

Manual of Practice – DCP Residential Care chapter

2.Support children and young people in residential care

Support the child or young person to understand their rights

Children and young people in residential care have important rights that must be upheld by residential care staff. These rights are set out in the [Charter of Rights for Children and Young People in Care](#). Residential care staff have a responsibility to ensure children and young people have access to and understand their rights.

All children and young people must be provided with age and developmentally appropriate information that will help them to understand their rights. A range of resources for children and young people of different ages and developmental stages are available from the [Office of the Guardian for Children and Young People website](#).

Additional information on supporting children and young people to understand their rights can be found in [Support the child or young person to understand their rights](#) in the Supporting children and young people in care chapter of the Manual of Practice.



Connection

Aboriginal Child Placement Principle active effort prompt

Aboriginal children and young people have a right to connect to their culture, country, community and cultural services. Residential care staff should consider how to support an Aboriginal child or young person to connect to their culture. Connections can be supported by ensuring the home is culturally safe, exploring cultural connections within the community with the child or young person and supporting family connections in line with the child or young person's DCP case plan.

Respond to complaints and feedback from the child or young person

Children and young people have a right to make a complaint at any time and have someone listen and respond if they need. The [Resources for children in residential care to make a complaint page](#), [Your way to have a say in residential care for over 12s](#) and [Your way to have a say in residential care for under 12s](#) explains how children and young people can make a complaint.

Under section 110 of the CYPS Act, a child or young person being cared for in a residential care facility may make a complaint to the Chief Executive with respect to the care that they are receiving. Residential care staff members must advise children and young people of their legislative right to make a complaint directly to the Chief Executive.

While complaints for children and young people in care should, where possible, be resolved at the local level, the child or young person may make a complaint to the Chief Executive by emailing DCPCEMailbox@sa.gov.au or by contacting the DCP Complaints and Feedback Management Unit on 1800 003 305. For further information, refer to [Making a complaint in residential care](#).

Residential care staff should ensure that children and young people are aware of their rights and should support them with the complaint process if required. If the residential care staff member believes there is a



conflict of interest with supporting a complaint process, they should seek further guidance from the residential care senior child and youth worker, supervisor or mobile night team.

Residential care staff must provide information that is accessible and understandable for the child or young person seeking assistance to provide feedback or to make a complaint, including access to interpreters or translators as well as advocates, including the Guardian for Children and Young People, where required.

Residential care staff must ensure the child or young person knows:

- they can make a complaint anytime they feel they need to
- they will be supported in making a complaint and can choose who they want as a support person (including a residential care staff member, senior child and youth worker, supervisor, DCP case worker, Principal Aboriginal Consultant or other cultural support person, lawyer, Office of the Guardian for Children and Young People or another safe adult)
- they can make a complaint by telephone, email, directly to the residential care senior child and youth worker, supervisor or DCP case worker or they can ask a safe adult to make the complaint on their behalf.

To ensure responses to a child or young person's complaint are appropriate and supportive, residential care staff who are responding to the child or young person should:

- consider the age and developmental level of the child or young person
- ensure adequate time and space is available to genuinely listen and respond to concerns
- follow up clarification and let the child or young person know it is being followed up and they will be kept informed
- not make promises that cannot be kept such as possible outcomes, solutions or maintaining confidentiality in certain situations
- document the child or young person's complaint appropriately (using the [E-log](#), or observation log if E-log is not available, C3MS or emailing the residential care supervisor or DCP case worker as appropriate) to ensure confidentiality is maintained whilst communicating with appropriate people and other members of the care team
- maintain communication with the child or young person about the progress or developments from their complaint or feedback request
- check with the child or young person that they understand any information provided to them and invite them to ask questions
- give the child or young person the option to choose how and when they will be kept informed of the progress of their complaint if possible.

Residential care staff should seek further guidance from the residential care senior child and youth worker, supervisor or mobile night team and ensure the child or young person's DCP case worker is informed of any complaint or feedback if appropriate.

Information sharing

To ensure effective and collaborative child protection practice, it is essential to share information with DCP staff and other professionals when working with children and young people in residential care. The CYPs Act and Regulations include a number of provisions that relate to information sharing. Residential care staff should refer to the [Information gathering and sharing chapter](#) of the DCP Manual of Practice and the [Information sharing flowchart](#) for further guidance.



Children and young people may find it difficult to understand why residential care staff need to share information about them, and may feel that it is betraying their trust. It is important for residential care staff to engage in open communication with children and young people and assure them that any information sharing occurs respectfully and to support their wellbeing and safety. Residential care staff should familiarise themselves with [Share information](#) in the Information gathering and sharing chapter of the Manual of Practice, which provides important considerations for sharing information including where information should or should not be shared, seeking consent (where safe and appropriate) and managing personal and confidential information securely.

Support the child or young person's participation in education and extra-curricular activities

Support a child or young person with their education

Schools can provide a safe and supportive learning environment for children and young people and offer opportunities to engage and succeed in learning. For children and young people in care, their preschool or school can be an important source of stability and positive relationships. Inclusive, accessible and quality education promotes healthy development and lifelong opportunities.

Each child and young person in care has the right to an education and all care team members, including residential care staff, are responsible for supporting the child or young person's positive engagement in educational activities including schooling.

The Department for Child Protection (DCP) in partnership with the Department for Education has developed a [Roles and responsibilities](#) document that supports the educational needs for children and young people in care. The document is a practical tool to assist staff in both departments to understand their roles and responsibilities to support educational outcomes for children and young people in care who attend government schools. The document also outlines specific roles and responsibilities for both the DCP case worker and residential care staff.

Educational activities for children and young people can occur in a variety of ways, including through structured schooling environments, [Flexible Learning Options \(FLO\)](#) and via other programs. For further guidance, refer to [Identify and support the child or young person's education and employment needs](#) in the Supporting children and young people in care chapter of the Manual of Practice.

Residential care staff play an important role in supporting children and young people to attend and engage in education. As members of the child or young person's care team, residential care workers are strongly encouraged to advocate for the child or young person's education needs and participate in education meetings.

Residential care staff should in the first instance discuss the following with the residential care senior child and youth worker and/or supervisor:

- how best to support children and young people with their education
- determine who will participate in education meetings
- who will liaise with the child or young person's DCP case worker.

The [DCP Disability and Development Program](#) may also be able to provide support in liaising with education staff, and participate in education meetings where they are involved in supporting the child or young person (where appropriate).

The Department for Education has the responsibility to develop an education plan ([One Plan](#)) for all children and young people in care. The One Plan is a personalised learning plan that contains information to support a child or young person's inclusion and achievement in school. The plan should be developed in consultation with the child or young person's DCP case worker and residential care staff.

Non-government schools also have education plans. The DCP case worker is responsible for initiating the establishment of a child or young person's plan if they are attending a non-government school. The plan is then developed and monitored in collaboration with residential care, the DCP case worker and the school.



Identity

Aboriginal Child Placement Principle Active Effort prompt

For Aboriginal children and young people, identity and connection to family and community is critical in providing a culturally safe environment. Having a One Plan in place can support Aboriginal children and young people to feel strong in their identity. In addition to education, the One Plan covers social and cultural aspects for children and young people at school, and ensures accountability in relation to supporting the child or young person's cultural safety and wellbeing needs.



Connection

DCP (including DCP case worker and residential care staff) can participate in the development of a One Plan and discuss how the child or young person will be supported to develop and maintain their cultural identity in their educational environment. This can include how students work with Aboriginal Community Education Officers (ACEO) in schools, what school cultural activities they participate in and the provision of additional cultural and learning supports, as well as strategies that focus on cultural identity and feature language, art, stories and their Country.

It is important that there is a clear understanding between the DCP case worker and residential care in relation to the education of children and young people living in residential care. Residential care staff, in consultation with the child or young person's DCP case worker, should identify which education decisions residential care staff can make and which decisions require DCP case worker approval. Decision making processes and outcomes should be recorded in C3MS as a case note.

Engage the child or young person in education

Children and young people in residential care may go through periods where they are not enrolled or are disengaged from education. If this occurs, ongoing efforts should be made to re-engage them. It is critical for residential care staff to support children and young people through these periods by engaging them in opportunities and activities that have an educational value. Examples include (but are not limited to):

- reading
- playing games that can provide teachable moments
- cooking or food shopping
- outings that include educational experiences such as visiting a library or museum.

[Youth adventure and recreational services \(YARS\)](#) is a specialised service that aims to provide support to children and young people with high-risk behaviours, who are disengaged from education or who have a disability.

The [Department for Education](#) provides a range of integrated education, training, health and child development services to benefit children and young people. For a variety of age-appropriate learning resources, refer to the [Department for Education](#) and [Education.com](#).



Residential care is responsible for costs commonly associated with education, including fees, books and uniforms. The DCP office with case management responsibility for the child or young person is responsible for additional costs such as tutoring and school camps. For guidance on education-related costs for children and young people in residential care, refer to [Financial responsibilities for children and young people in a DCP provided residential care placement](#).

For further guidance on supporting educational needs, including non-government schools, higher education, vocational education and training, refer to [Identify and support the child or young person's education and employment needs](#) in the Supporting children and young people in care chapter of the Manual of Practice.

Support a child or young person to engage in extra-curricular activities

The child or young person should have the opportunity to explore activities that interest them, support their mental health and self-esteem and provide a sense of belonging and connection to their community. Extra-curricular opportunities can occur through the child or young person's schooling, the local community, local sporting clubs, at home or through other opportunities. It is important to be guided by the child or young person with consideration of their strengths, interests and developmental needs when exploring different options for extra-curricular activities.

When organising any extra-curricular activities, staff should first discuss the viability of individual extra-curricular activities with the residential care senior child and youth worker, taking in to consideration how to best support the child or young person's participation as well as continuing to provide care to other children and young people living in the home. Organising extra-curricular activities should occur in collaboration with the child or young person and their DCP case worker.

The [Sports Vouchers program](#) is a Government of South Australia initiative administered by the Office for Recreation, Sport and Racing. The program provides an opportunity for all primary school-aged children from Reception to Year 7 to receive up to \$100 discount on sports or dance membership or registration fees.

For further guidance on payment of extra-curricular related expenditure for children and young people in residential care, refer to [Financial responsibilities for children and young people in a DCP provided residential care placement](#).

Care teams, case plans, identity support tools and annual reviews

The child or young person's care team

Each child or young person in care has a care team. This is different from the team of residential care staff caring for the child or young person day to day. The care team sets goals and develops plans to ensure the child or young person has the support needed to reach their full potential.

Residential care staff form an important part of the child or young person's care team and should:

- contribute to planning and decision making by attending care team meetings and sharing information about the child or young person's strengths and support needs
- [seek the child or young person's views](#) about and share these views with the care team
- maintain regular contact with the DCP case worker and other care team members between care team meetings
- follow up care team meetings and provide the child or young person with an update (if they did not attend in person)



For further guidance about care teams, refer to [Support the placement](#) in the Supporting children and young people in care chapter of the Manual of Practice.

Case plans

It is a requirement under section 28 of the *Children and Young People's (Safety) Act 2017* (CYPS Act) that every child or young person in care have a case plan. The DCP case worker is responsible for working in partnership with the child or young person's care team including residential care staff, to develop, implement and review the case plan. The case plan must be reviewed regularly and when there are changes in the child or young person's circumstances that impact on their safety and/or needs, their living arrangements and/or the case direction.

Residential care staff can contribute to the development and implementation of the case plan by:

- working collaboratively with the DCP case worker to provide information about the child and young person's needs, strengths and development
- providing updates on the child or young person's behaviour, functioning and progress
- providing feedback about services or supports involved with the child or young person
- working with the care team to develop outcomes and actions in the child or young person's case plan
- seeking the child or young person's views and sharing these as part of case planning
- supporting the child or young person to share their views with the DCP case worker
- completing actions as assigned in the case plan and keeping the DCP case worker updated
- contributing to case plan reviews.

Aboriginal Cultural Identity Support Tool

All Aboriginal children and young people must have a current Aboriginal Cultural Identity Support Tool (ACIST) as part of their case plan. The ACIST is an important tool for planning to ensure the child or young person is supported to develop and maintain their Aboriginal cultural identity through:

- key relationships with family, kin, community and Elders
- participation in cultural events and activities
- connection with Aboriginal-specific services and organisations
- return to Country.

Residential care staff should familiarise themselves with, and actively support the implementation of a child or young person's ACIST. The [Identify and respond to the cultural needs of Aboriginal children and young people](#) in the Supporting children and young people in care chapter of the Manual of Practice and the [Aboriginal Practice fact sheet 7- ACIST](#) provide critical guidance on supporting Aboriginal children and young people to develop and maintain their cultural identity.

It is essential that residential care staff facilitate cultural connection and cultural safety in the house environment. Working closely with the Principal Aboriginal Consultant, having cultural conversations around identity and cultural safety regularly and providing a safe, inclusive environment are important ways in which residential care staff can actively support culture and identity for Aboriginal children and young people.



Aboriginal Child Placement Principle active effort prompt

Residential care staff can support Aboriginal children and young people to connect to and engage in cultural activities such as return to country trips and key community events year round by actively advocating for Aboriginal children and young people to participate in significant events, encouraging participation, engaging in and celebrating the rich culture with Aboriginal children and young people and facilitating their attendance.



Aboriginal Child Placement Principle active effort prompt

Aboriginal children and young people have the right to connect with culturally specific services, such as local Aboriginal Community Controlled Health Organisations, mentoring programs, housing supports, extra-curricular activities, and Aboriginal education programs. Residential care staff can support Aboriginal children and young people to connect with culturally specific services by advocating for, encouraging and facilitating their attendance.

Culturally and Linguistically Diverse Identity Support Tool

All children and young people identified as being from a CALD background should have a CALD Identity Support Tool (CALDIST) in their case plan. The CALDIST is an important tool for planning to ensure the child or young person is supported to develop and maintain their cultural and religious identity through:

- key relationships with family, kin, community and religious leaders
- maintaining cultural and religious practices (such as language, dress, diet and religious worship)
- participation in cultural events and activities
- connection to culturally specific services and organisations.

Residential care staff have an important role in supporting a child or young person's cultural connection and cultural safety, this includes contributing to information that will support the child or young person's CALDIST.

Residential care staff should seek to understand a child or young person's cultural and religious background as this can impact on how to provide culturally appropriate support. Cultural and religious factors; for example can have implications on purchasing and preparing food, owning pets, clothing, routines or other daily activities or practices. Engaging in cultural conversations, sharing and participating in cultural activities and significant events and advocating for and supporting children and young people from CALD backgrounds to access culturally appropriate services such as language schools, extra-curricular activities and health services are important ways in which Residential care staff can actively support culture and identity.

Residential care staff can contact the [DCP Multicultural Services team](#) and refer to [Identify and respond to the cultural needs of children and young people who are culturally and linguistically diverse](#) in the Supporting children and young people in care chapter of the Manual of Practice for cultural advice and support.

Annual reviews

Annual reviews are undertaken every 12 months for each child and young person and are an opportunity to review whether the existing care arrangements continue to be in the child or young person's best interests, supporting them to grow up well cared for, happy, healthy, connected and empowered to reach their full



potential. The office the child or young person is allocated to, is responsible for organising the annual review meeting. The [Conduct an annual review](#) in the Case planning, review and annual review chapter of the Manual of Practice provides further guidance about the annual review process.

Residential care staff hold valuable information about children and young people that should be considered at the annual review.

Residential care staff can contribute to annual reviews by:

- regularly communicating with the DCP case worker regarding the child or young person's progress, strengths and support needs
- attending and participating in the annual review meeting
- supporting the child or young person to attend the meeting and/or make a submission to the annual review panel (where developmentally appropriate)
- seeking the child or young person's views and wishes and presenting these at the annual review meeting (if the child or young person is not in attendance)
- following up with the child or young person after the annual review meeting by providing an update (if they did not attend the annual review meeting in person)
- implementing recommendations made by the annual review panel.

Residential care staff have an important role as part of the child or young person's care team to actively contribute to the care team, case plan, identity support tool and annual reviews. For more information on case planning, identity support tools and annual reviews, refer to the [Case planning, review and annual review chapter](#) in the DCP Manual of Practice.

A DCP Principal Aboriginal Consultant should be included in all significant decisions relating to the safety and wellbeing of Aboriginal children and young people, this will support cultural safety and the practice of genuine Aboriginal self-determination. For further information on the importance of Aboriginal Self-determination refer to [Aboriginal Practice fact sheet 14 – Aboriginal Self-determination](#).

Support children and young people with high risk and complex behaviours

Children and young people in residential care who have experienced trauma and harm can display high risk and complex behaviours. They require support and care that protects their rights, safety and wellbeing and that of other children and young people in the home. Children and young people may display multiple high risk or complex behaviours and while this can be challenging, it is important to remember these behaviours are communicating unmet needs and/or instinctive behaviours resulting from past trauma.



Identity



Connection

Aboriginal Child Placement Principle active effort prompt

Cultural safety is an essential part of providing therapeutic care and intervention. It is important to understand the impact that intergenerational trauma and the Stolen Generations have had on feelings of safety and trust for Aboriginal people. The healing and protective values of culture must be acknowledged when supporting Aboriginal children and young people with high risk and complex needs.

Involving the residential care Principal Aboriginal Consultant and actively contributing to a culturally safe home, as well as strengthening connections to family, community and culture is essential in ensuring culturally safe and responsive practice.

High risk and complex behaviours are behaviours that place the child or young person and others at increased risk of serious physical or emotional harm and/or compromised development. The [Supporting children and young people in care with high risk and complex behaviour Practice Paper](#) provides guidance in defining high risk and complex behaviour as well as trauma informed practice approaches for supporting children and young people who display these behaviours.

Examples of high risk and complex behaviours can include:

- criminal offending
- aggressive behaviours towards others
- self-harm and suicidal ideation
- being missing or absent from home
- alcohol and other drug use
- harmful sexual behaviour.

Residential care staff must adhere to the [Residential Care: Incident management Procedure](#) where an incident occurs and should refer to the 'Manage and respond to incidents' section. Consideration should also be given to whether the situation needs to be managed in accordance with the [Significant incident reporting Procedure](#).

In addition to managing and responding to the presenting behaviour, residential care staff should also seek to understand and respond to the child or young person's underlying needs and be conscious of the likelihood that traumatic experiences are contributing to their behaviour. Understanding what is happening underneath the surface for children and young people who are displaying high risk and complex behaviours and asking 'What happened to you?' is essential when managing and supporting their needs.

Residential care staff should familiarise themselves with the DCP [Iceberg Model factsheets, which](#) provides trauma informed approaches to understanding and managing children and young people's behaviours who have experienced trauma.

Children and young people in residential care require a wellbeing plan. A wellbeing plan, developed by the DCP senior child and youth worker, in conjunction with the DCP case worker and the care team, assists to identify behaviours, underlying needs and appropriate strategies and responses to support children and



young people. The care team should review wellbeing plans regularly. Refer to the [Residential Care Wellbeing plan Procedure](#) for further information.

The [Sanctuary S.E.L.F template](#) is a problem-solving framework based on Safety, Emotions, Loss and Future (S.E.L.F), which residential care staff and the care team (including the child or young person as appropriate), can use to assist in developing an understanding of high risk and complex behaviours.

Where a child or young person is displaying significant or ongoing high risk and complex behaviours, consideration must be given to accessing further supports and services. Residential care staff should seek further guidance from the residential care senior child and youth worker or residential care supervisor and the child or young person's DCP case worker. Refer to the [Therapeutic Residential care Supports and Services](#) and the [Identify and respond to the psychological and emotional needs of the child or young person](#) section in the Supporting children and young people in care chapter of the Manual of Practice as well as [DCP Disability and Development Program](#) provide further information on DCP services available. Other services such as Child and Adolescent Mental Health Service (CAMHS) and Yarrow Place may also provide supports and services to children and young people in residential care. DCP case workers are responsible for acting such referrals.

For children and young people who display high risk and complex behaviours where attempts to achieve improved outcomes through usual processes have been unsuccessful, residential care staff should consult with the child or young person's DCP case worker to consider making a DCP complex case review meeting (CCRM) referral. Refer to [Respond to the complex needs of a child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice for further information.

Manage and respond to aggressive behaviour

When managing and responding to threatening and aggressive behaviour, the safety of children and young people is the paramount consideration. Residential care staff's first response should be to protect the child or young person, their own immediate safety and that of any others at risk.

Where residential care staff believe that they cannot effectively manage a situation and their immediate safety or that of another person is threatened, residential care staff must call 131 444 for police assistance or 000 in the case of a life-threatening emergency. If residential care staff are unable to reach the mobile but have access to a duress alarm, this can be activated for emergency assistance.

When a child or young person is at any level of crisis, how residential care staff communicate in that moment can prevent or de-escalate the situation. Identifying cues that the child or young person is becoming heightened, and matching the response to their presentation can influence the situation and potentially prevent escalation.

Children and young people who have experienced trauma often have limited capacity to manage their emotions. They may lack the skills to rationalise or problem solve when overwhelmed and experiencing emotions such as fear, anger, frustration shame or grief. Experiences or situations that make a child or young person feel anxious, fearful or overwhelmed can be a trigger that can cause them to engage in high risk and complex behaviours, including aggression.

It is important for residential care staff to know and understand as much as possible about each child and young person's individual triggers. A child or young person's triggers may not be obvious to others and may be something that would be unlikely to trigger another person. It is also important to understand that children and young people may not be aware of their triggers.



Triggers may be as simple as living in a residential care house with other children or inconsistency in staffing. It may also be a certain smell or sound, family visits being cancelled or something that reminds them of a past traumatic event.

When responding to a child or young person displaying aggressive behaviours, consideration should be given to:

- the child or young person's age
- the child or young person's developmental ability including any disability or communication impairment (intellectual disability, autism spectrum disorder, difficulties with understanding)
- the information contained in the child or young person's case plan, wellbeing plan, All about me and Trauma profile
- information contained in other current safety plans or strategies
- what level of the Crisis Development Models the child or young person is at (Anxiety, Defensive, Risk Behaviour, Tension Reduction) and the appropriate response approach
- asking for assistance from another residential care staff member (or on-call support) if available, as they may be able to de-escalate the situation
- encouraging other children and young people who may be at risk of harm to move away from the situation to a safer area if possible
- removing potentially dangerous objects that the child or young person could use to harm themselves or another person if possible.

In the event that the aggressive behaviour escalates to a physical assault, unlawful threats, property damage or other unsafe behaviour that may be unlawful and put others at risk, further consideration must be given to:

- the nature of the assault, threat or property damage
- assessing risk behaviour to determine the safety intervention which meets the criteria of reasonable, proportionate to the risk, and least restrictive responses (restrictive interventions should only be used when the child or young person's level of unsafe behaviour is more dangerous than the danger of using restrictive intervention)
- the extent of harm or injury sustained
- the circumstances surrounding the assault
- the victim and their needs and wishes
- the child or young person's history of behaviour/offending
- the risks associated with charges being laid against a child or young person (for example, criminalisation and involvement with youth justice system)
- the risks associated with charges not being laid against a child or young person (for example safety of staff, other residents and the community)
- if/when, it may be necessary to contact SAPOL to report a situation.

The residential care senior child and youth worker and/or residential care supervisor or after-hours mobile night team should be contacted for guidance whenever residential care staff are unfamiliar with the child or young person, their history or any strategies and plans that are current for the child or young person.



If a child or young person's behaviour results in property damage, it is generally best managed by residential care staff and the care team, without involving SAPOL. However, residential care staff should consult with the residential care senior child and youth worker or residential care supervisor, and refer to the child or young person's wellbeing plan or other documented strategies or individual responses. Residential care staff should ensure that rationale for a decision to involve SAPOL is recorded in line with the [Residential Care: E-log \(electronic log\) Procedure](#).

Action any property repair works by completing the [DCP Residential Care maintenance request form](#) and email it via DCPOoHCFacilities@sa.gov.au during business hours. For urgent after hours repairs where property damage poses a security or safety issue, contact the Ventia Helpdesk on 1300 903 063.

DCP Residential Care aims to reduce a child or young person's contact with SAPOL and Youth Justice wherever possible and appropriate to minimise the criminalisation of children and young people's behaviour.

Some behaviours are however a criminal offence. Whether to charge a child or young person with an offence will be determined by SAPOL. Residential care staff may be involved in assessing whether or not a possible offence is reported to police.

The [SA Law handbook](#) provides further information relating to children and young people and the law, including information on [young offenders](#) and [criminal responsibility](#).

In the case that a child or young person is involved with SAPOL or Youth Justice, residential care staff should familiarise themselves with the 'Support a child or young person involved with SAPOL, Youth Court and Youth Justice' section.

Support children and young people at risk of self-harm and suicide

Children and young people living in residential care may be particularly vulnerable and at higher risk of self-harm and suicide. Residential care staff should follow their first aid training and call an ambulance immediately on 000 if at any time they believe a child or young person is at serious risk of harm and refer to the [Residential Care: Supporting children and young people at risk of self-harm and suicide Procedure](#), and the [Residential Care: Safe use of rescue knives Procedure](#) for guidance.

The [Residential care quick guide for self-harm and suicidal behaviour](#) provides critical guidance for residential care staff who are supporting children and young people at risk of self-harm and suicide.

A [My safety action plan](#) is a support tool for children and young people. The purpose of this plan is to reinforce the importance of remaining safe and providing the child or young person with their own strategies to help them to keep safe when they are having self-harm or suicidal thoughts. Residential care staff should follow guidance in the [Residential Care: Supporting children and young people at risk of self-harm and suicide Procedure](#) when supporting a child or young person to complete a My safety action plan.

Respond to alcohol and/or other drug use

Alcohol and/or other drug use carries a number of different risks for children and young people, including it may lead to serious health issues and increased risk of physical, emotional or sexual harm. [Health Direct – Young people and alcohol](#) and [Health direct - Young people and drugs](#) provides information for residential care staff when supporting a child or young person who may be affected by alcohol and/or other drugs.

Residential care staff should follow their first aid training and call an ambulance immediately on 000 if at any time they believe a child or young person is at serious risk of harm. [SA Health - Drug and alcohol emergency](#)



[information](#) and the [Health Direct – How to help someone who is misusing drugs or alcohol](#) provide critical information on signs and symptoms of alcohol and other drug use and how to support someone who may be intoxicated including when to seek urgent help.

Recognising intoxication

Signs of intoxication can be similar to signs of a head injury or underlying condition, such as diabetes or hypothermia. [Health Direct](#) and [Health Direct- Head Injuries](#) provide further guidance on signs and symptoms to be aware of for head injuries, underlying health conditions and intoxication. Where there is a possibility of a head injury or underlying condition, residential care staff should seek advice from Health Direct by telephoning 1800 022 222.

When assessing whether a child or young person is intoxicated, staff need to consider their typical behaviour. If the staff member does not regularly work with a child or young person, they should refer to the child or young person's wellbeing plan and contact the residential care senior child and youth worker or residential care supervisor or after hours mobile night team for advice.

It is important for residential care staff to gather as much information as possible as this will enable an appropriate response. Talking with the child or young person and their friends (if possible), observing their behaviour and reading any documentation relating to the child or young person such as their wellbeing plan or case plan can provide critical information to support an appropriate response and subsequent follow up.

Children and young people in residential care who may be intoxicated may or may not disclose what substance they have taken or know what the substance is. The [Residential Care: alcohol and/or other drug use observations and questions Checklist](#) can support staff in identifying if a child or young person may be intoxicated or if there are other underlying conditions that may need to be responded to.

Safely respond to an intoxicated child or young person

Where a child or young person is intoxicated, residential care staff should respond in a supportive and nurturing manner, and remain in close proximity to observe for any changes in their condition.

Residential care staff should follow the supportive care steps below to ensure safe and effective management when responding to an intoxicated child or young person:

- refer to the [Residential Care: alcohol and/or other drug use observations and questions Checklist](#) to help identify if the child or young person may be intoxicated and/or need further medical support
- continually monitor the child or young person for any changes and seek medical advice if needed
- let other staff on shift know that you are caring for an intoxicated child or young person
- if the intoxicated child or young person is in the company of another young person that they live with, treat them individually
- reduce the possibility of accidents by removing hazards (for example, moving objects out of the way). Help them if they are unsteady on their feet.

If residential care staff feel that the risk of managing and responding to a child or young person who is intoxicated at home is too high, the residential care staff member should discuss other options with the residential care senior child and youth worker or residential care supervisor or after-hours mobile night team.

The residential care senior child and youth worker, residential care supervisor or after hours mobile night team will be able to provide further support and guidance and should be informed as soon as possible where



a child or young person requires an ambulance or where there are concerns with possible intoxication from alcohol and/or other drugs.

All children and young people in care are covered for the cost of ambulance transport to an appropriate medical facility to receive medical treatment. Refer to the [SA Ambulance Cover Procedure](#) for further information on automatic ambulance cover between the Department for Child Protection and SA Ambulance Service Incorporated.

Progression of intoxication to overdose

Overdose is defined as when a person takes more than the recommended therapeutic dose of a particular substance or it is beyond their tolerance and is indicated by decreasing consciousness. Refer to the [Health Direct page – accidental overdose of medicines](#) for further information on signs of overdosing as well as what to do if someone has overdosed.

Residential care staff must call an ambulance immediately on 000 and follow their first aid training if a child or young person presents as unconscious or loses consciousness at any time or where a potential overdose has occurred.

Loss of consciousness versus sleep

A person who is asleep will be able to be roused with stimuli such as noise or gentle touch. Sometimes people react with aggression if they are startled on waking, especially if they are under the influence of substances. Residential care staff should use their voice first to rouse the child or young person and if this does not work, gently tap or shake their feet so that you can move away safely if needed. An unconscious person will not be roused by any kind of stimuli.

Paracetamol overdose

Paracetamol (also known by brand names Panadol, Panamax, Tylenol) is commonly taken by young people in an attempt to harm themselves. Signs of paracetamol overdose include nausea, vomiting, drowsiness, abdominal pain, seizures and unconsciousness.

Large amounts of paracetamol are very dangerous and can cause liver damage or death. Sometimes the effects of an overdose will not be evident until two to three days after ingesting the paracetamol.

If it is suspected that a child or young person has ingested a quantity above the recommended dose of paracetamol, residential care staff must immediately call an ambulance 000 or take them to the nearest hospital emergency department. Similarly, if a young person is found to be in possession of empty or full packets of paracetamol, staff must treat it as an overdose and take them to the hospital for an assessment.

If a child or young person regularly overdoses on paracetamol, residential care staff should liaise with the residential care senior child and youth worker or residential care supervisor to convene a care team meeting or red flag meeting with the child and young person's DCP case worker and care team.

Manage and respond to harmful sexual behaviour

Residential care staff have a responsibility to support and educate children and young people about protective behaviours and sexual safety. Residential care staff should refer to 'Safeguarding children and young people' in [Create a safe and nurturing home in residential care](#) in the DCP Residential Care chapter of the Manual of Practice and [Protective behaviours and sexual education for children and young people in care Practice Paper](#) for further guidance.



Where a child or young person displays harmful sexual behaviours, the child or young person's care team (including residential care staff, the child or young person's DCP case worker, the child or young person's therapist and other key members), must work together to support therapeutic interventions and safeguard all children and young people living in the residential care home. [Wellbeing plans](#) are used to support safety, identify underlying causes of behaviours and identify appropriate responses and strategies to support and assist children and young people, including those who display harmful sexual behaviours.

Residential care staff should familiarise themselves with [Supporting children and young people who display harmful sexual behaviour Practice Paper](#) which provides guidance on understanding the difference between developmentally appropriate sexual behaviour and harmful sexual behaviours, and provides essential guidance on how to support a child or young person who is displaying harmful sexual behaviours.

For additional guidance, refer to [Identify and respond to the psychological and emotional needs of the child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice and the [Safeguarding children and young people Practice Paper](#).

Children and young people may be at risk when displaying harmful sexual behaviours or when affected by harmful sexual behaviours of another child or young person. DCP residential care staff must understand their responsibilities under the [Reporting a suspicion a child or young person is at risk procedure](#), which sets out the process for reporting a suspicion on reasonable grounds that a child or young person is at risk.

Incidents relating to harmful sexual behaviour may be considered a significant incident. DCP residential care staff must refer to the [Residential Care: Incident management Procedure](#) and the [Significant incident reporting Procedure](#) for further guidance on their reporting obligations.

Manage and respond to incidents

Safety is the paramount consideration when managing and supporting a child or young person through an incident. To support the safety of children and young people living in residential care, staff should employ the four pillars of Sanctuary, which outlines trauma theory, the Sanctuary commitments, the S.E.L.F. framework and the sanctuary toolkit.

DCP has responsibilities and functions under a range of legislation when responding to incidents relating to children and young people living in residential care. The *Children and Young People (Safety) Act 2017* (CYPS Act) states that the paramount consideration must always be to ensure that children are protected from harm. The CYPS Act also legislates the need for children and young people to be heard and have their views considered. Residential care staff must adhere to the [Residential Care: Incident management Procedure](#) where an incident occurs.

Residential care staff should familiarise themselves with the 'Supporting children and young people with complex behaviours' section which provides useful guidance on understanding and supporting a child or young person with complex behaviours that may lead to an incident.

Incidents where a staff member uses restrictive practice such as a physical hold, under regulation 14(3) of the *Family and Community Services Regulations 2009*, require a written account ([reflection form](#)) of the incident that must be written, signed and dated by the child or young person involved. For further information on completing this form refer to the 'Support children and young people to complete reflection forms' section below.



Where a significant incident occurs, residential care staff must also follow the [Significant incident reporting Procedure](#), which ensures that incidents of a significant and/or sensitive nature are appropriately escalated for efficient and effective response and management.

For further guidance on reporting adverse events, refer to the [Adverse Events Procedure](#).

Support children and young people to complete reflection forms

Regulation 14(3) of the *Family and Community Services Regulations 2009* requires that incidents involving physical holds or physical intervention by residential care staff must have a written account ([reflection form](#)) that is completed, signed and dated by the child or young person involved in the incident.

Any child or young person involved in an incident where physical intervention has occurred must be given the opportunity to complete a [reflection form](#).

Any child or young person who has been involved in or witnessed any other type of incident may complete a reflection form and residential care staff should encourage them to complete one.

Children and young people should feel supported by residential care staff when they are completing a reflection form and that their voice and concerns (if any) are important and will be listened to and respected. [The Your way to have a say in residential care for over 12s](#) and [Your way to have a say in residential care for under 12s](#) CREATE pamphlets provide useful information on reflection forms which can be shared with children and young people.

The use of [Sanctuary tools](#), for example psychoeducational games, [S.E.L.F checklist](#) or even a community meeting in some instances can be useful as part of and/or to assist children and young people with the reflection process.

Support the child or young person to complete the reflection form

The staff member(s) involved in the incident must not be a support person assisting the child or young person to complete a reflection form.

A residential care senior child and youth worker or residential care supervisor must ensure the child or young person is assisted by an appropriate staff member to complete a reflection form (or other form of written account). The appropriate staff member can be a residential care senior child and youth worker, residential care supervisor, the child or young person's key worker or a residential care child and youth worker (providing they were not involved in the incident). A child and youth worker that was not involved may provide support to complete the form providing all other options have been exhausted. The form should be completed, signed and dated by the child or young person involved in the incident.

If a child or young person cannot write, they can nominate any adult to write on their behalf. They can nominate their DCP case worker, a lawyer or other safe adult. However, the nominated person cannot have been present during the incident and cannot be an employee who works in the house. The form is to be written on the instructions of the child, signed and dated by the person nominated by the child and it must also be signed by the child.



Participation

Aboriginal Child Placement Principle active effort prompt

To support optimal participation for Aboriginal children and young people to complete the reflection form and feel they can share their voice openly, offering a cultural representative to support them is important to ensure their cultural safety. It also supports culturally responsive practice. Aboriginal children and young people may wish to speak with a representative from the Aboriginal Legal Rights Movement (ALRM), Aboriginal staff from the Office of the Guardian, an Aboriginal youth worker, Principal Aboriginal Consultant or another safe community member.

Consideration should be given to offering a cultural representative to support children and young people from culturally and linguistically diverse backgrounds. Residential care staff should contact DCP Multicultural Services for further guidance.

The reflection form should express the child or young person's feelings and views and (if possible) be in their own words.

The staff member assisting the child or young person to complete the reflection form should:

- explain processes, if needed, such as how and why the form is used, who sees it and who they can speak to if they do decide they want to speak with someone else about the incident. Make sure they understand how important it is to be truthful when answering because the information they give will be read by others and taken seriously
- ensure that there are opportunities wherever possible to use the conversations to repair any rupture in the relationship based on the incident
- allow enough time to complete the reflection form with the child or young person. They should not feel like they are being rushed or that they are doing it just because they "have to"
- explain that it is the child or young person's right to record how they feel about what happened and that you want to help them, understand how they feel and hear their version of events
- rephrase questions or give examples, if needed, depending on the age and developmental level of the child or young person
- where a child or young person has limited capacity to understand or engage in the process due to a disability or communication impairment, seek advice from the child or young person's treating therapist (if applicable), the Specialist Services Team, or another person with a good understanding of the child or young person's functioning, if required
- inform the child or young person of their right to make a complaint to the Chief Executive and ensure they are supported to do so, if they wish
- ask if they would like feedback. Any request for feedback from the child or young person should be followed up by the residential care supervisor as part of their incident report follow up in C3MS.

It is the child or young person's right to decide which questions they want to answer. They may refuse to answer some or all questions but they must be given the opportunity to answer those questions and be offered help and support.

If the child or young person does not wish to complete the reflection form, the staff member should record this on the form, which should then be signed by the child or young person, if possible. Where a child or young person refuses to complete the reflection form, the supervisor must when following up the incident report in C3MS state in the 'Comment' field what attempts were made to encourage the child or young person to provide their feedback and their reason for refusing.



Timeframes for completion

The reflection form does not need to be completed immediately after the incident if it will cause further stress or trauma to the child or young person. It should be completed as soon as possible and no longer than 48 hours after the incident has occurred. Pursuant to regulation 14(3) of the *Family and Community Services Regulations 2009*, the reflection form must be attached to the incident report. The residential care supervisor must not approve an incident report (where physical intervention occurred) without the reflection form. Incident reports must be approved by the residential care supervisor and forwarded to the residential care manager within 48 hours of the report being submitted for their approval in C3MS.

After the reflection form has been completed

The staff member supporting the child or young person to complete the reflection form must, if they have access, upload the completed form to C3MS as an attachment to the incident report or alternately provide a hard copy to the residential care supervisor to upload to C3MS as an attachment to the incident report.

The residential care supervisor must record in the C3MS incident report that the form has been completed. For further information, see the [Residential Care: Incident management Procedure](#).

Where a child or young person refuses to complete the reflection form, the residential care supervisor must when following up the incident reporting in C3MS state in their comment section what attempts were made to encourage them to provide their feedback and their reason for refusing.

The residential care supervisor must follow up any complaint or feedback requested from the child or young person within 48 hours of the reflection form being completed. If the residential care supervisor is unable to follow up within this timeframe (for example, because they are offsite), they must let the child or young person know and offer alternative supports such as the residential care senior child and youth worker or their DCP case worker to follow up.

When following up complaint and feedback requests that have been recorded or raised in a reflection form, the residential care supervisor should consider:

- the age and developmental level of the child or young person, including disability, trauma experiences or communication impairment
- ensuring that time and space is available to be able to genuinely listen and respond to the child or young person's concerns
- seeking clarification if they are unsure of an answer or solution and letting the child or young person know this is what is happening
- avoiding making promises that cannot be kept such as possible outcomes, solutions or maintaining confidentiality in certain situations
- how and where to document the child or young person's complaint (for example, whether e-log, C3MS or email is the most appropriate option) to ensure confidentiality is maintained whilst communicating with appropriate people and other members of the care team
- maintaining communication with the child or young person about progress or developments from their complaint or feedback request
- checking with the child or young person that they understand any information provided to them and invite them to ask questions

- giving the child or young person the option to choose how and when they will be kept informed of the progress of their complaint if possible.



Participation

Aboriginal Child Placement Principle active effort prompt

It is important to consider ways to improve communicating effectively with Aboriginal children and young people to build rapport to support participation. Residential care staff can do this by recognising the importance of giving time and space and not rushing the process, by being mindful of non-verbal communication and how this can be interpreted, and by using active listening and empathy in understanding that sharing private information may evoke feelings of shame.



Partnership

Aboriginal Child Placement Principle active effort prompt

When a complaint is received from or about the experiences of an Aboriginal child or young person, consideration should be given to seeking cultural consultation to provide advice about the best way to approach and resolve the issue. Residential care staff should consult with the Principal Aboriginal Consultant for further advice on Aboriginal advocates that are available to support and provide advocacy.

The residential care supervisor must engage in open communication with the child or young person's care team (where appropriate) about any feedback provided from the child or young person or of any actions from the reflection form that need to be followed up by the care team. This will ensure the care team is informed and can continue to work cohesively to provide quality care to the child or young person.

Respond to allegations of harm or misconduct

If allegations of harm or misconduct are made, it is the role of the person who is assisting the child or young person to complete the reflection form to provide them with support. Information must be forwarded immediately to the residential care supervisor (or after hours supports notified where necessary). The residential care senior child and youth worker, residential care supervisor or residential care mobile night team should be contacted for further guidance as needed.

All allegations or suspicions on reasonable grounds that abuse, harm or risk of harm has occurred (or may occur) requires an immediate notification to the Child Abuse Report Line (CARL). For further information, refer to [Raising a Care Concern Referral](#) in the DCP Manual of Practice and the [Reporting a suspicion a child or young person is at risk procedure](#).

Any information about child protection notifications of a sensitive nature (for example, because it implicates or involves a staff member or there are other concerns about the security of the information) must be recorded in a secure attachment to an email to the supervisor or next most senior appropriate person. Refer to [Residential Care: Incident management Procedure](#).

If there is suspicion that a DCP employee (including a student, volunteer or agency carer) is engaging in or is likely to engage in the sexual abuse of a child or young person, refer to the [Reporting a suspicion a child or young person is at risk procedure](#). In accordance with section 64A of the *Criminal Law Consolidation Act 1935*, it is an offence for a DCP employee not to report to SAPOL if they know or suspect sexual harm of a

child or young person has been perpetrated by another DCP employee. Failure to report any suspected child sexual abuse to SAPOL has a maximum penalty of imprisonment for three years. Under section 65 of the *Criminal Law Consolidation Act 1935*, it is also an offence for a DCP employee to negligently fail to reduce or remove a substantial risk of sexual harm of the child or young person allegedly perpetrated by a current DCP employee and has a maximum penalty of imprisonment for 15 years.

Support and respond to children and young people who go missing or are absent

When a child or young person is missing or absent from their residential care home, the safety of the child or young person is paramount and residential care staff must follow the [Residential Care: Missing or absent from placement Procedure](#) for guidance.

The DCP and South Australia Police (SAPOL) [Memorandum of Administrative Arrangement \(MoAA\)](#) outlines the responsibilities of both agencies to work together to ensure a safe and coordinated response for children and young people who are in the custody or under the guardianship of the Chief Executive and who are missing. The DCP and SAPOL [Protocol](#) establishes joint working arrangements between DCP and SAPOL for timely, coordinated and effective responses to locate and safely retrieve children and young people in the care of the DCP Chief Executive, who are being harboured and/or concealed.

DCP residential care staff should seek to understand why a child or young person might want to leave their home and how they can make the child or young person feel safer, happier and more connected to their home in residential care.



Connection

Aboriginal Child Placement Principle active effort prompt

Connection to family, culture, community and country is crucial to the physical, emotional and psychological wellbeing of Aboriginal children and young people. Residential care staff should consider whether the reason why an Aboriginal child or young person is going missing or becoming absent could be culturally related (such as cultural safety or cultural connection) and should consider how to ensure cultural safety within the home, community and family.

This can be done by ensuring the home is culturally safe, exploring cultural connections within the community with the child or young person and supporting family connections in line with the child or young person's DCP case plan. Residential care staff should consult with the DCP case worker and the DCP residential care Principal Aboriginal Consultant and refer to the: [Aboriginal Practice page](#) for guidance.

It is important for children and young people living in residential care to be able to contact staff whenever they need to. Residential care staff should ensure children and young people know the house contact number and other important numbers they can contact if they need help or in case of an emergency, including SAPOL, the DCP Call Centre, Office of the Guardian, Kids Helpline and their DCP case worker.

Children and young people who are living in residential care may go missing or be absent for a range of reasons. Often the fear of feeling bored, lonely or disconnected feels greater than the risk of going missing/becoming absent. Anxiety, seeking safety, or looking for connections and relationships in the community can all contribute to children and young people going missing or becoming absent and can be categorised as push and pull factors.

Push and pull factors

Push factors can be things or situations related to the home environment that can cause significant stress and can lead to a child or young person going missing or becoming absent.

A push factor (also known as a trigger) for a child or young person may seem insignificant to others, but it may remind the child or young person of past traumatic experiences, and make them feel they do not want to remain there.

When a child or young person is missing or becomes absent in response to a 'push factor', particularly a traumatic event or confrontation, it is an immediate reflex response that may have helped them feel safer when they felt frightened, anxious or upset in the past.

Pull factors are things or situations that entice a child or young person to leave their home. Sometimes children and young people who live in residential care feel like they would rather be somewhere else and they may feel a strong desire (or 'pull') to find connection and seek familiarity elsewhere.

Examples of push factors	Examples of pull factors
A major incident at the house such as a physical intervention, confrontation with a staff member or another young person	Worrying about family and wanting to protect or be with family
Sharing a home with other children and young people	Wanting to return to a familiar place or be with familiar people
Feeling like no one cares or that they have been treated unfairly	Seeking cultural connection
Not liking the rules or boundaries imposed	Wanting to access alcohol and/or other drugs
Feeling pressured by other children or young people at the house to leave the home with them	Wanting to impress peers
Feeling culturally unsafe or disconnected from family and culture.	Wanting to feel needed, connected or admired
	Seeking thrills or excitement.

Helping to reduce or prevent children and young people going missing or becoming absent

Forming a strong relationship with a child or young person is an important protective factor. Providing a home where the child or young person feels safe, supported, nurtured, cared for and valued can reduce the push and pull factors that contribute to children and young people going missing or becoming absent. Residential care staff, and in particular the child or young person's key worker, should seek to build a relationship that is genuine, responsive and safe for the child or young person.

Understanding a child or young person's push and pull factors and working with them and the care team to reduce or manage these triggers can further reduce the likelihood of the child or young person going missing or becoming absent.

Residential care staff should consider completing the [S.E.L.F tool](#) with the child or young person and consider the following to identify and develop strategies against push and pull factors:



- Include the child or young person when developing strategies. Ask them how they were feeling when they went missing/became absent. What happened to make them feel that way? What could we do differently to help next time?
- Reflect on what was happening just before the child or young person went missing/became absent. How were they responding? Were there any clues that they were feeling anxious or upset? If so, what are the warning signs to look out for next time?
- Encourage and support the child or young person to update their All About Me template. This can support the child or young person and the care team to understand and recognise some of their feelings and times when they may feel unhappy, angry or sad. This information supports residential care staff to work together with the child and young person and the care team, to help keep them safe, to understand how they are feeling and to support them to feel better.
- Consider whether the home is culturally safe and responsive for Aboriginal children and young people. Residential care staff should consult with the DCP residential care Principal Aboriginal Consultant (PAC) to consider whether cultural safety is a push factor for Aboriginal children and young people. The Aboriginal Practice intranet page can also provide further guidance.
- Actively support Aboriginal children and young people to develop connections to culture and community. This can be actioned through identity and connection to Aboriginal practice tools such as the Aboriginal Cultural Identity Support tool (ACIST) within the case plan, and the Aboriginal Life Story Book; and
 - advocating and supporting a child or young person to engage in regular return to Country experiences. Return to Country planning should include the child or young person, PAC, DCP case worker, care team and if safe to do so should be inclusive of the child or young person's family/kinship structure
 - reading books, including stories, artwork or language specific to the child or young person's clan group or Nation
 - watching films, television programs or videos featuring Aboriginal stories, culture, communities and history
 - supporting and engaging in Aboriginal significant events and activities.
- Consider whether the home is culturally safe and responsive for children and young people from a culturally and linguistically diverse background. Residential care staff should consult with the DCP Multicultural Services Team to consider whether cultural safety is a push factor and should refer to the [Working with cultural diversity Practice Paper](#) for further guidance.
- Actively support children and young people from culturally and linguistically diverse backgrounds to develop connections to culture and community. The DCP Multicultural Services team can provide cultural advice and guidance to support connections to culture and communities and the CALD Identity Support tool within the case plan ensures that every child or young person from a CALD background is given an opportunity to build and retain connections to family, community and culture.
- Reflect on what changes may be able to occur within the home or what current approaches can change to make the child or young person feel heard, safe and cared for.
- Utilise Sanctuary tools and consult with the Sanctuary Practitioner and/or Aboriginal Sanctuary Practitioner for further support.
- Consider how to ensure children and young people know that residential care staff care about them and want them to be safe. What can residential care staff say and do to demonstrate this?



- Connect and spend time with the child or young person in their home. Everyday and incidental interactions, including just being in the same vicinity as the child or young person, chatting during meal preparation, enjoying meal times together and showing interest in what a child or young person is doing fosters connection and belonging.
- Minimise time spent in the staff office and prioritise spending time in common areas.
- Involve the child or young person to make the house feel and look like their home. Consider engaging the MyPlace residential care program.
- Support the child or young person to feel connected to their local community, help them to feel orientated to their new environment by driving, walking, or bike riding with them around the community and neighbourhood.
- Engage the child or young person in safe, fun, positive activities that build on their interests. Support their involvement in community activities, such as sports teams, youth groups or clubs.
- Support and foster safe connections with family and friends in line with the child or young person's case plan and contact determinations. For example; consider organising friends and family to visit the child or young person in their home or support the child or young person to visit family and friends' homes. For further information on supporting visitors for children and young people refer to the 'Managing visitors and supporting contact' section in [Create a safe and nurturing home in residential care](#).
- Share the experience of taking the child or young person to safe and fun places that they already know about or remember fondly. This will help them to associate staff with positive memories and help to build trust and a sense of security.
- Connect and make time to spend with the child or young person, call or text if they are missing or absent from home.
- Write notes and positive affirmations for the child or young person if you are not going to see them for a few days.

The residential care senior child and youth worker in collaboration with the child or young person's key worker should ensure that information and strategies are shared with the care team and are considered as part of the child or young person's wellbeing plan.

It is important for residential care staff to watch for warning signs that may occur when a child or young person may be considering going missing or becoming absent. Building a positive and honest relationship with a child or young person in residential care will provide residential care staff and the care team the best opportunity to identify warning signs that may reduce or prevent them from going missing or becoming absent.

Signs that a child or young person might be considering going missing/becoming absent

Possible signs that a child or young person is planning to go missing/become absent from their placement include (but are not limited to):

- changing clothing or carrying a bag for no apparent reason
- asking for access to a bike, skateboard or bus ticket that is different to their usual day to day activities
- wanting to be outside alone
- showing signs of being anxious or nervous (such as pacing, fidgeting or acting differently)



- whispering or being secretive with other children and young people
- making a high volume of secretive telephone calls or texting
- asking for access to valuable items (such as pocket money)
- asking repeatedly to visit friends or family, knowing that this is not possible
- talking about drugs, alcohol or cigarettes
- staring at staff or watching them unusually.

If residential care staff suspect that a child or young person is considering going missing or becoming absent, they should have a discussion with the child or young person about how they are feeling.

When talking with a child or young person about going missing or becoming absent, it is important that conversations focus on safety rather than rules and consequences. Being consistent with this message may support the child or young person to recognise that they deserve to be safe and that they matter.

Refer to 'Safeguarding children and young people in residential care' section in [Create a safe and nurturing home in residential care](#) for guidance on engaging in conversations with children and young people about protective behaviours.

Residential care staff should also seek guidance from the residential care senior child and youth worker or residential care supervisor if they have concerns a child or young person may go missing/become absent.

Support a child or young person who is at risk of being harboured and/or concealed

When a child and young person goes missing or becomes absent they are highly vulnerable and may be at risk of being exploited or harmed. In these circumstances, DCP may issue a written direction to prevent future inappropriate contact between an adult and a child or young person. The child or young person's DCP case worker is responsible for preparing a written direction based on the legislative provisions under section 86(1) or (2) of the CYPs Act. Refer to [Support the safety of the child or young person in care by issuing a written direction](#) in the Supporting children and young people in care chapter of the Manual of Practice, which provides further information on the process required to issue a written direction.

Residential care staff should discuss any concerns they may have that a child or young person is at risk of harm, or of being harboured and/or concealed by a person or where they feel a written direction has been breached with the residential care senior child and youth worker or residential care supervisor and the child or young person's DCP case worker.

Signs for residential care staff that a child or young person is at risk of harm or of being harboured and/or concealed include:

- change in patterns of going missing or periods of absence, such as going missing or becoming absent for longer periods of time, particularly overnight or without making contact
- returning with new items, gifts or money without explanation
- hearing concerning talk or rumours about a particular friend or person in the community, whom the residential care staff member has never met or heard about or who they believe may pose a risk
- concerning information about a particular place or person provided by South Australia Police (SAPOL)
- returning to the placement substance affected
- returning unwell or injured or with a dirty, dishevelled or unkempt appearance



- increased talk concerning topics such as crime, gangs, violence, drugs or sexual acts
- increased discussion with other young people or residential care staff regarding sexual behaviours (for example, pornographic material) or the child or young person is worried about some of the behaviours being considered 'ok' or 'normal'.

Where residential care staff believe a child or young person is at risk of harm or is being harboured and/or concealed, they should:

- reassure the child or young person they are not in trouble and that their safety is paramount
- talk with the child or young person about where they have been and whom they were with (including their full name, address and details of when they have had contact with the person if they know or are willing to share)
- record all information in the e-log, C3MS, email if required, and inform their supervisor and the child or young person's DCP case worker as soon as possible
- monitor the situation closely. If the child or young person goes missing or becomes absent, ensuring the details of the person and their concerns about harbouring or concealing are passed on to their supervisor and SAPOL making a report. This information should also be taken into consideration when assessing urgency
- pass any new information on to the residential care supervisor, DCP case worker and SAPOL as necessary
- if after hours, contact the residential care on call support to provide information and where required contact the DCP Call Centre on 131 611 or 8293 9806.

Respond when a child or young person is missing or absent

When a child or young person is missing or absent, residential care staff must follow the [Residential care: Missing or absent from placement Procedure](#). This will help to determine how urgent the situation is and whether SAPOL involvement is required. This procedure also contains guidance on responding when a child or young person returns home. Residential care staff must also take any other actions outlined in the child or young person's case plan and wellbeing plan.

The child or young person's key worker should make regular contact with the child or young person every time they are on shift, when the key worker is not on shift, the residential care senior child and youth worker should ensure another staff member is allocated to make regular attempts to keep in contact with the child or young person.

Residential care staff should never threaten to punish a child or young person because they have gone missing or become absent; this is likely to make them want to stay away longer and will reinforce negative feelings and beliefs that they already have about themselves and about the residential care home.

For a child or young person who is regularly missing or absent, residential care staff should keep a record documenting previous locations and information, as this may be useful in supporting and responding to future situations when the child or young person may go missing.

Support a child or young person involved with SAPOL, Youth Court and Youth Justice

Children and young people in residential care are at greater risk of involvement with South Australia Police (SAPOL) and the Youth Justice system due to systemic factors and their history of trauma. For Aboriginal children and young people, the risk is further increased due to systemic racism and effects of



intergenerational trauma. The disproportionate number of Aboriginal young people in the Youth Justice system is complex and related to systemic disadvantage experienced due to invasion and subsequent colonisation and past government and legal policies and practices. Aboriginal children and young people's experiences of community and social disconnection, and loss of cultural identity further places them at higher risk of Youth Justice involvement. It is important for residential care staff to be mindful of this and where appropriate and possible, to help reduce the criminalisation of children and young people's behaviour.

The [Summary Offences Act 1953](#) equips police officers with powers in relation to investigation of offences, and gives certain rights to young people arrested by SAPOL on suspicion of having committed an offence. The [Young Offenders Act 1993](#) and the [Youth Justice Administration Act 2016](#) regulate the Youth Justice system in South Australia.

DCP case workers and supervisors are primarily responsible for responding to matters where the child or young person is involved with SAPOL and/or Youth Justice. However, DCP residential care staff also play an important role in supporting the child or young person in such matters.

The [SA Law handbook](#) provides further information relating to children and young people and the law, including information on [young offenders](#) and [criminal responsibility](#).

It is important to ensure that the child or young person is aware of their rights when involved with SAPOL. [The Police and You fact sheet](#) and [Complaints about the police factsheet](#) provide child-friendly guidance to support children and young people to understand their rights. Residential care staff should provide a copy to the young person and support them to understand their rights.

Sharing and gathering information in a timely manner is critical to developing a collaborative response to children and young people's needs. For further guidance on gathering and sharing information, refer to the [Information gathering and sharing chapter](#) of the Manual of Practice.

Children and young people in DCP Residential Care may encounter SAPOL or Youth Justice for a range of reasons including circumstances where:

- they are missing from their residential care home
- they have been the victim of a crime
- they have been a witness to criminal activities
- they are suspected or alleged to have been involved in criminal activity.

Where a child or young person is missing from their residential care home, residential care staff must follow the [Residential Care: Missing or absent from placement Procedure](#). Residential care staff should also seek guidance from the [Supporting children and young people in care with high risk and complex behaviours Practice Paper](#) and the 'Respond to children and young people who go missing or are absent' section.

Respond to finding illicit drugs or paraphernalia

Supporting children and young people who are suspected of drug use should be managed as a first aid response in the first instance. Refer to the 'Respond to alcohol and other drug use' section under 'Support children and young people with high risk and complex behaviours' for more information. The child or young person's care team, including their DCP case worker, residential care staff and other significant people, should subsequently engage in a care team meeting or red flag meeting to ensure that the relevant supports and interventions are included in case planning.



In the event that the residential care staff member finds a (suspected) illegal drug or related paraphernalia in a residential care house, the residential care staff member should:

- remove the materials from the bedroom or common area and temporarily store safely in the house office
- contact SAPOL on 131 444 and request collection by a patrol
- note the type of substance found (if known) and the time SAPOL were called on [E-log](#) or in the [Observation Log Book](#) if E-log is not available
- when SAPOL have collected and issued an exhibit notice, note the exhibit notice number and the time SAPOL collected on E-log or in the Observation Log Book if E-log is not available
- complete an incident report in alignment with the [Residential Care: Incident management Procedure](#).

For substance paraphernalia, the residential care staff member should:

- bag and dispose of the items in the general rubbish bin outside the house
- note the details of the paraphernalia in the [E-log](#) or in the [Observation Log Book](#) if E-log is not available.

Support a child or young person through police interviews

If SAPOL request to interview a child or young person, it is the responsibility of the residential care staff member to inform the residential care supervisor and the child and young person's DCP case worker prior to SAPOL conducting the interview, where possible. Where this situation arises after hours, residential care staff should contact [DCP After-hours](#) once they have consulted with the residential care mobile night team.

SAPOL may make a request to conduct an interview at the residential care house, DCP office or at a police station. If there are concerns regarding SAPOL conducting an interview at the house (such as concerns that it may cause further trauma or may impact on confidentiality), then this should be discussed with the residential care supervisor, on-call manager or residential care mobile night team and alternate options should be discussed with SAPOL, such as a police station or DCP office.

When SAPOL interview a child or young person, residential care staff should ensure the child or young person is aware of their right to have an independent appropriate adult present. This may be a legal representative or a relative or suitable person identified by the child or young person. The person must be 18 years or older and considered appropriate by DCP.

A child or young person is entitled to legal representation during a police interview and residential care staff should strongly recommend for this to occur, particularly for indictable offences which are more serious criminal offences (for example murder, robbery or sexual assault). For further information on supporting a child or young person to access legal representation refer to [Obtain legal advice](#).

The [Aboriginal Legal Rights Movement](#) (ALRM) is available to provide representation for Aboriginal children and young people and can be contacted on 8113 3777 or free call 1800 643 222. Support can also be gained via Community Constables who work at various SAPOL stations. Aboriginal children and young people have the right to culturally safe and appropriate legal support. For many reasons including shame, confidentiality and conflict of interest, they may choose not to have support from these avenues however they should be sought out, offered and discussed.

Where a child or young person does not nominate one of the above parties or where one of the above is not available, it is the responsibility of SAPOL to secure the presence of a person delegated by DCP to represent the interests of children and young people subject to criminal investigation. Where no such person is available, SAPOL can organise a person who in the opinion of SAPOL is suitable to represent the views of the child or young person. This person cannot be a minor or a person employed by SAPOL.



Residential care staff may be asked to observe, support and advocate for the child or young person during the interview. Care must be taken to ensure that the residential care staff member does not have a conflict of interest. A conflict of interest may include circumstances where the residential care staff member has been involved in the management of an incident and are a witness, a victim or alleged to be the perpetrator.

If it is unclear whether a conflict of interest exists, the residential care staff member should refer to the [Conflict of Interest Policy](#) and discuss the matter with the residential care senior child and youth worker or residential care supervisor (or mobile night team if after hours), and the police officer attending to the matter.

Where there is a conflict of interest, SAPOL will need to be advised. Arrangements should be made with the residential care senior child and youth worker or residential care supervisor (or mobile night team if after hours) to determine the most appropriate person to take on this role.

Residential care staff present during an interview may assist in making the process less intimidating for the child or young person and ensure that SAPOL conduct the interview in a fair and respectful manner. Residential care staff should be aware that statements made by the child or young person might be used against them in court.

When supporting a child or young person through an interview process, residential care staff should ensure that the child or young person understands the process, their entitlement to legal representation and that an interpreter is available if required.

Where possible, residential care staff should note information including:

- the date and time (start and finish time) of the interview process
- information relevant to the child or young person
- any requests made by staff or the child or young person that were denied by SAPOL
- observable characteristics of the child or young person's demeanour or emotional state.

It is also important to obtain and record the name, rank and local service area of the interviewing officer and the general nature and purpose of the interview in the [E-log](#) (or [Observation Log Book](#) where E-log is not available).

Residential care staff should request that SAPOL provide them with a copy of the interview transcript.

If at any time the child or young person does not understand a question or if the interview process is causing undue distress, residential care staff can ask SAPOL to reframe the question or remind the child or young person about their right to remain silent. Alternatively, residential care staff can request that the interview be adjourned. In this situation, residential care staff should discuss the adjournment with the SAPOL officers involved, explaining their concerns about the child or young person, record the details in the E-log (or Observation log where E-log is not available) and C3MS, and inform the DCP case worker.

Residential care staff can also request that SAPOL record any objections raised as the child or young person's advocate.

If required by law, residential care staff may be called as a witness in subsequent court proceedings for either the prosecution or the defence.



Obtain legal advice

A child or young person is entitled to legal representation during a police interview. Residential care staff should strongly recommend legal representation to the child or young person, particularly for indictable offences which are more serious criminal offences (for example murder, robbery or sexual assault). If a child or young person would like legal representation during a police interview, residential care staff should contact the child or young person's DCP case worker and request to arrange legal representation. Where the DCP case worker is not available, the residential care staff member should contact the residential care senior child and youth worker (or residential care supervisor or residential care mobile night team) for further guidance.

Where a child or young person has requested legal representation, it is important to advise the child or young person not to answer any questions until their legal representative arrives.

Cultural safety is a priority. Where possible residential care staff, in consultation with the child or young person's DCP case worker, should seek advice from a DCP Principal Aboriginal Consultant (PAC) and the [Aboriginal Legal Rights Movement](#) (ALRM) when supporting Aboriginal children and young people who are involved with SAPOL.

Residential care staff, in consultation with the child or young person's DCP case worker, should seek cultural advice from [DCP Multicultural Services](#) or consult with CALD SAPOL community constables who are available to support children and young people from CALD backgrounds who are involved with SAPOL.

It should be noted that SAPOL will not suggest or recommend legal representation to the child or young person.

Children and young people's rights

It is important that children and young people know their rights when being interviewed by SAPOL. Children and young people have the right to:

- seek legal advice before an interview
- know if they have been arrested and what they have been arrested for
- have their guardian informed, and have their guardian or an adult person present, Pursuant to section 14(2) of the *Young Offenders Act* and also section 79A(1a) of the *Summary Offences Act 1953*
- cultural safety and free from racial discrimination
- talk to their support person in private
- obtain legal advice
- use an interpreter
- remain silent and not answer questions beyond those questions relating to their name, address and date of birth
- refrain from signing statements (such as police record of interviews)
- end a police interview at any time.

Recorded interviews

Residential care staff participating in interviews may also be recorded. It should be noted that the child or young person can request and be provided with a copy of the interview.



Before the interview commences, residential care staff have the right to request that their image not be recorded. However, staff will be asked to identify themselves (verbally) in any interview.

Considerations when a child or young person is suspected or alleged to have been involved in criminal behaviour

SAPOL may speak to a child or young person in relation to their suspected offending behaviour before an arrest. They may approach a child or young person to speak to them voluntarily (the child or young person is only obliged to provide their name, date of birth and address).

If a child or young person is detained, SAPOL must read them their rights and organise a support person for the child or young person during any subsequent interview.

Children and young people with communication impairment who have contact with SAPOL and the criminal justice system may require the support of a trained communication partner to ensure they can understand questions being asked of them and can communicate adequately during discussions and proceedings. The DCP case worker with the support of a DCP disability consultant can arrange access to a communication partner in these circumstances.

After an arrest, SAPOL may charge the child or young person with an offence, organise police bail pending further investigation, or allow the child or young person to leave with no further action.

If a child or young person goes with SAPOL either voluntarily or is detained, residential care staff must ensure the following:

- the child or young person is to be accompanied by a support person. If there are issues in arranging a support person, residential care staff should contact the residential care senior child and youth worker, supervisor or mobile night team
- information is clearly and accurately recorded in the [E-log](#) (or [Observation Log Book](#) where E-log is not available) and C3MS via quick notes
- the child or young person's DCP case worker (or the DCP After-Hours team) is notified and Youth Justice worker (if allocated)
- consider the requirements as prescribed within the [Residential Care: Incident management Procedure](#) and/or the [Significant incident reporting Procedure](#).

Interpreting and translating assistance

Any child or young person who is not fluent in English is entitled to the assistance of an interpreter during an interview.

Pursuant to section 83(a) of the *Summary Offences Act 1953*, SAPOL must inform the child or young person of their right to an interpreter and must not proceed with any questioning until an interpreter is present.

The Aboriginal and Torres Strait Islander Youth Justice Principle (contained in regulation 5 of the *Youth Justice Administration Regulations 2016*) states that where necessary Aboriginal and Torres Strait Islander youths will be provided with an interpreter, and where possible translated documents.

The [Interpreting and Translating Procedure for Culturally and Linguistically Diverse \(CALD\) Families](#) provides practical information on supporting CALD children and young people who are in need of an interpreter.



The [Interpreting and Translating Centre](#) provides onsite and telephone interpreting services in over 100 languages and dialects, including some Aboriginal languages. Phone 1800 280 203 or ONCALL services on 8203 8900.

The [Interpreting and translating Centre – Aboriginal languages](#) provides an interpreting service for Aboriginal Languages. Phone 8113 3777 or free call 1800 643 222.

[DCP after-hours](#) can arrange interpreting services after hours.

Support a child or young person through Youth Court and Youth Justice

The [Young Offenders Act 1993](#) and the [Youth Justice Administration Act 2016](#) regulate the Youth Justice system in South Australia.

Youth Justice is a division of the Department of Human Services (DHS) and has a statutory responsibility for the supervision of young people subject to a range of criminal justice mandates. The Youth Justice system recognises that a child or young person who is guilty of an offence must be provided with the opportunity to make restitution and learn from their mistakes and enables them to develop and reach their full potential.

The [Youth Court](#) deals with charges against young people aged between 10 and 18 years at the time the offence was committed. Youth Justice provides [community-based supervision and case management](#) to young people on court orders, such as bail, home detention and community service. Youth Justice is also responsible for the case management and care of young people who are remanded in the [Adelaide Youth Training Centre – Kurlana Tapa](#).

Residential care staff should refer to [Young people and the law website and the Charter of rights for children and young people detained in training centres](#) for further information.

[Youth Aboriginal Justice Officers \(YAJO\)](#) provide a range of services and information to Aboriginal children and young people appearing before the Youth Court by undertaking a variety of roles which contribute to culturally safe and responsive operations of the Youth Court.

DCP case workers are primarily responsible for responding to matters where the young person is involved with Youth Justice including attending the Youth Court. However, it is important for residential care staff to provide support to the young person who is involved in the Youth Justice system. Residential care staff can provide support by:

- providing transport to and from Youth Court when needed
- being a support person for the young person whilst attending Youth Court (generally the DCP case worker would attend Youth Court but in some instances residential care staff may need to attend with the young person)
- being mindful that young people who are involved in Youth Justice, including attending Youth Court, may feel anxious, which may influence their behaviour. It is important that residential care staff are tuned in to a young person's feelings and understand the reasons underlying behaviours, which may occur in the lead up, during and after attendance at court or a Youth Justice appointment. Completing the [S.E.L.F tool](#) can support staff in understanding what is happening and how to support the young person
- engaging in open communication with the young person's care team, including the DCP case worker, Youth Justice case coordinator, and cultural advisors for Aboriginal young people (including a PAC and Youth Justice cultural advisor) as this will enable a cohesive support system and optimal outcomes for the young person
- maintaining a relationship with the young person who has been detained or is remanded in Kurlana Tapa; this can include organising regular visits and phone calls with the young person



- ensuring the young person feels supported in understanding what is required if on bail agreement or home detention
- supporting the young person to attend community service - this may include providing transport, providing appointment time reminders and supporting them through the process
- providing a culturally safe, trauma-informed and nurturing home for the young person.

Document control

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4 August 2023	1.1	Addition of new section, Care teams, case plans, identity support tools and annual reviews.
10 August 2023	1.2	Minor amendment to align with transport guidance in the Supporting children and young people in care chapter of the Manual of Practice.
1 December 2023	1.3	Minor amendment to include additional guidance about relationship based practice and information sharing.
29 February 2024	1.4	Minor amendments to reflect updated guidance about transporting children and young people in care.
1 March 2024	2.0	Amended to include new key step 'Support placement transitions from residential care' and updated guidance about e-safety, Wi-Fi, mobile telephones and other communication devices.