Child Protection Services

Module Overview

Please note: This module must be read in conjunction with the Fundamentals of the Framework (including glossary and acronym list) and the following modules: Emergency – Children's, Medical – Children's, Medical Imaging, Mental Health (Children's – Inpatient), Mental Health (Children's – Ambulatory), Mental Health (Perinatal & Infant Services), Pathology, Pharmacy and Surgical Services – Children's Modules.

This module articulates a framework for the provision of tertiary child protection services within SA Health to children, young people and their families who have been referred by the Department for Child Protection (DCP) or SA Police (SAPOL) following suspected or confirmed child abuse and neglect. While this module is designed to describe the tertiary services that are delivered within a dedicated child protection service (in metropolitan sites) or via dedicated child protection roles (in country areas) it additionally seeks to recognise that responding to child abuse and neglect occurs across a continuum within SA Health. A public health approach will always be required to ensure that primary, secondary and tertiary intervention efforts are available for vulnerable families, however this document is not designed to describe the services which focus on early intervention and prevention which would correspond to levels 1-3 of the Clinical Services Capability Framework (CSCF). Rather, this document delineates tertiary child protection intervention, acknowledging that it is a specialist area of healthcare.

The work undertaken by specialist child protection units and clinicians does not occur in isolation of other parts of the statutory child protection system, such as SAPOL, the DCP and the criminal justice system. Interagency collaboration and cooperation is an essential component in the provision of a seamless service across agencies to protect children and ensure their safety.

Staff employed in SA Health child protection services are required to be specialists in psychosocial trauma, who are aware of and responsive to the dynamics of psychological and emotional trauma. Moreover, staff are required to understand and practice in a culturally safe manner, acknowledging that Aboriginal families and children are grossly over-represented within the child protection system. It is well recognised that if trauma remains unresolved, the impact on children and their families can be lifelong and intergenerational. To this end, there are critical documents that guide the quality and nature of services offered to children who have experienced abuse and neglect. These include:

- *Interagency Code of Practice: Investigation of suspected child abuse or neglect (2016)*
- *National Framework for Protecting Australia's Children 2009 – 2020*
- *Child Protection: A Fresh Start (2016) Government of South Australia's response to the Child Protection Systems Royal Commission report: The life they deserve*
- *Disability Justice Plan 2014 – 2017*
- *Family Matters Report (2017)*
- *Children and Young People Safety Act (SA) 2017*
- *Information Sharing Guidelines for promoting safety and wellbeing (2016)*
- *WCHN – Aboriginal Health Plan (2018 – 2022)*

For the purpose of this module the term:

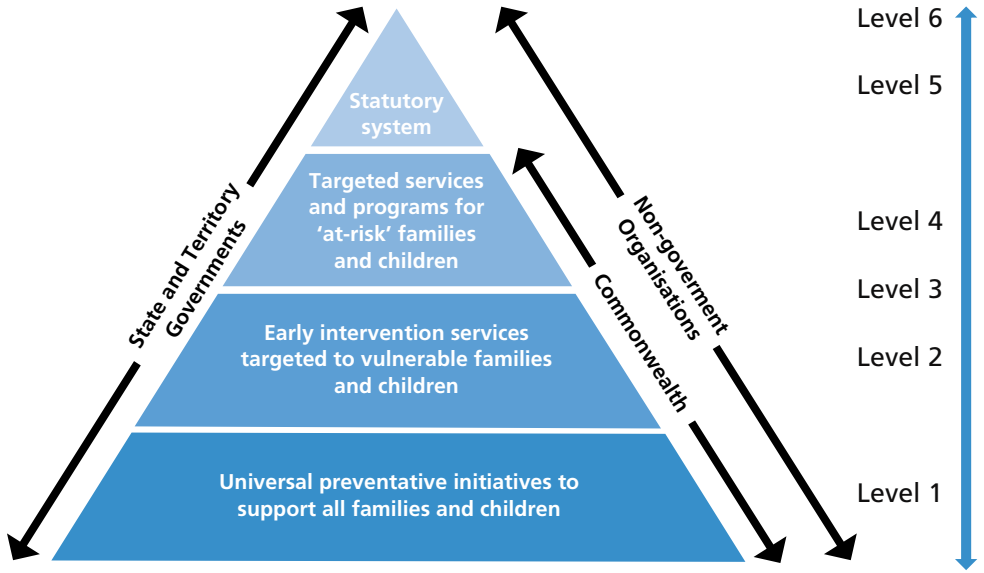
- **'Children' and 'young people'** has been used to collectively refer to individuals between ages 0 and 18 years. Hereafter, the terms child and children will be inclusive of infants, unless otherwise specified.
- **Aboriginal** means a person who —
  - is a descendant of the indigenous inhabitants of Australia; and
  - regards themself as Aboriginal or, if they are a young child, is regarded as Aboriginal by at least one of their parents.
- **Forensic medical assessment** describes a medical assessment which is conducted upon referral from the DCP / SAPOL following suspected or confirmed abuse (physical or sexual) and/or neglect. This assessment includes (when indicated): photo documentation, forensic investigations, sourcing of additional information from relevant sources and formulation of a forensic opinion. The assessment and opinion are outlined in a forensic medical report for SAPOL and/or the DCP and is of a standard that can be used in any court jurisdiction. Please note: forensic medical assessments in matters where a sexual assault has occurred and the young person is over 16 years are undertaken by Yarrow Place.
- **Forensic psychosocial assessment** includes an interview(s) with a parent / caregiver or other relevant person and a prescribed interview of a child / young person. It is designed to elicit accurate, detailed and reliable information about an event or an experience pertaining to an allegation or concern about abuse, neglect or a criminal act. SAPOL is legally required to witness a forensic interview. In addition, there is a requirement that an audio-visual recording is made of all interviews, with the recorded interview being stored as part of the client file.
- **Trauma specialist service delivery** in child protection means a system in which all parties involved recognise and respond to the varying impact of traumatic stress on children, caregivers and those who have contact with the system and utilise this knowledge, awareness and skill to create and influence organisational culture, policies and practices to ensure they are trauma informed. It is not enough to be knowledgeable about trauma; clinicians are additionally expected to make use of that knowledge by integrating it into everyday interactions with children, young people and their families.
- **Forensic Paediatrician** (Specialist Consultant in Child Protection) is a Consultant Paediatrician (FRACP or equivalent) who has undertaken at least one year of full-time training in a tertiary child protection service and is employed predominantly within a tertiary paediatric hospital, Child Protection Unit. These paediatricians will have an active caseload undertaking forensic medical assessments (including but not limited to complex and inpatient cases), perform a training and supervisory role to developing specialists and provide opinion to colleagues.
- **Paediatrician with child protection expertise** is defined as a Consultant Paediatrician in general or community child health (FRACP or equivalent) who has had further training and experience in child protection and is employed in a Child Protection Unit in a General Hospital. Paediatricians with child protection expertise will be competent in carrying out forensic medical assessments, including the interpretation of injury and will evidence the maintenance of skills and training in child protection including number of cases seen, peer review sessions attended, courses and CPD undertaken.
- **High Risk Infant Program** refers to intervention offered in the perinatal period where risk factors, resulting in serious concern about the safety and wellbeing of the infant, are identified. The following factors, especially when cumulative and multifactorial, contribute to the infant / unborn child being assessed and determined as 'high risk':
  - Significant and unaddressed substance misuse
  - The presence of domestic / family violence
  - A diagnosed mental illness to the degree that it significantly impairs parent / caregiver capacity
  - An assessed intellectual disability to the degree that it significantly impairs parent / caregiver capacity
  - Previous notifications / confirmation of serious abuse or neglect of other children
  - Where the parent(s) of a child have been found guilty of a qualifying offence as per section 44B of the *Children's Protection Act 1993*.

An Integrated South Australian Child Protection System

As mentioned in the introduction, a strong focus on the integration of child protection services across South Australia is designed to ensure there are different responses offered dependent upon the level of adversity, harm and/or risk of harm to a child in their family environment. An underlying principle in all matters where vulnerability, risk or harm is present is ensuring that the system is able to identify children and families requiring intervention services and engage them in the right service to ameliorate those risks before the child requires the intervention of the tertiary level child protection service.

Figure 1 is a commonly used framework in the child protection system for illustrating the different levels of response required at different stages. For the purposes on this framework, level 1 begins at universal services, with level 6 describing the most specialist of tertiary interventions, hence only levels 4, 5 and 6 are described in the following document.

Figure 1 - A system for protecting children



Source: http://www.unisa.edu.au/Research/Australian-Centre-for-Child-Protection/10-out-of-10/Research-Utilisation

Service Requirements

In addition to the requirements outlined in the Fundamentals of the Framework, this CSCF pertains to the tertiary component of the overall child protection health system.

Key principles that underpin the delivery of tertiary child protection services offered within SA Health include:

- Applying a child focused approach which recognises that all children have a fundamental right to be safe and protected from harm
- Ensuring cultural safety and respect is afforded to Aboriginal children and families and culturally diverse children and their families
- Building strong relationships which underpin the work we do, as partnership and collaboration across the broad child protection system creates respect, adaptability, a shared understanding and transparency in delivering high quality services
- Supporting, healing and strengthening children and those who care for them
- Developing a multi-disciplinary and skilled workforce which may include Aboriginal specific roles, as this is required to deliver high quality, timely, evidence based and trauma informed forensic medical and psychosocial services to infants, children and young people who have experiences of abuse and neglect
- Promoting an integrated and interdependent approach that is consistent in the delivery of child protection services across SA Health, being especially mindful of the needs of children who live in rural and remote areas
- Providing tertiary child protection services that are adaptable and flexible to local need to achieve best outcomes for children and families
- Compliance with SA Health policy directives and guidelines that are referenced at:
  - SA Health Policy Directives
  - SA Health Policy Guidelines
  - SA Health Clinical Directives and Guidelines

Workforce Requirements

The CSCF does not prescribe staffing ratios, absolute skill mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally and in accordance with relevant industrial instruments. Where minimum standards, guidelines or benchmarks are available, the requirements outlined in this module should be considered as a guide only. All staffing requirements should be read in conjunction with the *Health Care Act (SA) 2008*, Awards, relevant Enterprise Agreements and Frameworks including, but not limited to:

- *SA Health Salaried Medical Officers Enterprise Agreement 2017*
- *SA Health Visiting Medical Specialists Enterprise Agreement 2017*
- *SA Health Clinical Academics Enterprise Agreement 2014*
- *Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2016*
- *SA Modern Public Sector Enterprise Agreement: Salaried 2017*
- *SA Health Aboriginal Workforce Framework 2017-2022*

In addition to the requirements outlined above, specific workforce requirements include:

- Capacity for country staff (Aboriginal Health Workers / advisors, medical and allied health) to consult in a timely manner with level 5 and 6 sites where a child protection concern emerges in a country location. Such consultation must also be available to remote and very remote health sites, with guidance offered about how to best manage the situation, and how to facilitate access to services.
- Cultural competence and a commitment to seek and consider cultural advice, in particular for Aboriginal children and families.
- Cultural competence and a commitment to seek and consider cultural advice for Culturally and Linguistically Diverse (CALD) children and families.
- Risk management strategies are developed, implemented and evaluated by qualified and/or registered health professionals in consultation with higher level health services where possible, and in accordance with established algorithms for specific clinical services.
- Formal quality improvement programs including case review, peer review and adverse event reviews.

Section 1 – Consultancy / Liaison

Consultancy / Liaison	Level 4	Level 5	Level 6
The provision of a tertiary child protection response within SA Health begins with a knowledgeable consultancy / liaison service for DCP, SAPOL, SA Health staff and the broader professional community to assist in the determination of whether a particular child may have experienced abuse and/or neglect and determine what additional information should be gathered and/or actions should be undertaken. In the provision of consultancy / liaison services, the imperative to provide a considered yet efficient response is a priority. Strategy discussions (as described by the *Interagency Code of Practice*) are an important part of this function. The objective of the interagency strategy discussion is to ensure the needs of children, who are the subject of child abuse and neglect concerns, are identified, well described and interagency plans are created to attend to these needs. To this end, strong and collaborative relationships with the DCP and/or SAPOL are essential in both metropolitan and country areas. Delays in gathering all of the information necessary may have significant consequences for a child's safety and thus the consultation / liaison role is a skilled role with staff being expected to consider a range of factors and potential complexities when collating information and participating in discussion and formulating interagency plans.			
Service description	> Care delivered is by health staff (medical, nursing, midwifery and allied health) with an understanding of the broad child protection system. > In country areas, the nominated Country Health SA key worker will provide advice regarding how to maintain connection for the child to their local community where a child protection concern has been raised that requires intervention at level 5 or 6 sites. > Service provision typically includes: – Recognition and initial management of suspicious injuries or concerning information. – An understanding of mandatory notification and appropriate consultation pathways within the child protection system. – Documentation of the discussion and recording the concerns in the child's medical record as per usual SA Health standards.	As per Level 4 plus: > Care is delivered by allied health, nursing, midwifery and medical staff (with child protection expertise) to assist in guiding a system response that protects children. > In-depth knowledge of and access to the medical and psychosocial services within the LHN Child Protection Service to ensure that a timely, adequate and coordinated response is offered. > In circumstances involving an adverse event (acute episode of abuse or a child witnessing a serious offence) staff contribute to interagency planning regarding the management of the event. > Documentation in a manner that is congruent with SA Health guidelines and will be admissible in a Court setting (Youth, Criminal, Family). > If there are identified medical concerns about possible child abuse / neglect medical consultation is required.	As per Level 5 plus: > Access to consultation with forensic paediatricians, including medical consultation with forensic paediatricians in strategy discussions when required. > Lead and coordinate discussion where end of life decisions are necessary as a result of an incident of abuse and/or neglect. > Assist the pathologist / Director of Public Prosecutions (DPP) / Coroner with expert medical consultation (which may require attendance at post mortems) regarding the mechanism of injury and the likely cause of death.

Consultancy / Liaison	Level 4	Level 5	Level 6
Service requirements	> Medical, nursing, midwifery and allied health staff with knowledge of child protection systems. > Clear processes regarding referral, consultation pathways and documentation. > In country sites, capacity for telehealth link up, where possible, for face-to-face consultation.	As per Level 4, plus: > A multidisciplinary team to ensure all aspects of the child's needs are considered. > Documented policies, procedures and forms as per SA Health guidelines, in addition to ensuring that a consistent response across the system is provided.	As per Level 5, plus: > A multidisciplinary team with experience, and advanced knowledge and skills, in delivery of child protection services pertaining to specific specialty and/or subspecialty areas.
Workforce requirements	> Onsite staff with knowledge of the child protection system. > Access to designated professional staff with child protection expertise who can also contribute meaningful information to any discussion about the local community. > Access - during business hours - to registered paediatric medical specialist.	As per Level 4, plus: > Access – 24 hours – to paediatrician with child protection expertise. > Access – 24 hours – to Child Protection Service (CPS) clinician.	As per Level 5, plus: > Access - 24 hours - to forensic paediatrician.

The following table outlines the support service requirements for each level of Consultancy/Liaison. The table cross-references to other modules in the CSCF, thereby recognising the interdependencies which exist between Consultancy / Liaison and other specialty areas.

Support services requirements for Consultancy / Liaison	Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible
Emergency - Children's		3		4		5
Medical - Children's		3		4		5
Mental Health – Children's		3		4		5
Mental Health - Perinatal & Infant services		3		4		5
Mental Health – Adult & Youth		3		4		5

Section 2 – Psychosocial Forensic Assessment

Psychosocial Forensic Assessment	Level 6

A psychosocial forensic assessment is designed to elicit accurate, detailed and reliable information about an event or an experience pertaining to an allegation of abuse, neglect or a criminal act. The forensic assessment includes an interview with parents / caregivers or other relevant persons and a forensic interview of a child. Written consent is obtained from the child / young person's legal guardian prior to the forensic interview being conducted. SAPOL observe all forensic interviews conducted by CPS clinicians. In addition, there is a requirement that an audio-visual recording is made of all interviews, with the recorded interview being stored as part of the client file.

An evidence based model must be employed in delivering this service. Staff employed at the CPS undertaking this work must be prescribed interviewers. In 2016, the Attorney General's Department introduced legislation to make the criminal justice system more accessible and responsive to the needs of vulnerable witnesses. Specifically, on 1 July 2016, the *Statutes Amendment (Vulnerable Witnesses) Act 2015* amended the *Evidence Act 1929* and the *Summary Offences Act 1953* and the *Summary Offences Regulations 2016* commenced operation. These legislative changes allow for evidence of vulnerable witnesses in criminal proceedings to be admitted in the form of an audio-visual record of an interview that has been conducted by a prescribed interviewer. Given this, there is only one level of service that can be provided in delivering psychosocial forensic assessments, that being a level 6.

Service description	> Conduct forensic interviews by clinicians who are designated prescribed interviewers, and have successfully completed the Minister approved training courses, as per the *Vulnerable Witnesses Act 2015*. > Provide a physical environment to ensure all forensic interviews are subject to audio-visual recording and can be observed by SAPOL via CCTV and/or from behind a one-way screen. > Utilise communication assistants / aids / partners as per the *Disability Justice Plan 2014-2017* for children with disabilities where communication is a barrier. > Engage parents / caregivers in the broader assessment of the child's wellbeing following their experience of abuse. > Provide feedback, including professional opinion, to SAPOL and the DCP (where indicated) regarding the outcome of any forensic assessment undertaken. > Prepare evidence based reports / transcripts for Court (Criminal Court, Youth Court, Family Court) pertaining to the forensic assessment undertaken. > Provide ongoing and regular training of a high quality to clinicians conducting forensic interviews to ensure their interview skills are current and compliant with their specialist interviewing role. > Provide interagency training to SAPOL / DCP / Courts upon request. > Provide outreach services to country areas, including specialist culturally sensitive forensic interviews to remote areas (as per the Interagency Code of Practice). When appropriate this should include Aboriginal interpreters who have no cultural conflict with family or client and who are gender specific when requested.

Psychosocial Forensic Assessment	Level 6
Service requirements	> Interview room with CCTV facilities and/or a one-way screen to allow SAPOL to observe interviews in real time. > Sophisticated audio-visual equipment, that has visibility of the whole room during the interview (child must be on camera at all times) and a date and time stamp. > A commitment to ongoing and regular training, peer review and clinical supervision is required to deliver this service.
Workforce requirements	> Access to relevant allied health staff, including but not limited to psychologist, social worker or Aboriginal health practitioner. Staff must have experience and a clinical skill set attuned to working with children. > Staff are required to have knowledge of and experience in working with children who have experienced trauma. > Prior to conducting a forensic interview, staff must have completed a Minister approved course to be a prescribed interviewer.

The following table outlines the support service requirements for each level of Psychosocial Forensic Assessment. The table cross-references to other modules in the CSCF, thereby recognising the interdependencies which exist between Psychosocial Forensic Assessment and other specialty areas.

Support services requirements for Psychosocial forensic assessment	Level 6	
	On-site	Accessible
Emergency - Children's		5
Medical - Children's		5

Section 3 – Forensic Medical Assessment

Forensic Medical Assessment	Level 5	Level 6
A forensic medical assessment involves the medical evaluation of a child where there are concerns about possible abuse and/or neglect. The conduct of a forensic medical assessment must ensure that any of the information gathered or obtained is done so in a manner that allows its optimal use within the various legal jurisdictions. Within the CPS setting the forensic medical assessment establishes the child's current condition in the context of the suspicion of abuse and/or neglect. It also includes the organisation of treatment and referral of any injury or condition found. A forensic medical report for referring agents is prepared following the completion of the medical assessment, addressing the medical findings and opinion. This forensic medical report must be of a standard that is commensurate with the rules of evidence as defined by the district, youth and federal courts. Given the specialist nature of forensic medical assessments they are only conducted at level 5 and 6 sites.		
Service description	> Allied health staff available to work with the paediatrician with child protection expertise to ensure that there is a medical-psychosocial team approach to providing a timely and skilled response. > Upon referral from SAPOL / the DCP conduct forensic medical assessment which includes the physical examination of a child / young person and the gathering of any relevant information from a variety of sources to ensure the forensic opinion is well informed. > Any injuries, abnormalities or physical signs of neglect need to be photo documented, to a quality where they are of a standard sufficient for use in the criminal justice system. > Conduct necessary forensic investigations and correctly interpret findings. > In matters of alleged sexual abuse / assault, examinations should be conducted using a DVD colposcope. Any injuries or abnormalities should be recorded on the DVD. > Collect samples for forensic analysis, safeguard the integrity of the forensic samples and document the chain of evidence. > Determine whether nature of allegations / injuries require transfer to a level 6 facility. > Form and document forensic opinion about likely mechanism of injury, possible timing of injury and any ongoing consequence of injury for the child. Recommend Interventions likely to improve the quality of the child's health, growth, development and wellbeing. > Prepare a forensic medical report for the DCP and/or SAPOL / criminal justice system outlining findings and forensic opinion formulation. > Paediatricians with child protection expertise need to be available and sufficiently skilled to provide expert opinion in the various court jurisdictions.	As per Level 5, plus: > Conduct inpatient forensic medical assessments for significantly injured infants, severely injured older children and severely neglected children. (note: the severity of infant injury requiring a level 6 service and forensic paediatrician is not consistently agreed across SA Health; a guide to assist assessing severity will be developed as a part of the model of care). > Have access for consultation and assessment to sub-specialist paediatric services (neurosurgery, paediatric intensive care unit, specialist paediatric radiology services, paediatric ophthalmology, paediatric orthopaedics and surgery). > Provide education and training to health service providers and DCP, SAPOL, TAFE SA, interagency training, SA Health staff and medical students regarding the recognition of signs of abuse and neglect and the role of the forensic medical evaluation. > Coordinate, in consultation with level 5 sites, state-wide CPS education and peer review process to ensure that forensic medical assessments, opinion formulation and reports are consistent and forensic protocols are adhered to. > When there is a state-wide after hours on-call roster developed, a level 6 site will coordinate this roster in consultation with level 5 sites. > Conduct urgent sexual assault examinations requiring the collection of forensic evidence. (note: the definition of urgent sexual assault examinations and whether the examination needs to be conducted by a forensic paediatrician is not consistently agreed across SA Health; a guide to conducting urgent sexual assault examinations will be developed as a part of the model of care). > As per the consultation / liaison role, assist the pathologist / DPP / Coroner with expert medical consultation (which may require attendance at post mortems) regarding the mechanism of injury and the likely cause of death.

Service requirements	> Dedicated medical examination rooms. Separate room for colposcopic examination onsite of CPS to ensure privacy and acceptable standards to minimise DNA contamination. Appropriate child friendly environment with distraction / sensory items available to provide safe, trauma informed care. > DVD Colposcope to record examination. > 24 hour access to a photographer / photographic equipment. > Capacity to collect and store (lockable refrigerator) forensic samples and photo documentation to maintain necessary chain of evidence requirements. > Access to peer review and ongoing education and training.	As per Level 5, plus: > Access to Paediatric Emergency Department. > Access to onsite Designated Children's Major (Level 1) Trauma Centre. > Access to onsite Paediatric Intensive Care Unit. > Access to onsite Paediatric Radiology services. > 24 hour access to sub specialities such as neurosurgery, orthopaedics, surgery, burns, gynaecology and ophthalmology (and Retcam technology). > Access to neuroradiologist.
Workforce requirements	> Paediatrician with child protection expertise. > Allied health, nursing and midwifery staff, including but not limited to, psychologist, social worker or Aboriginal Health Practitioner. Staff must have experience and clinical skills in child protection assessment, child development and trauma informed care.	As per Level 5, plus: > A dedicated hospital inpatient team comprised of experienced forensic paediatrician(s), allied health, nursing and midwifery staff.

The following table outlines the support service requirements for each level of Forensic Medical Assessment. The table cross-references to other modules in the CSCF, thereby recognising the interdependencies which exist between Forensic Medical Assessment and other specialty areas.

Support services requirements for Forensic Medical Assessment	Level 5		Level 6	
	On-site	Accessible	On-site	Accessible
Emergency - Children's	4		5	
Medical - Children's	4		5	
Medical Imaging	5		5	
Mental Health – Children's		4		5
Mental Health - Perinatal & Infant services		5		5
Mental Health – Adult & Youth		5		5
Pathology		5	5	
Pharmacy	5		5	
Surgical Services – Children's		4	5	

Section 4 – Parenting Capacity Assessment

Parenting Capacity Assessment	Level 5
It is recognised that parenting assessments occur in primary and secondary interventions (Levels 1, 2, 3 and 4) however this section describes the specialist assessments required by the Youth and Federal (Family and Federal Circuit) Courts to assist in decision making about a child's care arrangements. To this end, a parenting capacity assessment in this context is undertaken to explore the factors impacting upon a parent's capacity to meet the needs of a child who has been subjected to abuse and neglect, and in turn, whether the child's safety and wellbeing can be assured in the parenting environment being provided to them. If the parenting capacity assessment results in the opinion that interventions will not address the concerns in a child-focused timeframe, recommendations will be made to address this issue. Both the assessment process and subsequent report must withstand the scrutiny of a judicial process. Although assessments are a snapshot in time, they must consider and address the capacity of the parent in the long term.	
Service description	> The service provides parenting capacity assessments in accordance with the regulations and criteria as defined and approved by the Chief Executive of the DCP. > Where forensic medical assessments are conducted by a Level 6 service, parenting capacity assessments should be conducted in unison. > Gather information from the DCP, SAPOL and/or other services to inform the process. > Prioritise referrals from the DCP where the Youth Court / Family or Federal Circuit Court has ordered that a parenting assessment be undertaken. > Conduct parenting assessments utilising an attachment framework, understanding that the relationship which has been established within the parent-child dyad can be both protective and dangerous. > Engage with parents in a manner that ensures a comprehensive understanding of the factors of adversity impacting on their lives and parenting capacity. > Ensure that all parenting assessments identify all of the risk factors for the child (such as family violence, substance misuse, mental illness, intellectual disability (with no support) and social isolation) and how these factors combine to create risk. > Establish the elements within the child's and family's world that may mitigate against risk. > Consider the kinship structure of both parents that can support and mitigate further risk or harm. > Where parenting assessments of high risk infants are conducted (where there is no injury but very high risk requiring a statutory response) incorporate observation sessions utilising a structured approach. > For Aboriginal children and families seek and consider cultural advice and ensure consideration of an interpreter. > For CALD children and families seek and consider cultural advice and ensure consideration of an interpreter. > Where indicated engage broader family members in the assessment. > In the process of gathering the information, maintain focus on the parent's capacity for change. > Where children are verbal, ensure that children are interviewed as part of the assessment process to include their thoughts and experiences in the assessment process. > Where indicated conduct psychometric testing to assist in forming an opinion about the parent's functioning and child's development and wellbeing. > Prepare a report of a standard that meets the requirements of a Court environment documenting the process of the assessment and opinion formulation regarding safety of the child and future prognosis for parental capacity to change (including recommendations for intervention where indicated). > The quality of case formulation and written assessments is such that it withstands the scrutiny of the judicial system. > Fulfil obligations to provide evidence in Court arena (Youth, Federal Circuit or Family Court). > Recommend interventions likely to improve the quality of the child's development, relationships and wellbeing.

Parenting Capacity Assessment	Level 5
Service requirements	> A structured approach to conducting a parenting capacity assessment is well described in guidelines / work instructions. > Provide access to regular training of a high quality regarding parenting capacity, risk factors and interventions to ensure that staff are sufficiently trained and supported by a rigorous peer review process. > Audio-visual equipment to record observational sessions and interactions between infants and their parents. > Private interview rooms onsite to ensure uninterrupted discussion / assessment. > Capacity and training to interpret the observations and report on this interpretation in Court report.
Workforce requirements	> Allied health staff including but not limited to psychologists, Aboriginal Health Practitioners and social workers, with knowledge and skills in child protection and who will be accepted by the court as expert witnesses able to give opinion evidence. > Clinical skills in case formulation and report writing. > Capacity for joint medical / psychosocial assessments for complex cases, in particular involving infants with inflicted injury. > Senior and dedicated allied health, nursing and midwifery professionals with demonstrated advanced level knowledge, experience and skills in child protection.

The following table outlines the support service requirements for each level of Parenting Capacity Assessment. The table cross-references to other modules in the CSCF, thereby recognising the interdependencies which exist between Parenting Capacity Assessment and other specialty areas.

Support services requirements for Parenting Capacity Assessment	Level 5	
	On-site	Accessible
Emergency – Children's		4
Medical – Children's		4
Mental Health – Children's		4
Mental Health - Perinatal & Infant services		4
Mental Health – Adult and Youth		4

Section 5 – Comprehensive Health and Development Assessments and Reviews for Children in Out-of-Home Care

Comprehensive Health and Development Assessments and Reviews for Children in Out-of-Home Care	Level 4	Level 5	Level 6
Comprehensive Health and Development Assessments and medical reviews (where indicated) for children in out-of-home care are designed to identify and respond to the holistic physical, developmental, psychosocial, cultural and mental health needs of individual children and young people under Guardianship or custody. In addition, flowing from the Comprehensive Health and Development Assessment are skilled, timely and trauma-informed opinion and recommendations regarding health interventions to address complex behaviours and circumstances for children who have been subjected to abuse and neglect. Comprehensive Health and Development Assessments and reviews are essential in contributing to a comprehensive Health Management Plan to address and treat the health needs of the child or young person. This plan will be managed in partnership with the DCP.			
Service description	> Comprehensive Health and Development Assessments within the LHN or country area provided by trained paediatricians to eligible children and young people under Guardianship or custody, in line with the National Clinical Assessment Framework and the SA Guardianship Health Standards. > For adolescents, Comprehensive Health and Development Assessments may be delivered by a specialist youth service, such as but not limited to, Metropolitan Youth Health. > Provide Comprehensive Health and Development Assessments and reviews that are culturally safe and responsive. > At the conclusion of the Comprehensive Health and Development Assessment provide a timely and trauma-informed opinion and recommendations regarding health interventions that address complex needs and behaviours. > Ensure referrals to specialist services are made where indicated. > Provide ongoing monitoring of the child's health and resultant needs in accordance with clinical need.	As per Level 4, plus: > Provide a dedicated clinic for children under Guardianship or custody, which is multidisciplinary in nature. > Provide a dedicated and appropriate physical environment in which Comprehensive Health and Development Assessments can be conducted, being mindful of the fact that many children in out-of-home care have dysregulated behaviours and manage better in a quiet, contained space. > Adopt an advisory role, act as a liaison point and work in partnership with the DCP as required, ensuring that care and treatments identified in the Health Management Plan are commensurate with the needs of children in out-of-home care. > Provide formal psychometric assessment of development, cognitive functioning and mental health.	As per Level 5

Comprehensive Health and Development Assessments and Reviews for Children in Out-of-Home Care	Level 4	Level 5	Level 6
Service requirements	> A child-friendly, safe welcoming environment and the ability to offer specific cultural support and an appropriate Aboriginal cultural response to Aboriginal children and young people. > Access to Aboriginal health / medical services as required.	As per Level 4, plus: > Dedicated clinic structure with a flexible approach to service delivery within the constraints of organisational requirements in relation to the timing and length of appointments. > Capacity to refer to the Therapeutic Needs Assessment Panel. > Comprehensive understanding of available therapeutic services (country and metropolitan) to ensure children and young people are referred to appropriate services to have their emotional and mental health needs met within their own environment. > Rapid access to referral pathways for children to receive medical specialist services where indicated, and capacity to advocate for a priority response from these services.	As per Level 5

Comprehensive Health and Development Assessments and Reviews for Children in Out-of-Home Care	Level 4	Level 5	Level 6
Workforce requirements	> Staff with an appropriate degree in human services, including but not limited to psychology and social work. In addition staff must have experience and clinical skills in child development and trauma-informed care and be able to work closely with medical staff. > Paediatric trained health practitioner (who may be a paediatrician, paediatric registrar or other senior medical practitioner with specialist experience in providing health care to infants, children or young people).	As per Level 4, plus: > Coordinator with clinical skills related to child protection, trauma-informed practice, cultural competency and an understanding of child and adult mental health who works in partnership with the paediatrician. > Access to nursing, midwifery and allied health professional (clinical psychologist) competent in administering screening tools and undertaking face-to-face assessments during appointments. > Access to a psychologist with training, experience and clinical capacity to conduct psychometric testing, where indicated. > Assessments are primarily conducted by a trained paediatrician with child protection expertise. Where junior paediatric medical staff undertake Comprehensive Health and Development Assessments, these assessments will be supervised by the trained paediatrician.	As per Level 5

The following table outlines the support service requirements for each level of Comprehensive Health and Development Assessments. The table cross-references to other modules in the CSCF, thereby recognising the interdependencies which exist between Comprehensive Health and Development Assessments and other specialty areas.

Support services requirements for Comprehensive Health and Development Assessments	Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible
Emergency – Children's		3		4		4
Medical – Children's		3		4		4
Medical Imaging		4		5		5
Mental Health – Children's		4		4		4
Pathology		3		4		4
Pharmacy		3		4		4
Surgical Services – Children's		3		4		4

Section 6 - High Risk Infant Program

High Risk Infant Program	Level 4	Level 5	Level 6
A tertiary child protection response for high risk infants and their mothers is offered in instances where high to very high risk has been identified, as per the definition provided earlier in this document. Intervening in these matters in the perinatal period is in keeping with the across government responsibility to respond early and in a timely manner for highly vulnerable, at risk infants and their families. The work undertaken to achieve this in the LHNs and in country areas is strongly aligned to the *SA Health Collaborative Case Management of 'High Risk Infants' in Hospitals Policy Guideline*. By fulfilling the objectives of the policy directive, specialist child protection staff will attend to all matters where an unborn child or infant (facing high risk) is identified via antenatal screening or in the immediate postnatal period and ensure that interagency systems are in place to ameliorate the risk. The majority of this work is undertaken in partnership with the DCP. In this area, best practice involves specialist child protection staff being available to guide other SA Health staff in relation to fulfilling their legal obligations to report to the Child Abuse Report Line pre and post birth.			
Service description	> Identify high risk infants and their mothers during the antenatal period. > Participate in the High Risk Infant Programs offered at the metro or country hospital including being a member of an interagency, multidisciplinary team designed to assess risk. > Provide accurate information to the DCP about the level of risk and health care services that will be offered. > Alert other health networks / health services to the risk in the event that the at risk woman transfers her antenatal care. > Work closely with dedicated Aboriginal staff to ensure Aboriginal families are supported throughout the pregnancy.	As per Level 4, plus: > Provide an informed opinion regarding the service delivery direction to manage the safety concerns prior to the birth of the infant with a focus on reducing risk and increasing parental capacity. > Work collaboratively with the DCP, Child and Family Health Service and other services to mitigate risk.	As per Level 5, plus: > Lead the high risk infant programs offered within the LHN, including being a member of a multidisciplinary team designed to triage risk and refer to services such as Allied Health Social Work services, Drug and Alcohol Services South Australia (DASSA), Child and Family Assessment and Referral Networks, Aboriginal specific services, perinatal mental health. > Provide comprehensive psychological assessment for unborn and high risk infants and their families where high risk is identified and an assessment is deemed necessary by SA Health or the DCP. > Provide system-wide training of a high quality regarding the meaning of high risk for infants to ensure staff are cognisant of infant mental health and the impact of trauma on infants during the perinatal period.
Service requirements	> Access to hospital databases to record risk and the case management plan. > Collaborative relationship with the DCP to assist in managing high risk.	As per Level 4, plus > Close working relationship with Allied Health Social Work service, Neonatal Unit, Women's Health Clinic, Aboriginal Health Units and Post Natal Ward.	As per Level 5, plus: > Ability to construct a Court report regarding risk to assist the DCP in any application they may make to the Youth Court for protection of the infant.

High Risk Infant Program	Level 4	Level 5	Level 6
Workforce requirements	> Staff with an appropriate health-based degree, including but not limited to psychology and social work. In addition staff must have experience and knowledge relating to child abuse and neglect risk factors, such as family violence, substance misuse and untreated mental illness.	As per Level 4, plus: > Staff have detailed knowledge of the child protection system and, when located in a major birthing hospital, the processes and systems pre and postnatal.	As per Level 5

The following table outlines the support service requirements for each level of High Risk Infant Program. The table cross-references to other modules in the CSCF, thereby recognising the interdependencies which exist between High Risk Infant Program and other specialty areas.

Support services requirements for High Risk Infant Programs	Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible
Mental Health – Perinatal & Infant services		3		4		4
Mental Health – Adult & Youth		3		4		4

Section 7 – Therapeutic Interventions

Therapeutic Interventions	Level 4	Level 5	Level 6
A child is eligible for a therapeutic service at CPS where there is evidence of a therapeutic need following an experience of abuse and/or neglect. Children under Guardianship or custody are prioritised for the therapeutic service. After therapy commences there will be a period of assessment, to ascertain the therapeutic needs of the child and their carers. It might be that the therapeutic response required is working closely with the broader system to ensure the child's needs are met. A trauma specialist approach is essential when undertaking therapeutic intervention in this context. Provision of therapeutic services to family members or other people significant to the child is essential to ensure that a 'team around the child' approach is adopted.			
Service description	> Ability to identify therapeutic need following an experience of abuse and/or neglect and refer to appropriate services in the local area. > Follow up provided for carer / parent to ensure that child / young person is receiving adequate therapeutic care. > For country children and their families therapy is best provided close to their home / community environment, unless no such care is available due to the isolation or service gap in the local community. > The therapeutic intervention offered is evidence based, culturally safe and trauma informed.	As per Level 4, plus: > A thorough assessment of therapeutic need is undertaken prior to the commencement of therapy, to ensure that any intervention offered is goal-directed and focussed upon the most salient issues impacting on the child's life. > Where the child / young person is under Guardianship or custody regular case conferencing with the responsible DCP staff / office is initiated by CPS. > For children in commercial care placements a system wide approach will be incorporated in the therapeutic service provided. > The child / young person is seen in the context of their family. Any intervention offered takes into consideration the needs of the whole family or care environment, whether that is birth, kin or foster. > Referral to be made to the SA Health Therapeutic Assessment Needs Panel, if the child is under Guardianship or custody and the level of complexity of the case requires independent oversight. > Therapeutic progress reports provided to referring agents and carers at regular intervals. > Ongoing training and professional development is provided to all staff.	As per Level 5, plus: > Evidence based, specialist therapeutic programs are offered, such as a programs for children with problematic sexualised behaviours or specialist reunification program for children under Guardianship or custody. > Provision of system wide training regarding therapeutic models of intervention including culturally responsive practice for children under Guardianship or custody. > Participation in state-wide forums regarding responding to therapeutic needs of children under Guardianship or custody, including the ongoing development of the SA Out-of-Home Care Strategy. > Membership on the Therapeutic Needs Assessment Panel. > Contribute to program evaluation and research regarding the effectiveness of intervention. > Engage with state-wide interagency committees / working groups regarding the delivery of therapeutic services to children / young people under Guardianship or custody.

Therapeutic Interventions	Level 4	Level 5	Level 6
Service requirements	> Current knowledge of and partnership with local services to facilitate referral pathways and advocate for children in need of therapy who have been abused and neglected.	As per Level 4, plus: > Specific therapy room, with sufficient resources to engage with child / family. > Financial and service wide commitment to clinical supervision and professional development. > An environment in which case conferences can be held, for system wide collaboration. > Access to psychometric testing aids, where indicated, to guide the progress of therapy and the evaluate effectiveness.	As per Level 5, plus: > Specialist training programs for staff undertaking specialist roles. > Specialist supervision for evidence based therapeutic programs for child trauma. > Quality assurances and review processes built into practice.
Workforce requirements	> Staff with knowledge, skills and experience in child protection.	As per Level 4, plus: > Staff trained in evidence based models of trauma specialist care. > Opportunity for reflective supervision and case review is built into the professional practice.	As per Level 5, plus: > Additional staff training in specialist areas of care as mentioned above.

The following table outlines the support service requirements for each level of Therapeutic Interventions. The table cross-references to other modules in the CSCF, thereby recognising the interdependencies which exist between Therapeutic Interventions and other specialty areas.

Support services requirements for Therapeutic Interventions	Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible
Emergency – Children's		3		4		4
Medical – Children's		3		4		4
Mental Health - Perinatal & Infant services		3		4		4
Mental Health – Adult & Youth		3		4		4

Legislation, regulations and legislative standards	Non-mandatory standards, guidelines, benchmarks, policies and frameworks
Refer to the Fundamentals of the Framework for details. > *Children and Young People Safety Act (SA) 2017* > *Consent to Medical Treatment and Palliative Care Act (SA) 1995* > *Information Sharing Guidelines for promoting safety and wellbeing 2016* > *Criminal Law Forensic Procedures Act (SA) 2007* > *Statutes Amendment (Vulnerable Witnesses) Act (SA) 2015*	Refer to the Fundamentals of the Framework for details. > *Interagency Code of Practice: Investigation of suspected child abuse or neglect 2016* > *National Framework for Protecting Australia's Children 2009 – 2020* > *Disability Justice Plan 2014 – 2017* > *Family Matters Report (2017)* > *Child Protection: A Fresh Start (2016) Government of South Australia's response to the Child Protection Systems Royal Commission report: The life they deserve* > *SA Health - Child Harm - Identifying and Responding where Medical Neglect or Fabricated or Induced Illness is suspected Policy Guideline* > *SA Health - Child Safe Environment (Child Protection) Policy Directive* > *SA Health - Collaborative Case Management of 'High Risk Infants' in Hospitals Policy Directive and Guideline* > *SA Health - Health Standards for Children and Young People under Guardianship or Custody Policy Directive* > *SA Health Child Protection - Mandatory Reporting of suspicion that a child or young person (0 - under 18 years) is or may be at Harm Policy Directive* > *SA Health - Prescribed Interviewers for Interviewing Vulnerable Witnesses Policy Directive* > *WCHN – Aboriginal Health Plan (2018 – 2022)*

For more information

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