Any photographs produced by SAPOL remain the property of SAPOL.

### Electronic recordings and transcripts

The DPP may wish to view the recording of a forensic interview undertaken by CPS.

The DPP may wish to view the recording:

- for initial evaluation of the case
- for 'proofing'
- to show defence
- to allow any different solicitor assigned to the case to watch it
- to allow the prosecutor to watch it
- for use in trial in case any inconsistent statement is made and it must be played to the witness giving evidence.

If a member of the DPP wishes to view the recording of an interview conducted by the CPS with a child, the DPP prosecutor will contact the CPS by telephone or in writing to request its release for this purpose.

- The CPS will advise when and where the record of the interview will be available
- The DPP will then contact the investigating officer to arrange a viewing of the interview
- The record of the interview will then be collected by that officer who will provide a receipt to the CPS
- The record of interview will then be delivered to the DPP, and a receipt will be provided to the officer delivering the tape.

When the DPP no longer requires the record of interview the investigating officer will again be contacted to collect it, and a receipt provided. The record of interview will then be delivered to CPS, where a receipt will be provided to the delivering officer.

## SAPOL RECORD OF INTERVIEW, TRANSCRIPTS, PHOTOGRAPHS

### SAPOL and DPP

A transcript is normally supplied with the brief of evidence.

A copy of the child's electronically recorded interview will be supplied to the DPP upon request.

A child's electronically recorded interview may be viewed at the SAPOL facility provided that prior notice

is given. A quiet and private area will be provided to view the electronic recording.

Generally, no electronic recording will leave SAPOL. Permission for the removal of an electronic recording is at the discretion of the relevant SAPOL supervisor. Section 104(4)(b) of the *Summary Procedure Act 1921* outlines the requirements for prosecution (DPP and SAPOL) to allow the defence access to the electronic recording of the child's interview. The DPP protocol is outlined within that agency's code of practice. When considering whether or not to provide access to child interviews to defence, advice should be sought from the officer in charge, Special Crime Investigation Branch.

### SAPOL and Care Concerns

When Families SA Care Concerns Management unit (CCMU) or DCSI Care Concerns Investigations (CCI) is involved in a joint investigation with SAPOL, or needs to have a copy of the transcript of the child's interview for its ongoing work, the agreed protocol is that:

- a copy of the transcript and/or synopsis of the child's interview may be forwarded to the requesting CCMU or CCI officer
- photographs of any injury will not be routinely supplied but can be viewed
- the electronic recording of the interview will not be released but will be provided to the Youth Court, via the Crown Solicitor or by subpoena.

The request should be made to the officer in charge, Family Violence Investigation Section (metropolitan) or officer in charge of the relevant country investigation area.

The transcript or synopsis will be made available to CCMU or CCI should it be requested. CCMU and CCI hold delegated authority in relation to section 19 of the *Children's Protection Act 1993* and are entitled to be provided with information in relation to the investigation. Requests for hard copy information must be directed in writing to the manager SAPOL Information Services Branch. The SAPOL officer who releases the transcript will advise the requesting CCMU or CCI officer of the circumstances under which the statement was obtained eg, any confidentiality requirements expressed by the victim or supporting caregiver.

### SAPOL and the Crown Solicitor's Office

From time to time the CSO, which acts on behalf of Families SA in Youth Court applications, may need to secure the electronic recording and/or transcript of a child's forensic interview. In these circumstances the electronic recording and/or transcript can be delivered either to the requesting solicitor from the Crown Solicitor's Office direct or to the Youth Court by subpoena. The release of CPS reports in these circumstances should be made with due consideration of 1. possible compromising of the criminal investigation or 2. acting against the child's best interests.

### SAPOL and the Family Court

The electronic recording or transcript of the child's interview will only be supplied to the Family Court by subpoena. Delivery is normally made to the Registrar; however, in some instances production can be made direct to the court.

## RECORDING OF INFORMATION

### SAPOL recording the interview (also applicable to the CPS process)

The legislation that underpins the recording of interviews can be found in section 104 of the *Summary Procedure Act 1921*. On these occasions, the record of interview may be made by either:

- an audio-visual record
- audio record
- verbatim written format.

A written transcript of the interview must be verified by an investigating officer who either conducted the interview or who was present at the interview. A PD133: 'Verification by a police officer of transcript/written statement' needs to be submitted for the criminal process.

However, when interviewing certain vulnerable witnesses for serious offences against the person pursuant to section 74EB of the *Summary Offences Act 1953*, the record of interview must be made as an audio-visual record.

The interview with the child will be electronically recorded in all cases where the child is of or under 14 years of age, or is illiterate, or is a person with a disability that adversely affects their capacity to give a coherent account of their experiences or to respond rationally to questions. If audio-visual facilities are not available an audiotape of the interview can be used.

Unless the child is illiterate, or is a person with a disability that adversely affects their capacity to give a coherent account of their experiences or to respond rationally to questions, or is a non-English speaker and a translator is required, interviews of children of 15 years and over must be in the form of a written statement verified by declaration (PD 166).

This does not preclude an officer from electronically recording the interview and later compiling a typewritten statement.

The audio-visual recording is sometimes used in the sentencing proceedings to show the level of maturity, the level of intellectual functioning and the appearance of the child at the time of the offence. The delay in finalisation of matters, and a desire not to call a child to give evidence except when absolutely necessary, means that an audio-visual recording can be useful at sentencing, and care should be taken to ensure the quality of both the audio and the visual recording.

## REPORTS PRODUCED BY THE AGENCIES

Although it is appropriate and necessary to share information between agencies, the protocols of the agency that owns the report should, as much as possible, be followed before using or releasing any part of that report to third parties.

### Reports produced by CPS

Any reports produced by a clinician from CPS remain the property of Women's and Children's Health Network through CPS Women's and Children's Hospital, and to Southern Adelaide Local Health Network through CPS Flinders Medical Centre. These reports are routinely provided to Families SA and SAPOL as part of the process of referral and assessment.

### Reports produced by SAPOL

Synopses of child interviews are not to be completed by SAPOL personnel.

When an investigating officer does not personally interview the child, they are to view the interview at the time it is conducted. If this is not possible the interviewing officer is to provide the investigating officer with a video or audio copy of the interview as soon as possible. The investigating officer will then personally view or listen to the interview.

When it is determined by the officer in charge, Special Crime Investigation Branch (SCIB), in accordance with SAPOL policy, that an alleged offence involving a child falls within the ambit of the SCIB, they will be responsible for both investigating the offence and interviewing the child.

When the expertise of the SCIB is sought to interview a child, a request for such assistance is to be made via the operations inspector at SCIB.

Tapes will only be transcribed when:

- a disclosure is made
- there is a likelihood of the matter proceeding in criminal court
- other practitioners may view the child's electronically recorded interview after prior arrangement with the officer in charge, SCIB.

These reports remain the property of SAPOL.

## STORAGE AND DESTRUCTION OF THE CHILD'S ELECTRONIC RECORDING

### SAPOL

The storage of forensic police electronic recordings will be in accordance with SAPOL General Order – Electronic Recording of Interviews. The destruction of these police electronic recordings will be as per the *State Records Act 1997*.

### CPS

The FMC and WCHN Child Protection Services retain the audio-visual recording of the forensic interview in the child's CPS record.

# Essential support for interagency work

The success of the ICP in meeting its purpose relies on:

- structures that facilitate and embed interagency work
- mandatory training and/or professional development for ICP practitioners
- support to resolve disputes and escalate systemic issues.

These are described as 'essential' structures for good reason. The ICP will be of limited value at best, or represent a potentially dangerous resource at worst, if the individuals using it are not supported as outlined below.

## INTERAGENCY STRUCTURES

The ICP assumes that agencies and organisations will work with each other to achieve a common broad goal of child protection. However, the outcomes of child protection reviews and inquiries often point to the inconsistency or inadequacy of interagency collaborations. They highlight that goodwill and commitment at an individual agency or practitioner level are not enough, on their own, to sustain effective interagency work.

The expectation that practitioners will work in partnership with each other must be backed up by systems that promote and facilitate partnerships. Interagency collaboration cannot be seen as a luxury or an activity 'at the expense' of an agency's or organisation's mandate.

The ICP relies on the continuous operation of a senior executive interagency review committee, that:

- requires regular reports/audits on interagency work, including through analysis of strategy discussion and outcome records
- escalates systems issues identified as part of strategy discussions to the relevant inter-ministerial or cabinet subcommittee
- provides oversight and auditing of the ICP interagency training and is responsible for ensuring its continuation and access.

Interagency work is also supported when agencies and organisations:

- promote and maintain formalised interagency meetings and communication structures (outside the operation of the ICP) for frontline practitioners in metropolitan, rural and remote locations
- include interagency collaboration as part of performance reviews and set key performance goals that take account of the time required for interagency collaboration.

## TRAINING AND DEVELOPMENT

The ICP outlines responsibilities that apply to agencies in partnership. These responsibilities are strongly interdependent because they rely on:

- joint decision making
- complementary approaches to speaking with and interviewing children and their families
- careful sequencing of actions.

It is highly desirable that training provided to agencies that play a role in the ICP is genuinely interagency in nature. The best possible way for practitioners to learn about working in partnership is to participate in joint training.

ICP-specific training is currently provided through the Justice Studies Division of TAFE SA. Where ICP-specific training is not relevant or practicable, agencies must ensure they reference the ICP within their professional development and/or induction programs and attempt at all times to codeliver training with their closest interagency partners.

A senior executive of the Interagency Review Committee must monitor:

- the continued provision of multi-disciplinary ICP-specific training
- its quality and appropriate level of certification
- its mandatory status for all practitioners routinely involved in strategy discussions (SAPOL, Families SA and CPS)
- the availability of interagency training arrangements across metropolitan, rural and remote locations.

## DISPUTE RESOLUTION

The commitment to resolve disputes is a professional obligation of all ICP practitioners. Differences of opinion during the ICP process can be expected. However, the manner in which these differences are managed is important to all aspects of the ICP's purpose.

Critically, they must be managed speedily and the protection of children from immediate danger must take precedence over practitioner disagreement.

Responsibility for resolving disputes rests, in the first instance, with those directly involved.

## The recommended process for managing disputes

- Give participants the opportunity to explain what they think is wrong about the actions under discussion. This will help identify misunderstandings about relevant legislation, ICP practice or roles.
- Focus on what each practitioner believes is in the best interests of the child. Aim to find the exact point of the dispute – is it *what* should happen, *how* it should happen, *when* it should happen or *by whom*?
- The above processes will assist in clarifying what may need to be referred to senior personnel for their decision or action. It will help distinguish differences of opinion about what is in the best interests of the child from systemic or resourcing issues that compromise how those interests are met.
- If agreement cannot be reached on what is in the best interests of the child or how the interests will be met then urgent assistance should be sought from senior personnel. If a child is in immediate danger, SAPOL/Families SA will act to protect a child while the assistance of senior personnel is sought.
- If the disagreement highlights recurring systemic problems associated with legislation, policy/practice, resourcing or training these must be reported to senior personnel and recorded on the strategy discussion record.
- The senior personnel from whom assistance is sought must respond immediately if the assistance relates to enabling actions in a specific case.
- If the matter relates to systemic problems these must be escalated through senior executives as soon as possible.

Relevant positions in managing disputes or escalating matters:

- CPS: Director of the relevant CPS
- Crown Solicitor's Office: Crown Solicitor
- DECD:
  - a) Director Incident Management directorate (matters involving adults)
  - b) Education Director (matters involving children)
- DPP: DPP or delegate
- Families SA: District centre manager
- SAPOL: Officer in charge, Special Crime Investigation Branch.

Non-government organisation involved in strategy discussion/case management: Senior authority.

## Concerns regarding public sector members

The *Independent Commissioner Against Corruption Act 2012* created two offices, the Office for Public Integrity and the Independent Commissioner Against Corruption. Both offices are overseen by the Commissioner. The focus of the ICAC Act is on preserving and safeguarding the integrity of the functions performed by the public sector, in order to promote confidence amongst the community. See Explanation of Terms for a full description of ICAC.

# Appendix A: Principles For Working With Aboriginal People

This section is intended to be a useful guide to engage appropriately and sensitively with Aboriginal people and communities. A number of relevant resources to assist practitioners in this work are listed at the end of this appendix. See also Section 1 Essential Understanding, and in particular, Vulnerability, Aboriginal Children and Rights of Children.

See also Serious Sexual Behaviour involving Children in Section 4.

## PROVISION OF SERVICES

The ICP describes rights and responsibilities in the investigation of child abuse and neglect. These rights and responsibilities remain the same wherever they are applied – in metropolitan Adelaide, regional SA or remote communities.

The fact that some services are located at greater distance from some families means that service providers must be flexible in making sure these rights and responsibilities are met and open to using different methods to do so.

For example, in a remote community it may mean relying on a sound record of disclosure by a child to a professional such as a health worker or teacher rather than delaying actions to secure a child's safety until someone with statutory powers can speak with the child. It will mean weighing up the relative impacts of transporting children to Adelaide or taking the service to the community. It will also mean using teleconferencing and all other available technologies to counter the delays in a face-to-face response due to distance.

## IDENTIFICATION

Ensure that at the point of referral, Aboriginal and Torres Strait Islander people are correctly identified.

Aboriginal people come from diverse cultural backgrounds, are not uniform in appearance, speak different languages and have different values and totems. It is mandatory to identify people by race, but it is important to be aware that an Aboriginal person cannot always be identified by their physical appearance or by their surname. By not asking people their racial identity you may be denying them a service for which they are eligible. It is also important to note that Aboriginal people have the right not to acknowledge their Aboriginality.

In working with Aboriginal children, practitioners need to encourage, preserve, and enhance the child's sense of racial, ethnic, religious, spiritual and cultural identity and to respect the traditions and values of the communities into which children have been born.

## COMMUNICATION

Respect and flexibility are the keys to communicating effectively with Aboriginal and Torres Strait Islander people as they are with any other racial/cultural population. Some people are reluctant to disclose personal background and history for a variety of reasons, such as stigma, shame, past disinterest by service providers, or the fear of government interference.

Ensure that information is available in appropriate formats and languages.

### Interpreters

Ensure that Aboriginal and Torres Strait Islander people have access to accredited interpreter services.

It is critical that the relationship between the interpreter and the child and family members does not impede or compromise the interview process. As a general rule, interpreters and the people they are interviewing should not have a close familial or cultural relationship.

Achieving this may be challenging in some circumstances but the child's right to a fair and just investigation of their current and future safety must not be compromised by convenient but inappropriate use of individual interpreters.

### Family

Consider ways of involving the extended family.

The extended family may play a much greater role in Aboriginal life than in many non-Aboriginal families. In Aboriginal communities 'family' includes an extensive range of relatives – cousins are regarded as brothers and sisters; aunts, uncles or grandparents can raise the children.

Authority structures may differ from those within non-Aboriginal society and may determine who can be involved in discussion of an issue. Traditionally, women deal with women's business and, if speaking to a male professional, a woman may bring a male to speak on her behalf.

Name changes are common, as is being known by other names.

## Gender issues

Be sensitive to gender issues, particularly with case allocation. Because of strong gender distinction in Aboriginal society, it is more appropriate to have a woman assessed by a woman and a man by a man. In particular, personal or intimate issues are best addressed by a person of the same gender.

## Jargon and technical language

Remember that the words you use every day are not always familiar to Aboriginal clients. If it is necessary to use technical, legal, policy or medical terminology, make sure that you explain what it means.

## Eye contact

Some Aboriginal people, especially women, may not look another person in the eye. Traditionally, eye contact can be seen as offensive. Consider best seating arrangements such as sitting shoulder to shoulder rather than directly across from each other.

## RELEVANT PROVISIONS IN THE CHILDREN'S PROTECTION ACT 1993

No decision or order may be made under the *Children's Protection Act 1993* as to where or with whom an Aboriginal or Torres Strait Islander child will reside unless prior consultation has occurred with a recognised Aboriginal or Torres Strait Islander organisation.

For the purposes of the Act, a recognised Aboriginal or Torres Strait Islander organisation is an organisation that the Minister, after consultation with the Aboriginal community or a section of the Aboriginal community, or the Torres Strait Islander community or a section of the Torres Strait Islander community, as the case may require, declares by notice in the Gazette to be a recognised Aboriginal organisation, or a recognised Torres Strait Islander organisation, for the purposes of that Act.

All reasonable endeavours should be made when conducting consultations, negotiations, meetings, or proceedings of any kind involving an Aboriginal or a Torres Strait Islander person (whether a child or not), to do so in a manner and in a venue that is as sympathetic to Aboriginal or Torres Strait Islander traditions as is reasonably practicable.

The Aboriginal Child Placement Principle is to be observed.

## ADDITIONAL RESOURCES

Better Together: Principles of Community Engagement  
[bettertogether.sa.gov.au](http://bettertogether.sa.gov.au)

Empowered Communities – Empowered Peoples Design Report  
[empowered.communities@pmc.gov.au](mailto:empowered.communities@pmc.gov.au)

Engaging with Indigenous Australia – exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities  
J Hunt 2013

Closing the Gap Clearinghouse  
[www.aihw.gov.au/closingthegap](http://www.aihw.gov.au/closingthegap)

Trauma-informed Services and Trauma Specific Care for Indigenous Children  
[www.aihw.gov.au/closingthegap](http://www.aihw.gov.au/closingthegap)

Growing our Own Children up Strong and Deadly  
[healingfoundation.org.au](http://healingfoundation.org.au)

# Appendix B: Agency Guidelines for the Conduct of Forensic Interviews and Assessments

The following information describes the interviewing and assessment processes of the three key agencies involved in the investigation of child abuse and neglect. The central decisions about what kind of interviewing or assessments are required, who undertakes them and in what sequence are made during the strategy discussion. (See Section 5 regarding the role of the DPP)

## Child Protection Services (CPS)

The CPS undertakes a range of assessments that incorporate various combinations of the following processes:

- Forensic medical assessments of infants, children and adolescents 0 to 18 years in the context of physical abuse/assault and/or neglect concerns
- Forensic medical assessments of children/young people 0 to 16 years in the context of allegations/suspicions of sexual abuse/assault
- Psychosocial forensic assessments of children under the age of seven years, and older children with complex communication needs at the request of SAPOL and Families SA, or SAPOL. In addition, CPS interviews Aboriginal children in rural/remote communities up to age 12. These assessments may include parent/caregiver interviews, forensic interviews of children, interviews with the alleged perpetrator (intra-familial abuse only) and the gathering of any additional collateral information thought necessary
- Parenting assessments at the request of Families SA for infants, children and adolescents (0 to 18 years). These assessments may include interviews with parents/caregivers, interviews with children/adolescents, formal observations of parent-infant/child interactions, psychometric testing, and the gathering of any additional collateral information thought necessary.

The possibility of a young child managing the demands of a forensic interview is dependent upon the child's developmental capabilities and their emotional status. CPS clinicians will consider the appropriateness of forensically interviewing all children three years of age and older based on a range of factors, including, but not limited to the nature of the allegation, child's safety, child's language abilities, child's abilities in attentiveness.

Once a child has been allocated, it is the responsibility of the CPS clinician to ensure that the forensic interview process/structure attends to the developmental and emotional needs of the individual child.

Since it is improbable that a forensic interview of a child younger than three years of age will elicit the narrative detail necessary for SAPOL to pursue a criminal investigation, such interviews are rarely undertaken. However, an assessment of allegations of abuse and/or neglect may be appropriate by gathering collateral information from parents/caregivers and sometimes other sources such as SAPOL and/or Families SA. This information may assist in assessing/clarifying the probability of abuse having occurred and CPS opinions can then be used to inform future decision making for very young children. The CPS welcomes interagency discussion and negotiation in all such situations.

The urgency of a forensic medical and forensic interview will also be routinely considered by the CPS, with the best interests of the child being the paramount consideration in all interagency negotiations.

Criteria to help determine the urgency of a forensic interview:

- A suspicion of recent sexual abuse
- A suspicion involving an adult perpetrator involving an incident that may have occurred in out of home care, child care, a school environment or a health/other government/non-government facility
- A high level of distress in a child and/or their carer as a result of the allegation and surrounding circumstances
- Other factors that may increase the urgency of a referral include ongoing high risk to the child based on the notification and agreed by the referring agency and/or by SAPOL requiring to detain a suspect.

## Families SA

In the most serious situations in which this guide applies, information gathered at the point of intake will have identified the need for an interagency approach. In these situations, a strategy discussion will be held to plan the investigation and determine which agency (SAPOL, CPS or Families SA) will conduct interviews or assessments with the child. If a forensic interview is considered necessary, only CPS or SAPOL will conduct this.



In other situations, if the information provided by the notifier was not clear, comprehensive or indicating criminal behaviour, it may be agreed that Families SA begin an investigation on its own, including possibly speaking with the child in a preliminary way. In doing so, Families SA may bring to light clearer or further information indicating that a criminal offence may have been committed. In these instances, Families SA will involve SAPOL and/or CPS in the investigation process, particularly to conduct any forensic interview deemed necessary.

When a child is deemed to be in immediate danger, Families SA will act in the interests of the child's safety. On some occasions this may mean Families SA intervention before SAPOL or CPS attendance or involvement. Any criminal evidence received or collected during this process by Families SA will be referred to SAPOL or CPS upon their involvement.

This same process will apply also to any Families SA investigation that reveals information suggesting that a criminal offence may have been committed.

The timing of when to cease the initial questioning of the child is a matter of professional assessment.

As a guide, the reasonableness of the suspicion should be objective rather than subjective in nature. That is, there should be some foundation to it – for example, a child has made a clear statement of having been sexually abused, or there has been a witness to the alleged abuse.

The Families SA social worker will tell the child that what they have told the worker is serious and that Families SA workers are required to advise SAPOL of all cases where it is suspected that a criminal offence has occurred. The Families SA worker will discuss with the child, if of appropriate age, what might happen next.

Where a child is mature enough to understand the concepts, he or she should be given an explanation of the purpose of the formal interview, so that the child is fully informed to a level appropriate to his or her age and understanding, and freely consents to the interview session.

When the child is too young to understand fully, the social worker should listen to the views of the parent or carers. However, they should guard against the possibility of anyone who may be implicated in the abuse of the child exerting any pressure on the child not to give their account.

Generally, the consent of parents should be sought before interviewing a child. However, in cases of serious abuse when there is either a concern for the future safety of the child, or the possibility that either or both parents will intimidate the child, then an interview should proceed without parental consent.

If the child or their parent or carer does not consent to the interview, both CPS and SAPOL will still be advised of the outcome, as appropriate.

## SAPOL

Generally, the responsibility for responding to an allegation of suspected child abuse or neglect will belong to the local service area (LSA) where the offending is alleged to have occurred. This may involve members from stations, patrols, criminal investigation branches, family violence sections and crime scene investigators.

The nature of the offending will determine the area responsible for the ongoing conduct of the particular investigation. This may include the following areas:

- Family Violence Investigation Section (FVIS)
- Criminal Investigation Branch (CIB)
- Special Crime Investigation Branch (SCIB).

### Family Violence Investigation Section

Each metropolitan LSA has a FVIS whose focus is child abuse investigations. A regional LSA CIB office also incorporates the roles and responsibilities of a FVIS.

Family Violence Investigation Section (FVIS) will investigate all sexual, physical abuse and criminal neglect of children when it involves those who are:

- currently aged 16 years and under, in an intra-familial relationship
- under the age of seven years
- between the ages of seven to 16 years when it is part of a Families SA special investigation for children in care (under guardianship) and committed by a person in the carer role.

Extra-familial child abuse investigations that do not fall within the FVIS investigation criteria, including children over the age of 16 years will be referred to the relevant crime management unit attached to the LSA for appropriate dissemination. This may involve allocating an investigation to the LSA Criminal Investigation Branch.

### Special Crime Investigation Branch

SCIB provides a specialist service for the prevention, detection and investigation of sexually related crimes and serious offences against the person as prescribed in section 74EA Summary Offences Act 1953. Sexual offences will be assessed and classified as Tier 1 or Tier 2. LSAs will be responsible for Tier 1 investigations and SCIB will assume the responsibility of Tier 2 investigations.

SCIB comprises of multidisciplinary sections with skills in sexual crime investigation, vulnerable witness interviews and victim management, the management of registered child sex offenders and the investigation of online child exploitation offences.

## Victim Management Section

VMS is part of SCIB and supports SAPOL to deliver services to vulnerable persons and includes the provision of expert investigative interviewing and the management of vulnerable victims and witnesses.

The VMS is responsible for the investigative interviews where a child or adult person has a significant cognitive impairment or complex communication need for *any crime type*.

## Non-SAPOL personnel eligible to attend a forensic interview of a child

These decisions are planned within the strategy discussion. In most instances, the child should be interviewed without the presence of a family member or any other person who may have a vested interest.

If the child requests a companion for emotional support this should be allowed. The companion must have the rules associated with his or her presence explained – that is, not to interrupt, ask questions or prompt answers.

The companion may be required to give evidence in terms of an initial complaint. A detailed statement should be obtained from them before the interview with the child.

As of 1 July 2016, children with complex communication needs are entitled to a communication partner and/or use of a communication device for CPS and police interviews and in court proceedings. The communication partner is a trained, independent volunteer approved by the Minister to facilitate communication between vulnerable witnesses with complex communication needs and others in the criminal justice process.

Communication partners are available through the Communication Partner Service managed by Uniting Communities. If a registered communication partner is unavailable or unsuitable, CPS and police can at their discretion use a communication assistant, that is a person who is available and suitable to provide communication assistance (may include parent/guardian/carer or other person or professional). This will be on a case-by-case basis.

## Rural or remote interviewing

The same referral criteria and assessment service applies to children whether they are living in metropolitan or in remote/rural communities. A critical purpose of the strategy discussion is for SAPOL and CPS to plan how to best to manage the obstacles of distance in order to keep the child's safety paramount. In rural/remote settings this requires a degree of flexibility about who is best able to respond to the child's immediate safety needs and it is the responsibility of SAPOL and CPS to negotiate this during the strategy discussion.

## FORENSIC MEDICAL ASSESSMENTS

A forensic medical assessment frequently complements the forensic interview conducted by the CPS and SAPOL.

Whether or not a forensic medical assessment is indicated will be discussed at the strategy discussion and then again, if necessary, after the forensic interview has been conducted.

While an important focus of the forensic medical assessment is on the documentation of injury and, when possible and appropriate, the collection of forensic specimens, primary regard will always be paid to the health and wellbeing of the child.

When conducting forensic procedures with victims of abuse and neglect, regard should be given to the General Principles for Carrying Out Forensic Procedures as detailed in part 3, division 1 of the *Criminal Law (Forensic Procedures) Act 2007*.

## Metropolitan locations

### CPS

When it is considered that a forensic medical assessment is indicated, children and young people up to 16 years who live in the Adelaide metropolitan area must be referred to the appropriate CPS at either the Women's and Children's Hospital or the Flinders Medical Centre, according to the agreed geographical distribution.

Before contacting the CPS for the forensic medical assessment, every attempt should be made to obtain the consent of the parent or guardian.

Young people over 16 years for whom a medical assessment is indicated should normally be referred to Yarrow Place Rape and Sexual Assault Service. Staff of Yarrow Place and the CPS may negotiate between themselves to ensure that the most appropriate service sees a particular client.

Under no circumstances are caregivers to be advised that their child will be going for a forensic medical assessment until the referral has been accepted by CPS.

### Families SA

In urgent cases, forensic medical assessment must be considered as imperative when injury is evident or alleged (involving any body area, including the ano-genital region). Urgent strategy discussions will cover the arrangements for forensic medical assessment through CPS.

Some serious cases will also require urgent forensic medical assessment. Strategy discussions are necessary for the urgent referral for forensic medical assessments of serious cases. Routine referral of serious cases for forensic medical assessments should follow the usual referral processes.

In country locations, a strategy discussion should occur with the appropriate CPS in relation to urgent and serious referrals when a forensic medical assessment is

considered warranted. A recommendation can then be made as to whether the child will need to be seen in Adelaide or by a local medical practitioner. It is important to note that forensic medical assessments can only be undertaken in Adelaide.

### SAPOL

In considering the need for a forensic medical assessment the various professionals from SAPOL, Families SA and the CPS will always regard the welfare of the child or young person as of primary importance.

**Consent and SAPOL** – Appropriate consent is to be authorised and obtained before a forensic procedure is to be conducted on a child. (For further information refer to the *Criminal Law (Forensic Procedures) Act 2007*).

**Forensic samples** – It will be the responsibility of the investigating officer to collect a sexual assault investigation kit obtained by CPS. SCIB will collect sexual assault investigation kits obtained by Yarrow Place.

Sexual assault investigation kits should be collected as soon as possible, preferably immediately after the forensic medical assessment has been completed.

**Urgent medical requirements** – In the event of a request for an urgent forensic medical assessment SCIB should be contacted. Arrangements will be made for the investigating officer to contact the appropriate CPS. The nature of the concerns and the reasons for the urgency will be clarified during the strategy discussion.

**Non-urgent medical requirements** – When forensic medical assessments are part of the routine process (ie, non-urgent) these arrangements can be made through the investigating officer.

**Site or crime scene investigation** – Often during a strategy discussion the need for a site or crime scene investigation becomes apparent. The conduct of a site investigation and the involvement of the forensic paediatrician in it will be discussed and decided during the strategy discussion.

### Rural or remote locations

#### CPS

The same referral process applies as for the metropolitan area.

Strategy discussions are always to occur when an urgent referral is made. In certain situations (when older adolescents have been sexually assaulted by non-family members) it may be appropriate for local medical practitioners who have been trained in the forensic medical assessment of victims of sexual assault to undertake the forensic medical assessment. This decision should only be made after a strategy discussion has been held.

### SAPOL

**Medicals other than CPS** – Sometimes forensic medical examinations of adolescent children are undertaken by local general practitioners. This is particularly the case in country regions. In more serious cases, police officers should consider accessing the services of the metropolitan-based CPS.

**Country local service area** – It is the responsibility of the officer in charge of the country local service area to ensure that liaison is maintained between SAPOL and the medical practitioner/s in the local service area. A system suitable for the country local service area should be devised to ensure that, when the need arises, there is an appropriate doctor available to conduct the medical examination. The doctor may need assistance from SAPOL in terms of the use of a sexual assault kit, medical notes, or in maintaining the chain of evidence. SAPOL should also bring to the attention of the doctor the requirements under part 2, divisions 1, 2 and 3 of the *Criminal Law (Forensic Procedures) Act 2007* when dealing with a person who is not under suspicion.

In more serious cases police officers should, before considering accessing the services of their local country doctor, contact the officer in charge, SCIB, for advice.

## INTERVIEWING THE PERSON SUSPECTED OF BEING RESPONSIBLE FOR THE ABUSE

It is important for all involved that each agency seeks to cooperate in the interviewing of the person suspected to be responsible for the abuse to ensure the most timely and effective intervention.

The focus of this interview for SAPOL is the criminality of the alleged behaviour. For Families SA and CPS it is part of their overall assessment of the safety of child.

### Families SA

Families SA's aims for interviewing the parent or caregiver of the child are to:

- obtain information from the parents about the allegations made
- determine the circumstances surrounding the allegation
- gain an understanding of the family dynamics and the parents' perceptions of the allegations
- assess the safety of the child and any other children within the family
- gain a preliminary understanding of the family's risks, strengths and needs.

It is not appropriate for the Families SA social worker to interview a parent if they are suspected to be responsible for the abuse.

## **SAPOL**

The Special Crime Investigation Branch and Family Violence Investigation sections are available to provide support and advice for SAPOL investigators in relation to child sexual offences.

### **Coordinating the interview**

#### **Families SA and SAPOL**

Discussions with Families SA should occur about working with the parent or caregiver before interviewing the child or alleged perpetrator. This will occur as a routine consideration within the strategy discussion. It may make it more difficult for Families SA to work with the non-abusing caregiver on protecting the child if they have been unable to do so before SAPOL action.

#### **SAPOL and CPS**

As both the CPS and SAPOL interview the alleged perpetrator as part of their overall assessment process, the investigating officer may need to coordinate the SAPOL interview with the appropriate CPS person.

In any case, when the victim is under seven years of age, the investigating officer should consult with the appropriate CPS officer regarding the child's assessment before speaking to the alleged perpetrator.

Sometimes it may not be possible to conduct a forensic interview of a child – for instance, because of the child's age, however, the CPS psychosocial assessment of the child may indicate that abuse has occurred.

In these situations the investigating officer should consult with the appropriate CPS person and may consider interviewing the alleged perpetrator.

# Appendix C: Issues Specific to the Education Sectors

## SAPOL

In the first instance, the notification, whether extra-familial or intra-familial in nature, will be made to the officer in charge, Family Violence Investigation Section (FVIS) or officer in charge, country Criminal Investigation Branch (CIB).

## SAPOL involving the education sectors

Upon receipt of a notification alleging that an education sector employee, service provider or volunteer has abused a child, the supervisor or investigating officer will contact the relevant education sector to discuss the best course of action (and in the case of early childhood and out of school hours care sector, the Education and Early Childhood Standards and Registration Board.) The education sector should be informed in all circumstances when allegations of child abuse are made against employees, service providers and volunteers irrespective of whether the alleged abuse has occurred during the course of the person's employment or outside (including reports of intra-familial abuse).

SAPOL advice to the education sector will include:

- the name, date of birth and address of the person who has been charged
- details of the charge and apprehension report
- the condition upon which the accused person has been bailed
- the court bailed to and the date of the first court appearance
- the school or schools involved
- whether there is a reasonable suspicion that there might be other victims
- whether there are any complicating factors that would affect disclosure to parents
- the contact details of the investigating officer
- whether the offence is a major indictable offence, a minor indictable or a summary offence.

When a person who works or volunteers at a school (government or private) is under suspicion and is being investigated by police and/or has been reported or arrested with a sexual offence, the relevant education sector must be notified as soon as practicable. Special Crime Investigation Branch (SCIB) is responsible for

that notification. The arresting officer must provide the following information direct to SCIB before completing duty. The information should be emailed to SAPOL: SCIB SCHOOL SEXUAL OFFENCE NOTIFICATION.

SAPOL in collaboration with other key stakeholders (Families SA and CPS) through strategy discussions are to ensure a support person is available for the child throughout the process and that support person be a parent (unless the parent is an alleged offender), a relative or friend chosen by or acceptable for the child.

SAPOL has a responsibility to notify parents or guardians that they are interviewing their child (children), preferably before the interview.

Every effort should be made to minimise disruption to student programs and the educational environment during the investigation. Children should not be interviewed by SAPOL at school or preschool if possible, unless it is considered to be in the best interests of the child and there is a pressing need for haste. (The urgency of interviewing a child at school or preschool would most likely present when allegations of abuse or neglect have been made against a parent, guardian or caregiver and there is a lack of support or protection for the child.)

If an interview needs to be conducted with a child at an education facility and the allegation is against a staff member, it is inappropriate for other staff members to be the child's support person or to be present at the interview. Ideally in the circumstances where allegations are made against an education sector employee or volunteer and SAPOL has the responsibility to conduct the interview of the child, best practice is to engage the support of the parent, guardian or caregiver and make alternative arrangements for the child to be interviewed in an appropriate environment.

Wherever possible the child should be interviewed by a qualified SAPOL member in a one-on-one setting to negate any contamination and to obtain an optimum free narrative disclosure from the child.

It is the policy within the education sectors to conduct an immediate risk assessment to determine whether allowing an employee to remain in a student site while the investigation is being conducted poses a risk to the safety of children. The relevant education sector will negotiate with SAPOL when it is appropriate to inform

an employee that an allegation has been made against them to avoid the risk of contaminating evidence. As part of this process careful consideration is also given to addressing potential risks to other children with whom the person has had, or may have contact.

In accordance with the principle of causing minimal disruption to the school environment, it is preferable that, whenever possible, SAPOL interview and/or arrest employees out of the work environment.

If the investigation is a large-scale operation, the management of the investigation will be planned through discussion between the SAPOL supervisor and the relevant education sector.

## Education and early childhood sector contacts

### Department for Education and Child Development

Intake and assessment officer  
Ph: 8226 1604  
Email: DECD.IMDIntake@sa.gov.au

### Catholic Education SA

Assistant director, People and Culture  
Ph: 8301 6667  
Email: reports.ia@cesa.catholic.edu.au

### Association of Independent Schools of SA (AISSA)

The principal of the independent school concerned or the deputy chief executive AISSA  
Ph: 8179 1400 or Fax 8373 1116

### Education Standards Board of SA

The Board is responsible for registering schools and approving early childhood services including:

- Preschool
- Long day care
- Out of school hours care
- Family day care
- Occasional care
- Mobile care
- Single family day care educators (who are not part of a service and not operating through a personal arrangement)
- In-home care (nannies employed by a service and not operating alone).

In most cases complaints relating to schools will be referred to the relevant schooling sector. For early childhood services, the Education Standards Board receives and if necessary investigates complaints about services as well as incident notifications made by services. It does this with reference to SAPOL in criminal matters.

The Education Standards Board can be contacted on phone 8226 0077.

## SAPOL or DPP involving the Teachers Registration Board (TRB) of South Australia

The TRB is the statutory body responsible for regulating the teaching profession in South Australia. The TRB is empowered under the *Teachers Registration and Standards Act 2004*. The TRB relies upon the provision of information from various investigative and prosecuting authorities, particularly SAPOL and the Office of the Director of Public Prosecutions. Section 51 of the Act requires the Director of Public Prosecutions and the Commissioner of Police to establish arrangements for reporting to the Board offences that raise serious concerns about a person's fitness to be, or continue to be, registered as a teacher.

SAPOL and DPP personnel should follow the protocols established with the Board for this exchange of information. Call the TRB's legal unit for further advice on phone 8226 5984.

# Appendix D: Declaration of Principles Governing the Treatment of Victims

The Parliament of South Australia passed a declaration of principles to govern the way public agencies and officials deal with victims.

The principles are not enforceable in criminal or civil proceedings, do not give rise to any right to damages for breach, and do not affect the conduct of criminal proceedings. Public agencies and officials, however, are authorised and required to have regard, and to give effect, to the principles so far as it is practicable to do so while having regard to the other obligations binding on them.

## Fair and dignified treatment

A victim should be treated:

- with courtesy, respect and sympathy
- with due regard to any special need that arises because of the victim's:
  - age
  - sex
  - race or ethnicity
  - cultural or linguistic background
  - physical or intellectual ability
  - or for any other reason.

## Right to have perceived need for protection taken into account in bail proceedings

If a police officer or a person representing the Crown in bail proceedings is made aware that the victim feels a need for protection from the alleged offender:

- the police officer or other person must ensure that the perceived need for protection is brought to the attention of the bail authority
- reasonable efforts must be made to notify the victim of the outcome of the bail proceedings and, in particular, any condition imposed to protect the victim from the alleged offender (unless the victim indicates that he or she does not wish to be so informed).

## Right to information

A victim should be informed, on request, about the following:

- The progress of investigations into the offence
- The charge laid and details of the place and date of proceedings on the charge
- If a person has been charged with the offence, the name of the alleged offender
- If an application for bail is made by the alleged offender, the outcome of the application
- If the prosecutor decides not to proceed with the charge, to amend the charge, or to accept a plea to a lesser charge or agrees with the defendant to make or support a recommendation for leniency, the reasons for the prosecutor's decision
- The outcome of the proceedings based on the charge and of any appeal from those proceedings
- Details of any sentence imposed on the offender for the offence
- Details of any order made by a court on declaring the offender to be liable to supervision under Part 8A of the *Criminal Law Consolidation Act 1935*
- If the offender is sentenced to imprisonment and later makes an application for release on parole, the outcome of the proceedings and, in particular, any condition imposed to protect the victim from the offender.

If the offender is subject to a supervision order under Part 8A of the *Criminal Law Consolidation Act 1935* and the offender, or any other person, later makes an application for variation or revocation of the order or an application for review of the supervision order is made, the outcome of the proceedings and, in particular, if the offender is released on licence, any conditions imposed on the licence.

A victim should be informed, on request, about the following:

- If the alleged offender absconds before trial, the fact that they have absconded
- If the offender escapes from custody, the fact that they have escaped

- If the offender, having escaped from custody, is returned to custody, the fact that they have been returned to custody
- If the release of the offender into the community is imminent, details of when the offender is to be released
- If the offender was ordered to undertake community service, whether the offender completed the community service
- If the offender was subject to a bond, whether the conditions of the bond were complied with.

However, a victim is not entitled to information that might jeopardise the investigation of an offence.

A victim should be informed, on request, about procedures that may be available to deal with a grievance the victim may have for non-recognition or inadequate recognition of the victim's rights under this part of the Act.

### **Victim to be advised on role as witness**

A victim who is to be a witness for the prosecution at the trial of the offence should be informed by the prosecution about the trial process and the victim's rights and responsibilities as a witness for the prosecution.

The information should be given (if practicable) so as to allow the victim sufficient time to obtain independent advice, and arrange independent support, in relation to the exercise of those rights or the discharge of those responsibilities.

### **Victim of serious offences entitled to be consulted about certain decisions**

A victim of a serious offence should be consulted before any decision is made:

- to charge the alleged offender with a particular offence
- to amend a charge
- to not proceed with a charge
- to apply under Part 8A of the *Criminal Law Consolidation Act 1935* for an investigation into the alleged offender's mental competence to commit an offence or mental fitness to stand trial.

### **Victim's entitlement to be present in court**

A victim of an offence is entitled to be present in the courtroom during proceedings for the offence unless the court, in accordance with some other Act or law, orders otherwise.

### **Victim entitled to have impact of offence considered by sentencing court and to make submissions on parole**

A victim is entitled to have any injury, loss or damage suffered as a result of the offence considered by the sentencing court before it passes sentence.

A victim of an offence is entitled to make written submissions to the Parole Board on questions affecting the parole of a person imprisoned for the offence.

### **Victim may request consideration of appeal**

A victim who is dissatisfied with a determination made about the relevant criminal proceedings (being a determination against which the prosecution is entitled to appeal) may request the prosecution to consider an appeal against the determination.

A request under this section must be made within 10 days after the making of the determination.

The prosecution must give due consideration to a request made under this section.

### **Victim to be informed about access to health and welfare services**

A victim should be informed about health and welfare services that may be available to alleviate the consequences of injury suffered as a result of the offence.

### **Rights in relation to compensation and restitution**

A victim should have access to information about how to obtain compensation or restitution for harm suffered as a result of the offence.

If the prosecutor is empowered to make an application for restitution or compensation on behalf of a victim in criminal proceedings, the prosecutor should bring that fact to the attention of the victim, and should, if asked to do so by the victim:

- make the application on the victim's behalf
- bring to the attention of the court any relevant information provided by the victim in connection with the application.

### **Return of property**

If a victim's property is taken for investigation or for use as evidence, the property should, if practicable, be returned to the victim as soon as it appears that it is no longer required for the purposes for which it was taken.

### **Protection of privacy**

There should be no unnecessary intrusion on a victim's privacy.

In particular, a victim's residential address should not be disclosed unless it is material to the prosecution or defence.

A victim should be protected as far as practicable from unnecessary contact with the alleged offender and defence witnesses during the course of the trial and in proceedings under this Act. A victim should only be asked to attend proceedings related to the offence if the victim's attendance is genuinely necessary.



# Appendix E: Agency or Organisation Roles

	SAPOL	Families SA	Child Protection Services (FMC)	Child Protection Services (WCHN)	Office of the Director of Public Prosecutions (AGD)
<b>Investigation and/or prosecution role</b>	<p>Investigates allegations of criminal abuse and neglect of children and proceeds with charges where appropriate against adults and minors</p>	<p>Statutory authority for responding to allegations of child abuse and neglect and to initiate investigations into such allegations</p>	No	No	<p>Responsible for conducting all major indictable matters (commencing following the first hearing in the Magistrates Court)</p>
<b>Strategy discussion (SD) involvement</b>	<p>Participates in all intra-familial and extra-familial SDs</p> <p>Generally acts as lead agency in intra-familial cases</p> <p>Convenes SDs</p>	<p>Participates in all intra-familial SDs and may participate in extra-familial cases. Generally acts as lead agency in intra-familial cases. Convenes SDs</p>	<p>Participates in intra and extra-familial SDs</p> <p>May request a SD</p>	<p>Participates in intra-and extra-familial SDs</p> <p>May request a SD</p>	None
<b>Forensic interviews of children: purpose/age/circumstance</b>	<p>Yes</p> <p>Conducts forensic interviews of children 7-14 years inclusive for the purpose of obtaining evidence to assist a criminal investigation</p>	No	<p>Yes</p> <p>Metropolitan south/southern regional</p> <p>Conducts forensic interviews of children 7 years and younger, and older children with complex communication needs, for the purpose of obtaining evidence to assist in a criminal investigation and obtaining information and evidence to assist in child protection investigations and assessments</p>	<p>Yes</p> <p>Metropolitan central/north</p> <p>Conducts forensic interviews of children 7 years and younger, and older children with complex communication needs, for the purpose of obtaining evidence to assist in a criminal investigation and obtaining information and evidence to assist in child protection investigations and assessments</p> <p>CPS interview Aboriginal children in rural/remote communities up to the age of 12</p>	<p>No</p> <p>Relies on forensic interviews conducted by SAPOL or CPS for the purposes of prosecutions. Will meet with and proof children as victims and witnesses when required for prosecutions</p>

## AGENCY OR ORGANISATION ROLES

	SAPOL	Families SA	Child Protection Services (FMC)	Child Protection Services (WCHN)	Office of the Director of Public Prosecutions (AGD)
<b>Forensic medical assessment of children: purpose/age/circumstance</b>	No	No	<p>Yes</p> <p>0-18 year olds re physical abuse/assault and/or neglect allegations/concerns</p> <p>0-16 year olds re allegations/suspicious of sexual abuse/assault</p>	<p>Yes</p> <p>0-18 year olds re physical abuse/assault and/or neglect allegations/concerns</p> <p>0-16 year olds re allegations/suspicious of sexual abuse/assault</p>	No
<b>Counselling/therapy or other support to children and/or protective parent</b>	<p>Victim contact officer/FVIS/VMS and the investigating officer provide ongoing support throughout the prosecution process and referrals to other support services</p>	<p>Families SA provides psychological services and therapeutic interventions for children under the guardianship of the Minister</p>	<p>Provides consultation/advice to the general public.</p> <p>The Keeping Them Safe program provides therapy to children and young people under 12 who have experienced abuse and/or neglect and as a result have been placed under the guardianship of the Minister</p>	<p>Provides consultation/advice to the general public</p> <p>The Keeping Them Safe program provides therapy to children and young people under 12 who have experienced abuse and/or neglect and as a result have been placed under the guardianship of the Minister</p> <p>The Sexualised Behaviour Therapy Service provides assessment and therapy to children and young people under 12 who display problematic sexualised behaviour</p> <p>Provides therapy to children and young people under 18 who have experienced abuse (physical, sexual, emotional) and/or neglect and to children and young people who have witnessed a serious crime and/or family violence</p>	<p>The DPP has a Witness Assistance Service (WAS) comprising senior social workers, some being dedicated to working with children and adolescents. Provides support and information during prosecution and can refer to external support services</p>

	CAMHS	Yarrow Place	CaFHS	Education (DECD)	NPY Women's Council
<b>Investigation and/or prosecution role</b>	No	No	No	No	No
<b>Strategy discussion (SD) involvement</b>	May participate Will provide relevant background information if engaged with child/family and based on providing a service in a remote community	May participate Will provide relevant background information if engaged with child/family	May participate Will provide relevant background information if providing a service to infant/child/family	May participate Will provide relevant background information if child/family is engaged with DECD service eg, school, family day care, children's centres, OSHC etc	May participate Will provide relevant background information if engaged currently or historically with a child/family through service delivery. As an Aboriginal community controlled organisation NPYWC will often hold information pertaining to a family that will bring relevant and holistic background information to SD
<b>Forensic interviews of children</b>	No	No	No	No	No
<b>Forensic medical assessment of children: Purpose/age/circumstance</b>	No	Yes Forensic medical assessments of young people 16 years of age and over in the context of allegations/suspicions of sexual abuse/assault	No	No	No

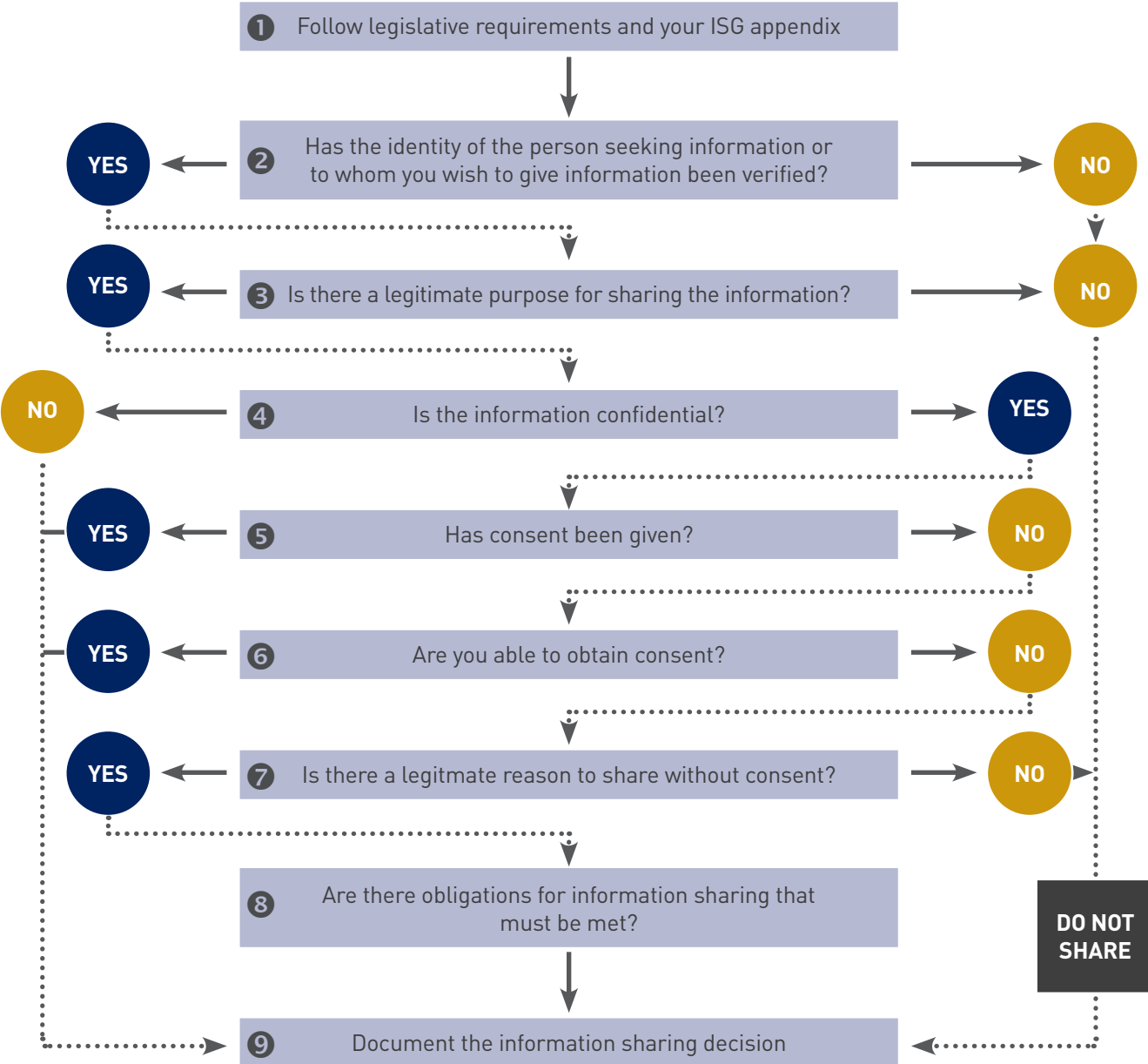
## AGENCY OR ORGANISATION ROLES

	CAMHS	Yarrow Place	CaFHS	Education (DECD)	NPY Women's Council
<b>Counselling/therapy or other support to children and/or protective parent</b>	<p>Yes</p> <p>Priority mental health assessments and therapy to infants, children and young people up to 18 who have experienced abuse (physical, sexual and emotional) and/or neglect and as a result have been placed under the guardianship of the Minister as a priority</p> <p>Mental health assessments and therapy to children and young people involved in youth justice services including the Adelaide Youth Training Centre</p> <p>Counselling/therapy for children and young people exhibiting problem sexual behaviours</p> <p>CAMHS works with the child/young person, their family, carers and/ or guardians in partnership with all other agencies around the child or young person</p>	<p>Yes</p> <p>Counselling and court preparation services to people 16 years and older who have experienced a sexual assault. Significant other counselling for family or friends who are affected by the sexual assault</p>	No	<p>Yes</p> <p>Education personnel can help monitor the long-term effectiveness of interagency interventions and may take lead responsibility for case management</p> <p>Education provides a range of support and intervention services to children including school-based counsellors and teaching programs such as SMART (Strategies for Managing Abuse Related Trauma)</p>	<p>Yes</p> <p>Case management, education and support may be provided by a variety of services including the Child and Family Wellbeing Service (Child Nutrition, Walytjapiti - Intensive Family Support Service or Child Advocacy), Youth Services, Domestic and Family Violence Services or the Tjungu team (Aged Care and Disability)</p>

	Housing SA (DCSI)	Youth Justice (DCSI)	Disability Services (DCSI)	Nganampa Health Service
<b>Investigation/prosecution role</b>	No	No	No	No
<b>Strategy discussion (SD) involvement</b>	May participate Will provide relevant background information if child/family are Housing SA clients including if extreme squalor is a feature of the circumstance	None	May participate Will provide relevant background information if engaged with child/family	May participate. Will provide relevant background information if engaged with the child/family currently or historically
<b>Forensic interviews of children</b>	No	No	No	No
<b>Forensic medical assessments of children</b>	No	No	No	No
<b>Counselling/therapy or other support to children and/or protective parent</b>	No	Yes Programs and services within Youth Justice aim to support children and young people to desist from offending, recognise the impact of their crime on victims and access opportunities to participate safely and productively in the community In addition to the Adelaide Youth Training Centre, Youth Justice works across South Australia through the provision of psychology services, court services, and community youth justice services such as the supervision of young people on bail, community service orders, obligations and home detention	Yes If engaged with child/family may assist with arranging therapy/support to child and family, depending on NDIS status	Yes Will facilitate specialist assessment and interventions for mothers and other carers with infants and young children requiring nutritional and developmental support

# Appendix F

## ISG DECISION-MAKING STEPS



If you are unsure at any stage about what to do, consult your line manager/supervisor. If as a supervisor/line manager, you are unsure and need help or advice, you may need to seek legal advice or consult the SA Principal Advisor Information Sharing at Ombudsman SA on (08) 8226 8699 or 1800 182 150 (toll free outside metro area).

## ISG PRACTICE GUIDE

### 1. Before proceeding, check your ISG appendix for guidance:

- share information in a manner that is consistent with legal obligations and organisational policies and procedures
- follow the ISG STAR principles to make information sharing Secure, Timely, Accurate and Relevant
- collaborate with other providers to coordinate services and manage/mitigate risk.

### 2. If you do not know the person seeking information or to whom you wish to provide information, you need to verify who they are and for whom they work before sharing information.

### 3. You have a legitimate purpose for information sharing if you believe it is likely to:

- divert a person from offending or harming themselves
- protect a person or groups of people from potential harm, abuse or neglect
- protect service providers in situations of danger
- help service providers more effectively address risks to safety and wellbeing
- alert other service providers to an individual's need for assistance.

### 4. Generally, information is considered confidential when the person providing it believes it won't be shared with others

Assume that people will consider most information about themselves and their families to be confidential unless they have indicated otherwise.

### 5. Seeking informed consent is the first approach

This means the person understands the purpose for information sharing, with whom it will be shared, and what might happen as a result of sharing. If informed consent has been obtained, information can be shared.

### 6. It may be unreasonable to obtain consent if you are concerned that in doing so, the person might:

- move themselves or their family out of the organisation's or agency's view
- stop using a service seen to be necessary for the client or their children's safety or health
- coach or coerce a person to 'cover up' harmful behaviour to themselves or others
- abduct someone or abscond
- harm or threaten to harm others
- attempt suicide or self-harm
- destroy incriminating material relevant to a person or group's safety.

It may be impracticable to obtain consent if, for example, after reasonable attempts, you cannot locate the client. Discuss your concerns with a colleague/supervisor.

### 7. There is a legitimate reason to share information without consent if it is believed that failure to share information will lead to risk of serious harm

Disclosure of information without consent is permitted if:

- (1) It is authorised or required by law, or
- (2) (a) it is unreasonable or impracticable to seek consent; or consent has been refused; and
  - (b) the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.

The decision to share without consent must be based on sound risk assessment and approved by the appropriate officer in your agency or organisation.

### 8. Situations where you must share information:

- eg you hold a suspicion, on reasonable grounds, that a child or young person has or is being abused or neglected, you must report this to CARL (131 478).
- eg you believe a person poses a serious risk to themselves or others, consider if you should notify SA Police (131 444) or Mental Health Triage Services (131 465) (formerly known as ACIS).

### 9. Keep records – particularly in relation to consent issues

As a minimum, document when sharing information is refused or occurs without consent. Follow your organisation's instructions about recording other significant steps.

# Appendix G: Sexual Behaviour Guide

<b>SERIOUS</b>	<p><b>Serious</b></p> <ul style="list-style-type: none"> <li>• Behaviour which is excessive, secretive, compulsive, coercive, degrading or threatening</li> <li>• Significant age, developmental and/ or power difference between the individuals involved</li> <li>• Represents a serious risk to the mental or physical health of the individual or others</li> </ul> <p><b>Response: Immediately intervene, report, monitor and document</b></p>	<p><b>Birth to 5 years</b></p> <ul style="list-style-type: none"> <li>• Simulation of explicit foreplay or sexual behaviour in play</li> <li>• Persistent masturbation</li> <li>• Persistent touching of the genitals of other children</li> <li>• Persistent attempts to touch the genitals of adults</li> <li>• Sexual behaviour between young children involving penetration with objects</li> <li>• Forcing other children to engage in sexual play</li> </ul>	<p><b>5 to 9 years</b></p> <ul style="list-style-type: none"> <li>• Persistent masturbation, particularly in front of others</li> <li>• Sexual behaviour engaging significantly younger or less able children</li> <li>• Sneaking into the rooms of sleeping younger children to touch or engage in sexual play</li> <li>• Simulation of sexual acts that are sophisticated for their age (eg oral sex)</li> <li>• Persistent sexual themes in talk, play, art etc</li> </ul>
<b>CONCERNING</b>	<p><b>Concerning</b></p> <ul style="list-style-type: none"> <li>• Outside age-appropriate sexual behavior in terms of persistence, frequency, type</li> <li>• Inequality in age or developmental abilities between the individuals concerned</li> <li>• Behaviour which is unusual or different for a particular individual</li> <li>• Causes discomfort in others</li> </ul> <p><b>Response: Intervene, plan in consultation with others, refer if appropriate, monitor and document</b></p>	<p><b>Birth to 5 years</b></p> <ul style="list-style-type: none"> <li>• Preoccupation with adult sexual type behaviour</li> <li>• Pulling other children’s pants down/ skirts up against their will</li> <li>• Explicit sexual conversation using sophisticated or adult language</li> <li>• Preoccupation with touching another’s genitals (often in preference to other child focused activities)</li> <li>• Chronic peeping</li> <li>• Following others into toilets to look at them or touch them</li> </ul>	<p><b>5 to 9 years</b></p> <ul style="list-style-type: none"> <li>• Questions about sexual activity that persist or are repeated frequently, despite an answer being given</li> <li>• Writing sexually threatening notes</li> <li>• Engaging in mutual masturbation</li> <li>• Use of adult language to discuss sex (eg ‘Do you think I look sexy?’ or ‘Look at my dolls—they’re screwing’)</li> <li>• Single occurrence of peeping</li> </ul>
<b>AGE APPROPRIATE</b>	<p><b>Age appropriate</b></p> <ul style="list-style-type: none"> <li>• Age appropriate sexual behaviour which is spontaneous, curious, mutual and easily distracted or redirected</li> <li>• Involves equals in terms of age and developmental status</li> <li>• Interest in sexual matters is balanced with interest in other parts of life</li> <li>• Other people are unharmed and unaffected</li> </ul> <p><b>Response: Use as an opportunity to discuss social expectations regarding appropriate public and private behaviour</b></p>	<p><b>Birth to 5 years</b></p> <ul style="list-style-type: none"> <li>• Thumb sucking, body stroking and holding of genitals</li> <li>• Wanting to touch other children’s genitals</li> <li>• Asking about or wanting to touch the breasts, bottoms or genitals of familiar adults (eg when in the bath)</li> <li>• Games (eg ‘doctor/nurse’, ‘show me yours and i’ll show you mine’)</li> <li>• Enjoyment of being nude</li> <li>• Interest in body parts and functions</li> </ul>	<p><b>5 to 9 years</b></p> <ul style="list-style-type: none"> <li>• Masturbation to self-soothe</li> <li>• Increased curiosity in adult sexuality (eg questions about babies, gender differences)</li> <li>• Increased curiosity about other children’s genitals (eg playing mutual games to see or touch genitals)</li> <li>• Telling stories or asking questions, using swear words, ‘toilet’ words or names for private body parts</li> <li>• Increased sense of privacy about bodies</li> </ul>

Extract from Responding To Problem Sexual Behaviour In Children And Young People—Guidelines For Staff In Education And Care Settings, pages 12–13



# – Birth to 18

## 9 to 12 years

- Persistent masturbation, particularly in front of others
- Sexual activity (eg oral sex or intercourse)
- Arranging a face-to-face meeting with an online acquaintance who is not known to or approved by protective parents
- Sending nude or sexually provocative images of self or others electronically
- Coercion of others, including same age, younger or less able children, into sexual activity
- Presence of sexually transmitted infection (sti)

## 13 to 18 years

- Compulsive masturbation (especially chronic or public)
- Degradation/humiliation of self or others with sexual themes (eg via threats, phone, email, website, touch)
- Attempting to/forcing others to expose genitals
- Preoccupation with sexually aggressive pornography
- Sexually explicit talk with younger children
- Forced sexual contact (touch/assault/rape)
- Sexual contact with others of significant age and/or developmental difference
- Sending nude or sexually provocative images of self or others electronically
- Joining adults-only online sites if under age
- Sexual contact with animals
- Genital/anal injury to others/self

## 9 to 12 years

- Uncharacteristic behaviour (eg sudden provocative changes in dress, mixing with new or older friends)
- Consistent bullying involving sexual aggression
- Pseudo maturity, including inappropriate knowledge and discussion of sexuality
- Giving out identifying details to online acquaintances
- Preoccupation with chatting online outside of familiar peer group
- Persistent expression of fear of pregnancy/sexually transmitted illnesses

## 13 to 18 years

- Sexual preoccupation/anxiety that interferes with daily function
- Preoccupation with pornography
- Giving out identifying details to online acquaintances
- Preoccupation with chatting online
- Giving false gender, age, sexuality details online in adult chat room
- Use of sexually aggressive themes/obscenities
- Sexual graffiti (chronic/impacting on others)
- Violation of others' personal spaces
- Single occurrence of peeping, exposing, non-consenting sexual touch with known peers; 'mooning' and obscene gestures
- Unsafe sexual behaviour, including unprotected sex, sexual activity while intoxicated, multiple partners and frequent changes of partner (age of consent in South Australia is 17)

## 9 to 12 years

- Use of sexual language
- Having girlfriends/boyfriends
- Exhibitionism (eg flashing or mooning amongst same age peers)
- Increased need for privacy
- Consensual kissing with known peers
- Use of internet to chat online with peers

## 13 to 18 years

- Sexually explicit conversations with peers
- Obscenities and jokes within the cultural norm
- Flirting
- Interest in erotica
- Use of internet to chat online with peers
- Solitary masturbation
- Interest and/or participation in a one-on-one relationship (with or without sexual activity)
- Sexual activity including hugging, kissing, holding hands, foreplay, mutual masturbation
- Consenting oral sex and/or intercourse with a partner of similar age and developmental ability (age and developmental ability to give consent must be considered (age of consent in South Australia is 17)

# Appendix H: Removal of Children in Danger/Police Warrants

## Use of police warrants

*[Children's Protection Act 1993]*

The following describes how Families SA and SAPOL obtain and use warrants under the *Children's Protection Act 1993*.

Section 19 of the Act sets out the requirements for conducting an investigation into suspected child abuse and neglect. Families SA may do this when the Chief Executive suspects on reasonable grounds that a child is at risk.

For these purposes the Chief Executive may, by notice in writing, require a person who has examined, assessed, carried out tests on or treated the child, or the agency for whom the person works, to provide a written report on the child.

If SAPOL is called to assist in an investigation with Families SA social workers, or if they are conducting an investigation with other police officers, section 19 (3) of the Act allows for an authorised police officer to do all or any of the following:

- enter or break into, remain in and search any premises or place
- seize any item which the officer believes may be evidence relevant to the investigation
- take photographs, films or videos
- require a person who may be in a position to furnish information relevant to the investigation to answer any question put by the officer to the best of that person's knowledge, information or belief.

These powers under subsection (3) can only be exercised on the authority of a warrant issued by a magistrate, except when:

- entry to the premises or place has been refused or cannot be gained
- the police officer believes on reasonable grounds that the delay resulting from applying for a warrant would prejudice the investigation and the safety of the child to whom the investigation relates.

Under subsection (5) an authorised officer may, while exercising powers under this section, be accompanied by such other members of the police force or employees of Families SA as may be necessary or desirable in the circumstances.

Under subsection (6), subject to subsection (7), a person must not refuse or fail to comply with a requirement under this section.

Under subsection (7) a person is not required:

- to provide information that is privileged on the ground of legal professional privilege
- to answer a question if the answer to the question would incriminate the person of an offence.

In the main, Families SA will consult with SAPOL and confine their requests for investigation to matters of sexual abuse, serious neglect, physical abuse or the death of a child.

As these warrants are used for child protection purposes, it is prudent that the appropriate Families SA representative(s) be encouraged to accompany SAPOL when using the warrant. Guidance should be sought on the types of questions to be asked of the persons and the information or evidence needed for Youth Court purposes.

Before taking any action with regard to this section the authorised officer will obtain, in writing, verification from the Chief Executive (or delegate) that the child is at risk and that an investigation is required.

Police officers are reminded that the 'at risk' investigation is not subject to the same burden of proof as in the criminal courts. The court acting under the *Children's Protection Act 1993* is not bound by any rules of evidence, and members should remember this when using the authorities given under this section.

When an authorised police officer seizes any item, or takes photographs, films or videos, they are to comply with General Order – Exhibits. Officers should liaise with the appropriate Families SA representative regarding any statements and exhibit requirements for the Youth Court.

Although the authority to use the warrant is given to authorised police officers, this does not preclude a non-authorised police officer from assisting Families SA in an investigation without recourse to the provisions of this section.

## Procedure for taking out a warrant

The SAPOL process in applying for warrants and the procedure for Families SA when negotiating the use of these warrants are contained in General Order – Children Protection.

An application for the issue of a warrant under this section may be made personally or by telephone.

If an authorised police officer is required to take out a warrant to assist in an investigation, the officer is to seek as much detail as possible from the requesting Families SA officer in order to satisfy a magistrate, whether by telephone or in person, that, on the balance of probabilities, there is just cause for issuing the warrant. Information such as any examination, assessment test or treatment should be made available to the requesting officer.

The grounds for seeking a warrant pertain only to the powers the officer wishes to exercise. Therefore, any prior knowledge needs to be addressed. For example:

- refusal of entry
- knowledge or suspicion that evidence is on the premises
- the need to seize items or take photographs
- the need for a person to answer questions.

The officer will set out on a Police Department Form PD 374 (Affidavit (*Children's Protection Act 1993*)) his or her suspicions and the grounds for the issue of a warrant. In cases where personal attendance is possible, officers will convey that affidavit to the court and make the request to a magistrate in chambers.

If an officer believes that the urgency of the situation requires a telephone warrant, an application can be made through their local court during office hours. If a magistrate is required after hours, the officer is to contact the communications sergeant.

A copy of the affidavit will be held on file at the officer's respective location.

## REMOVAL OF CHILDREN IN DANGER

### SAPOL

Part 4, division 2 (sections 15 to 18) of the *Children's Protection Act 1993* deals with removal of children in danger.

Under this division, a police officer may remove a child who they believe on reasonable grounds to be in a situation of serious danger and that it is necessary to remove the child from that situation in order to protect the child from harm or further harm (section 16).

In reality, however, this power would be rarely utilised without prior Families SA involvement.

### Section 16 Removal and transportation

If an officer believes on reasonable grounds that a child is in a situation of serious danger and that it is necessary to remove the child from that situation in order to protect the child from harm (or further harm), the officer may remove the child from any premises or place, using such force (including breaking into premises) as is reasonably necessary for the purpose.

Before removing a child from a situation of danger, police officers must have prior approval from an officer of police of or above the rank of inspector, unless they believe on reasonable grounds that the delay involved in seeking such approval would prejudice the child's safety.

Police officers should try alternative measures – such as contacting the child's parents/carers or Families SA – before using this section.

A police officer who removes a child pursuant to this section must make all reasonable endeavours to return the child to the child's residence, unless they are of the opinion that it would not be in the best interests of the child to do so. In deciding whether to return the child to his or her residence, the officer should consider the child's opinions, taking into account the child's age and maturity. If the child wishes to be conveyed to his or her place of residence, police officers must endeavour to arrange the transportation.

Police officers in any doubt about where the child should be placed are to consult with an appropriate Families SA social worker and convey the child to the care of the person nominated by that worker.

### Breaking into premises

Section 16 of the *Children's Protection Act 1993* allows SAPOL to break into premises to remove a child. When this is necessary, consideration must be given to the urgency of the situation, the need to preserve life or prevent injury, and the requirements under SAPOL General Orders – Operational Safety – Incident Management – Entry to Premises.

### Operational safety – incident management

In non-life-threatening situations prior approval must be sought from an officer of police or supervisor.

### SAPOL action after removal

Whenever SAPOL action results in a child being removed, the nature and circumstances of the removal must be reported to Families SA.

If a child is removed or transported under this division of the *Children's Protection Act 1993*, the member responsible must complete a PD 373 (Removal/Transport of a Child) and notify CARL on 131 478.

If SAPOL removal results in the child being taken to a place other than their place of residence, then SAPOL will obtain the name of the Families SA officer consulted along with their place of work and contact number. This information must be provided by the removing officer to the child's parents/carers.

### **SAPOL assisting Families SA**

Families SA supervisors are authorised by the Minister for Education and Child Development through the Chief Executive of the Department for Education and Child Development, to approve the removal of a child in accordance with section 16 of the *Children's Protection Act 1993*. Families SA supervisors are, in turn, able to instruct their personnel to remove children.

Families SA officers may call on SAPOL to assist them in the exercise of their powers under the provisions of the Act when there is a perceived threat of violence. When requested to assist, SAPOL will accept that Families SA have the necessary authority and will facilitate the process.

# Appendix I: Relevant Legislation/Charters/Guidelines

## LEGISLATION

*Children's Protection Act 1993 (SA)*

*Consent to Medical Treatment and Palliative Care Act 1995 (SA)*

*Criminal Law Consolidation Act 1935 (SA)*

*Criminal Law (Forensic Procedures) Act 2007 (SA)*

*Evidence Act 1929 (SA)*

*State Records Act 1997 (SA)*

*Statutes Amendment (Vulnerable Witnesses) Act 2015 (SA)*

*Summary Offences Act 1953 (SA)*

*Summary Procedure Act 1921(SA)*

*Victims of Crime Act 2001(SA)*

*Young Offenders Act 1993 (SA)*

## GUIDELINES AND FRAMEWORKS

Responding to Problem Sexual Behaviour in Children and Young People: Guidelines for staff in Education and Care Settings, 2013, Department for Education and Child Development, Catholic Education South Australia, Association of Independent Schools of South Australia

Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG), 2014, Ombudsman South Australia

Supporting Vulnerable Witnesses in the Giving of Evidence: Guidelines for Securing Best Evidence, 2015, Attorney-General's Department

Managing Allegations of Sexual Misconduct in SA Education and Care Settings, 2013, Department for Education and Child Development

National Framework of Rights and Services for Victims of Crime, 2013-2016, Standing Council on Law and Justice

## CONVENTIONS AND CHARTERS

United Nations Convention on the Rights of the Child (1989)

Charter of Rights for Children and Young People in Care – Office of the Guardian for Children and Young People

Declaration of Principles Regarding Treatment of Victims, Commissioner for Victims' Rights (see Appendix D)

# Appendix J: List of Acronyms

<b>AISSA</b>	Association of Independent Schools of South Australia
<b>ANCOR</b>	Australian National Child Offender Register
<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>CAFHS</b>	Child and Family Health Service
<b>CCMU</b>	Care Concerns Management unit (Families SA)
<b>CCI</b>	Care Concern Investigation unit (DCSI)
<b>CESA</b>	Catholic Education South Australia
<b>CPS</b>	Child Protection Services (FMC and WCHN)
<b>CSO</b>	Crown Solicitor's Office
<b>DCS</b>	Department for Correctional Services
<b>DCSI</b>	Department for Communities and Social Inclusion
<b>DECD</b>	Department for Education and Child Development
<b>DHA</b>	Department for Health and Ageing
<b>ESB</b>	Education Standards Board
<b>DPP</b>	Office of the Director of Public Prosecutions
<b>FMC</b>	Flinders Medical Centre
<b>FVIS</b>	Family Violence Investigation Section (SAPOL)
<b>ICP</b>	Interagency Code of Practice
<b>ICAC</b>	Independent Commissioner Against Corruption
<b>ISG</b>	Information Sharing Guidelines
<b>LGBTI</b>	Lesbian, Gay, Bisexual, Transgender, Intersex
<b>LSA</b>	Local service area (SAPOL)
<b>MAPS</b>	Multi Agency Protection Services
<b>MFS</b>	Metropolitan Fire Service
<b>NOC</b>	Notifier concern
<b>NPYWC</b>	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council.
<b>OPI</b>	Office for Public Integrity
<b>OSHC</b>	Out of school hours care
<b>SAPOL</b>	South Australia Police
<b>SCIB</b>	Special Crimes Investigation Branch (SAPOL)
<b>VMS</b>	Victim Management Section (SAPOL)
<b>WAS</b>	Witness Assistance Service (DPP)
<b>WCHN</b>	Women's and Children's Health Network





**Government  
of South Australia**