Abuse in care allegations – Child and Youth Protection Services case managed

Direction to staff

This document provides instructional information for Child and Youth Protection Services (CYPS) to conduct its business. All staff must comply with it.

Note: Unless otherwise indicated, the term 'child' or 'children' also refers to 'young person' or 'young people'. The term 'children in care' refers to 'children in out of home care'

Summary of main points

This document outlines how to:

- respond to an allegation of abuse in care
- conduct an appraisal of an allegation of abuse in care
- share information in the context of abuse in care
- respond to an allegation of abuse in care that is also reportable conduct.

Purpose of this document

This procedure outlines the process for responding to an 'abuse in care' allegation involving a child or young person case managed by CYPS. This includes children and young people in:

- short-term kinship care placements
- custody at Bimberi Youth Justice Centre
- Narrabundah House.

Note: Where an allegation involves a child case managed by an Out of Home Care (OOHC) Provider, or CYPS provides case management but the placement is managed by an OOHC Provider (such as short-term foster care), staff are to follow the 'Abuse in care allegations – Out of Home Care Provider case managed' procedure.

Scope

This procedure applies to all staff within CYPS responsible for receiving information about the suspected abuse and/or neglect (including reportable conduct) of children and young people.

This procedure does **not** relate to children or young people who are subject to Enduring Parental Responsibility (EPR) provisions or adoption orders, as the Director-General does not hold parental responsibility. In these circumstances, standard Intake procedures will be followed.

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Relevant policy

This procedure upholds the principles of the *Children and Young People Act 2008*, as well as the intake and appraisal policies and associated procedures. It is to be read in conjunction with the documents listed in the below section 'Related materials'.

When to perform this procedure

This procedure will be enacted when CYPS receives an allegation of abuse and/or neglect involving a child in care. It reflects current CYPS intake and appraisal procedures and associated delegations.

Staff must be mindful that allegations of abuse in care may also be in scope of section 507 of the *Children and Young People Act 2008* (the Act) and the ACT Reportable Conduct Scheme (see the 'Reportable conduct allegations' procedure).

Procedures

There are 12 key steps in responding to an abuse in care allegation:

1. Record the allegation of abuse in care
2. Conduct a Child Concern Report Risk Assessment
3. Develop a Child Concern Report Action Plan
4. Conduct a Child Protection Risk Assessment
5. Develop a Child Protection Report Action Plan
6. Determine if section 507 criteria are met
7. Determine if reportable conduct criteria are met
8. Determine if adverse event criteria is met
9. Conduct the appraisal
10. Finalise the appraisal
11. Review carer approval following the appraisal
12. Make a referral for independent legal advice

Alternative procedures will occur in the following circumstance:

- Children in interstate placements.

Step 1 – Record the allegation of abuse in care

Any allegation of suspected abuse and/or neglect, or significant risk of abuse and/or neglect, involving a child in an approved out of home care placement, in custody at Bimberi Youth Justice Centre or residing at Narrabundah House is an 'abuse in care' allegation. A subset of these allegations will also meet section 507 and/or reportable conduct criteria.

When information regarding allegations of abuse in care is received, CYPS **staff** will:

1. Record the information as a Child Concern Report (CCR) using the Intake form, in line with the 'Child Concern Report' procedure and the Risk Assessment Framework
    - **Case managers** will record the CCR when they receive the information directly.
    - **CYPS Intake** will record the CCR when information is received via phone, the Intake inbox or the online Child Concern Report portal.
2. Advise a team leader as soon as practicable that a CCR relating to suspected abuse and/or neglect in care has been received.
    - The **team leader** will inform the relevant operations manager.
3. If the report is about a young person in custody at Bimberi Youth Justice Centre or residing at Narrabundah House (or was at the time of the allegation), escalate the report to the relevant North or South senior manager.
    - The **senior manager** will notify the Executive Branch Manager.

When a report is received about a child in care, CYPS **may** be required to complete an ACT Insurance Authority (ACTIA) form to protect the Territory against a future insurance claim. **CYPS Operational**

Compliance are responsible for reporting matters regarding children in out of home care to ACTIA. See the 'Making a report to the ACT Insurance Authority' practice guide.

When a report relates to child or young person is in custody at Bimberi Youth Justice Centre or residing at Narrabundah House, the staff of these facilities are responsible for submitting the ACTIA form.

Note: For CCRs relating to children in approved interstate OOHC placements, see section 'Children in interstate placements'.

Step 2 – Conduct a Child Concern Report Risk Assessment

CYPS is required to conduct a risk assessment for all CCRs, in line with the 'Child Concern Report' procedure and Risk Assessment Framework. Where reports relate to abuse in care, this assessment must consider the increased vulnerability of a child who has already experienced trauma, as well as their attachment and placement history.

When responding to a CCR about an allegation of abuse in care, the primary responsibility of CYPS is to ensure the safety of the child.

The child's existing CYPS case manager is responsible for conducting the CCR Risk Assessment.

To conduct the risk assessment, the **case manager** is to:

1. Consider the safety of the placement including:
    a. What is the child's attachment to their carer/s and their placement history?
    b. Does the significance of the allegation mean the child needs to be moved from the placement while an appraisal process takes place?

    The **Executive Branch Manager, CYPS** is responsible for deciding if a child should be moved to an alternative care placement if the child has resided in their placement for more than six months, or it is a matter of urgency (see the Director's Instruction – Changes of placement). If a placement move is recommended, the **case manager** is to:

        i. Where possible, consult the child's Care Team regarding a possible placement change. This may include convening a case conference.
        ii. Consult a senior manager if a placement change is recommended discuss the feedback provided by the child's Care Team.
        iii. If the senior manager endorses the proposed placement change, submit a brief to the Executive Branch Manager to request a decision regarding a potential move for the child.
2. Conduct the CCR Risk Assessment:
    a. Review the child's history of previous involvement with CYPS and interstate child protection agencies to ensure an understanding of statutory involvement (not just current issues).
    b. Consider any other children alleged to be exposed to the same risk (or person).
    c. Review existing placement information available (CYPS client management system records, carer approval status, carer assessment information).
    d. Seek information from involved professionals (such as the child's school and support services) and the child's carer (only when the carer is **not** the alleged person believed responsible).
3. Determine if the allegations meet the legal threshold for proceeding to a Child Protection Report (see the 'Child Concern Report' procedure)

a. If the threshold is **not met**, appropriately record the risk assessment outcome and proceed to 'Step 3 – Develop a Child Concern Report Action Plan'.

b. If the threshold **is met**, appropriately record the assessment outcome, upgrade to a Child Protection Report and proceed to 'Step 4 – Conduct a Child Protection Risk Assessment'.

4. Ensure the information is recorded on the client management system.

Step 3 – Develop a Child Concern Report Action Plan

A CCR Action Plan will only be developed when a risk assessment has determined the legal threshold to record a Child Protection Report is **not** met.

Planning an appropriate response to the child or young person is a matter of professional judgement by the staff member who has conducted the Child Concern Report Risk Assessment. An Action Plan may articulate one or several strategies for addressing a child or young person and their family's risks or needs.

The **case manager** may recommend one or more of the following actions on a CCR:

Action	Rationale/Description
Give advice to the intake source	Give advice to the intake source about the most appropriate response to the reported information. This might mean providing information about normal child development, suggesting strategies for managing a child's behaviour, a referral to other services, or advice that relates to addressing child and family needs (rather than risks).
Refer to ACT Policing, including to the Sexual Assault and Child Abuse Team (SACAT)	Allegations of a criminal offence against a child or young person should be referred to SACAT as soon as possible. The SACAT criteria includes: • sexual or non-accidental physical abuse, either recent or historical • physical neglect (excluding emotional neglect) • non-consensual sexual activity or other suspicion of abuse, coercion, exploitation, or there are questions about the capacity of one party to consent, either recent or historical • sexual activity where there is more than a two-year age gap between parties and at least one party is under 16 years • any of the above mentioned offences occurred in the ACT. Staff must complete the CCR Risk Assessment prior to referring the matter to SACAT (unless an urgent response is required) see the 'Making a referral to Police including SACAT' procedure).
Referral to government or community-based services for advice and provision of support services to the child's family	Mainstream services may provide an appropriate response for a child or family – only where the CCR does not meet the CPR threshold. This referral will facilitate only a voluntary engagement of the child/parent/caregiver with a service. Staff should make an 'active' referral. Active referrals mean *actively* connecting the carer and child with recommended support services and not *passively* giving service names to follow-up themselves. A referral may be submitted to a service to address any unmet needs in the child's care placement. These might include:

Action	Rationale/Description
	• Low level parenting concerns • Non-serious and/or non-persistent conflict between the subject child and the carer of a verbal nature • A carer's need or request for increased support or respite • Behaviour management concerns in respect of the child. Please note: Referral to a government or community based service may only take place where the CCR does not indicate *risk* to a child, only *need* within the care environment. Only CYPS has the necessary legal authority to appraise an allegation of abuse or neglect.
Support Response	A Support Response is a voluntary process, where there is no perceived risk to the child in the family home **other than that they pose to themselves**. CYPS may engage a child and their family in a brief, solution-focused, Support Response **only** in the following circumstances: Where a CCR indicates any of the following: • the allegations relate to self-harm by a child and there is a parent or carer willing (but not able) to protect them • the allegations relate to risk-taking behaviour by a child and there is a carer willing (but not able) to protect them • the allegations relate to sexual abuse from one child to another child (under the age of 12 years), where there is a carer willing and able to protect both children. A Support Response commences with the identification of goals for addressing need and support, including therapeutic intervention, developed in partnership with the family. A timeframe for achieving these goals should be agreed up-front and clearly recorded. A Support Response may include arrangement of a case conference (see below) to coordinate support for the family from all interested and/or relevant parties. A Support Response should be no more than three months in duration and may be superseded by a new CCR and appraisal action. A safety plan may be used in conjunction with a Support Response following a CCR if certain criteria apply. This includes when the threshold of upgrading to CPR has **not** been met and the parent/s are willing and able to act protectively. For example, a safety plan may be used to address a young person who is self-harming or engaging in risk taking behaviours.
Case conference	At this early phase of CYPS involvement a case conference can be about case planning or meeting to discuss a particular issue and develop an agreed way forward. It is important to include the most appropriate people at the most appropriate time to ensure the goals for the conference are met. A case conference may be held by staff in order to: • discuss a multi-agency response to a CCR or information; and/or • connect the child and family with appropriate early intervention community support services such as: maternal and child health (MACH)

Action	Rationale/Description
	nurses, child care, respite care, parent education programs, family support workers, parent support workers, mediation or advocacy services, or drug and alcohol services. Case conferences may be arranged by staff or if special circumstances, with the support of the CYPS Case Conferencing team. **Record the case conference as a component of a Support response if the CCR does not meet the CPR threshold.**
No further action following risk assessment	Staff may decide that no further action needs to be taken by CYPS following a risk assessment. This may be because: • there is no indication that a child may be at risk of abuse and/or neglect • the CCR Risk Assessment has determined that there is a carer or person with daily care responsibility (other than the Director-General) who is **willing** and **able** to provide for the child's care and protection • information from the intake source relates to a situation that does not pose any **current** risk to the child (such as information about a child being abused in the past by a person with whom they no longer have contact) • the intake source provides information about a child who may be at risk but cannot provide any identifying details about the child or family (neither a name nor an address is available) and therefore a CYPS response is not possible. **Staff must clearly record why there are no current risks to the child/ren and/or young person/s.**

◈ **Record of Decision**: *Clear recording of the decision about action on a Child Concern Report including rationale must be recorded on the Intake form*

Following the development of a CCR Action Plan, staff are to:

1. Record the recommended actions and rationale on the Intake form.
2. Submit the Action Plan to a team leader for endorsement or amendment.
3. Implement the endorsed actions in partnership with the child's Care Team.
4. Close the CCR on the client management system once all relevant information has been recorded.

Step 4 – Conduct a Child Protection Report Risk Assessment

Where the outcome of a CCR indicates the legal threshold has been met – that is, CYPS 'suspects on reasonable grounds the child **may** be in need of care and protection' – the Act requires that the Director-General "decide that the child concern report is a child protection report" and record it as such.

All allegations of abuse in care that proceed to a Child Protection Report (CPR) will be conducted in line with the 'Child Protection Report' procedure and the Risk Assessment Framework.

In conducting the risk assessment, the **case manager** is to:

1. Request any further information required that was not requested at the CCR Risk Assessment stage
2. Consider if time or circumstances have changed the level of risk to the child since the CCR was received. It may be necessary to contact the reporter or the carer to clarify the present situation.
3. Conduct the CPR Risk Assessment:
    a. Where there is reasonable cause to believe allegations of abuse and/or neglect have taken place, the importance of placement stability and the avoidance of trauma associated with placement disruption will be taken in to consideration.
    b. Where the reported risk of abuse and/or neglect to the child is historic (such as the act of abuse and/or neglect took place before the child came into care), there *may* be no value to the child in formally appraising the report.
4. Provide a professional analysis of the consequences and the probability of future abuse and/or neglect. The analysis will inform the CPR Action Plan (see Step 5: Developing a Child Protection Report Action Plan).
5. Ensure the information is recorded on the client management system.

Step 5 – Develop a Child Protection Report Action Plan

An action plan will be developed for all CPRs. The action plan will outline the response necessary to **actively** address the child's unmet needs and findings of the CPR Risk Assessment. It will be developed in line with the 'Child Protection Report' procedure and Risk Assessment Framework.

In developing the CPR Action Plan, the **case manager** is to:

1. Consider the safety of the placement. Maintain a clear focus on risk, but endeavour to maintain placement stability if possible to minimise the impact on the child of multiple placements and unplanned moves.
    a. If **maintaining** the placement is appropriate, develop a safety plan to mitigate the identified risk factors.
    b. If there are **significant concerns** for the child's safety and it is proposed the child is moved while further investigation takes place see the 'Director's Instruction - Changes of placement'.
2. Determine the appropriate response to address the issues outlined in the CPR Risk Assessment. This may include one or more of the following actions:

Action	Rationale/Description
Give advice to the intake source	Give advice to the intake source about what CYPS is likely to do in response to the reported information. This might include seeking further information about the child's circumstances, suggesting strategies for managing the child's behaviour during the course of an intervention, and/or indicating the potential for appraisal response (where applicable).

Action	Rationale/Description
Referral to government or community-based services for advice and provision of support services to the child's family	This allows CYPS to refer a CPR to the Child at Risk Health Unit (CARHU) where appropriate to do so. A referral to CARHU for a medical examination must always be considered in relation to alleged non-accidental physical injury or sexual abuse. CYPS staff must consult with SACAT as to which organisation will arrange referral and follow up with CARHU (see the 'Referrals to the Child at Risk Health Unit (CARHU)' procedure for referral information).
Seek information from anyone to decide the most appropriate response to the report	CYPS staff will contact the service providers (such as the child's school, childcare centre, health services) involved with the child and their family, and seek advice to inform the most appropriate response. Staff will ask for information about the child, their care environment and the allegations. The service provider will be advised NOT to contact the child, carer or any family members directly at this stage.
Undertake an appraisal	An appraisal is a formal investigation of a child's risk environment through analysis of the family situation. It is broader in its scope than just consideration of the allegations of abuse and neglect contained within a CPR. All decisions to procced to appraisal regarding allegations of abuse in care must be approved by an operations manager. The decision to proceed to appraisal must be accompanied by an urgency rating (see the 'Risk Assessment Framework'). Staff should refer to the 'Appraisal' procedure for detail regarding the scope and goals of an appraisal response.
Refer a matter to the police, including to the Sexual Assault and Child Abuse Team (SACAT)	Discuss the referral to SACAT with a team leader. If necessary, staff may contact the SACAT Liaison Officer for advice on whether a police investigation will be appropriate. If SACAT has not determined their interest in accepting the matter, CYPS staff will finalise the CPR risk assessment, develop an action plan (including appraisal where appropriate) and finalising the Intake Form. If SACAT has accepted a referral for a matter that will proceed to appraisal, staff can speak to the SACAT Liaison Officer about the possibility of a joint investigation.
Provide or arrange support services for the child and if appropriate, the child's family members	Usually referrals of this nature take place either during an appraisal, or at the end of an appraisal process, when risk issues have already been addressed. Referrals to support services should be part of the scope of an appraisal, when the safety of a child has been assessed and they are considered to be protected from abuse.

Action	Rationale/Description
Support Response	A Support Response may be used to address a CPR when there is no perceived risk to the child or young person in the family home **other than that they pose to themselves**. Consider the value and purpose of an appraisal response, as opposed to a Support Response. In particular, if it the 'person believed responsible' is likely to be the child or young person themselves (such as self-harm or risk taking) then it is usually more appropriate to provide a Support Response. (Note: A child or young person should never be named as a person believed responsible against themselves). Where the allegations pertain to: • self-harm by a child or young person and there is a carer or person with parental responsibility (other than the Director-General) willing (but not able) to protect them; OR • risk-taking behaviour by a child or young person and there is a carer or person with parental responsibility (other than the Director-General) willing (but not able) to protect them; OR • sexual abuse from one child to another child (i.e. under the age of 12 years), where there is a carer or person with parental responsibility (other than the Director-General) willing and able to protect BOTH children. A Support Response commences with the identification of goals for addressing need and support, including therapeutic intervention, developed in partnership with the family. A time frame for achieving these goals should be agreed up-front and clearly recorded. A Support Response may include arrangement of a case conference (see below) to coordinate support to the family from all interested and/or relevant parties. A Support Response should be no more than 3 months in duration and may be superseded by a new CCR and appraisal action.
Case conference	Usually referrals for a case conference take place either during an appraisal, or at the end of an appraisal process, when risk issues have already been addressed and the child has been placed in a safe home. A case conference may be held by staff in order to: • discuss a multi-agency response to information gathered during an Appraisal process; and/or • connect the child and family with appropriate community support services such as: maternal and child health (MACH) nurses, child care, respite care, parent education programs, family support workers, parent support workers, mediation or advocacy services. Case conferences may be arranged by staff or if special circumstances, with the support of the CYPS Case Conferencing team.

Action	Rationale/Description
Arrange a Family Group Conference	Refer to the 'Family Group Conference (FGC)' practice guide to determine the suitability of this course of action.
No further action following risk assessment	Staff may decide that no further action needs to be taken by CYPS following a risk assessment. This may be because: • there is no indication that a child may be at risk of abuse and/or neglect • the CPR Risk Assessment has determined that there is a carer or person with parental responsibility (other than the Director-General) who is **willing** and **able** to provide for the child's care and protection • information from the intake source relates to a situation that does not pose any **current** risk to the child (such as information about a child being abused in the past by a person with whom they no longer have contact) • the intake source provides information about a child who may be at risk but cannot provide any identifying details about the child or family (neither a name nor an address is available) and therefore a CYPS response is not possible **Staff must clearly record why there are no current risks to the child/ren and/or young person/s.**

Following the development of a CPR Action Plan, staff are to:

1. Record the recommended actions and rationale on the Intake form.
2. Submit the CPR to a team leader for endorsement or amendment.
    a. The team leader will forward the CPR to an operations manager for approval if an appraisal is recommended.
3. Implement the CPR Action Plan:
    a. If the action plan **includes** proceeding to an appraisal, proceed to 'Step 6 – Determine if section 507 criteria are met'.
    b. If the action plan **does not include** proceeding to appraisal:
        i. Contact the carer to inform them of the action plan and how the actions will be implemented in partnership with the child's Care Team
        ii. Ensure information has been appropriately recorded and close the CPR on the client management system.

Step 6 – Determine if section 507 criteria is met

Section 507 of the Act requires CYPS to notify the ACT Public Advocate when a CPR recommends an appraisal and certain circumstances apply.

When conducting an appraisal, the **CYPS case manager** is to consider:

- Does section 507 apply to the appraisal?
    - Section 507 **applies** when:

i. the incident that gave rise to the allegation occurred at a time when the Director-General held daily care responsibility for the child (including under an appraisal order with a temporary parental responsibility provision, a Care and Protection Order, a Voluntary Care Agreement or Emergency Action); and

ii. the child was placed in the care of an authorised out of home carer (foster, kinship or residential); and

iii. the incident involved the out of home carer or

iv. the incident occurred while the child was taking part in contact approved by the Director-General.

- Section 507 does **not apply** when:
  i. the CPR does not involve an allegation of abuse or neglect by an approved carer (foster, kinship or residential); or
  ii. the CPR relates to an allegation of abuse or neglect that occurred prior to the child entering care; or
  iii. the Director-General has shared or full parental responsibility (by virtue of a Care and Protection Order) but the child remains in their parent's care; or
  iv. the Director-General has shared or full parental responsibility and the child is placed in care but the CPR is not recommended for appraisal.

Where section 507 applies, the **CYPS case manager** is to:

1. Ensure the s507 box on the Child Concern Report is checked. This will ensure the case appears on the CYRIS dashboard for the CYPS reportable conduct and compliance team.
2. Notify the CYPS reportable conduct and compliance team of the appraisal by sending a link to the Child Protection Report to [Redacted].
3. Provide relevant documentation to the CYPS reportable conduct and compliance team if requested.

The **CYPS Reportable conduct and compliance team** is responsible for notifying the ACT Public Advocate of the appraisal outcomes. **Case managers and team leaders are not authorised to do this**.

When section 507 applies, the **CYPS reportable conduct and compliance team** is to:

1. Notify the ACT Public Advocate when the appraisal has been recommended.
2. Inform the ACT Public Advocate of the appraisal outcomes.
3. Inform the case manager if the ACT Public Advocate requests appraisal documentation under section 879 of the Act. This may include copies of the CCR, interview records, the appraisal report and any associated section 862 requests.

Step 7 – Determine if reportable conduct criteria is met

The **CYPS reportable conduct and compliance team** is responsible for assessing allegations of reportable conduct and reporting matters relating to carers of children case managed by CYPS to the ACT Ombudsman.

All **CYPS staff** are responsible for identifying concerns relating to reports of abuse, neglect of misconduct against children and young people by carers and reporting these to the CYPS reportable conduct and compliance team as soon as possible, no later than 7 days after becoming aware of these concerns.

In conducting an appraisal, the **appraising officer** is to consult with the CYPS reportable conduct and compliance team. During this consultation, the appraising officer and CYPS reportable conduct and compliance team will:

- ensure aspects of a reportable conduct investigation are addressed in the appraisal plan
- negotiate roles and responsibilities
- determine how the investigation will be conducted alongside the appraisal where appropriate.

The **CYPS reportable conduct and compliance team** will inform the **Relationship Management Team** when a reportable conduct investigation of a CYPS case managed kinship carer commences and provide them with the outcome of the investigation.

Step 8 – Determine if adverse event criteria is met

An adverse event includes:

- the **death or serious injury** of a child, who within three years of their death or serious injury had been the subject of a CYPS intake and/or open case
- situations where a child who received a service from CYPS or a CYPS-contracted service, and based on prima facia evidence[1], was placed **at risk** of serious harm as a consequence of CYPS or a CYPS-contracted service's actions or omissions.

If staff believe an adverse event has occurred they are to inform their operations manager, who will escalate matter to the Executive Branch Manager.

Where the death of a child has occurred staff will refer to the 'Child Concern Report' procedure.

Step 9 – Conduct the appraisal

Where the outcome of the CPR indicates the child is **likely** to have been or is being abused and/or neglected, or is at risk of abuse and/or neglect, an appraisal is to be conducted to determine if the child is **'in need of care and protection'**.

Given the additional complexities of investigating abuse in care allegations, the appraisal is to be conducted by either:

- a **senior case manager** (CYPP4 or above), unless otherwise approved by an operations manager, senior manager or CYPS executive. The child's case manager will provide secondary support to the appraisal
- a **senior practitioner** or **principal practitioner** when the allegation has been referred to SACAT. The appraisal is to be conducted in partnership with the child's case manager and SACAT (at their discretion).

Once the appraisal has been allocated, the **appraising officer** is to:

1. Develop an appraisal plan, including details of the investigation such as:
    - Interviews to be conducted.
    - When the carer will be advised of the allegations (either prior to or following the interview of the child – dependent on potential safety and risk issues to the child).
    - Information to be requested.

[1] Prima facie evidence: On the face of it; enough evidence to indicate legal action is likely to be successful (Legal Services Commission of South Australia)

2. Record the appraisal plan on the client management system using the Appraisal form.
3. Submit the appraisal plan to a team leader for endorsement.
4. Determine if appraisal agreement or notification is appropriate:

WHEN the Director-General holds or shares parental responsibility for the child or young person….	**AND the person alleged to have caused the abuse or neglect is….**	**THEN….**
	• the parent or a person with daily care responsibility; or • the partner of a parent or person with daily care responsibility	There is no requirement to seek **agreement** or provide **notification** prior to commencing appraisal.
	NOT either of the parent/s or partners of parent/person with daily care responsibility	Provide **notification** of the appraisal to the parent/s or person/s with daily care responsibility **BEFORE** commencing appraisal.

5. Conduct the appraisal as per the 'Appraisal' procedure, taking note of the following considerations:

a. Interviewing children in approved OOHC placements

If the carer is alleged to be the person believed responsible for the abuse and/or neglect:

- The child should be interviewed **prior** to advising the carer.
- The interview should take place **without** the carer present.

If the carer is **not** the alleged person believed responsible for the abuse and/or neglect:

- The child should **not** be interviewed without the carer's prior knowledge. This enables the interview to be informed by the carer's unique experience of the child's emotional needs (see 'Providing information to the carer during an appraisal' below).

If the carer refuses CYPS entry to the home or access to the child, explain the Director-General can provide agreement to the appraisal as the entity who holds parental responsibility. This includes agreement to the actions deemed necessary to gather information, such as interviewing the child.

To interview a child in an approved OOHC placement, the **appraising officer** is to:

a. Ask the child if they would like a support person present during the interview, such as a teacher.

b. Assess whether it is safe for the child to remain in the placement for the interim

c. Encourage the carer to participate fully in the appraisal process as required.

b. Providing information to the carer during an appraisal

If the child has been interviewed without prior knowledge of the carer, the carer is to be informed about the appraisal as soon as practicable after the child's interview has occurred. Inform the carer that:

a. a CCR has been received and provide a brief summary of the issues raised

b. the CPR meets the legal appraisal threshold and has proceeded to appraisal

c. the child has been interviewed as part of the appraisal

d. the planned timeframes for finalising the appraisal process

e. the matter has been referred to the police (where applicable)

f. their participation in the appraisal process is requested

g. the content of interviews conducted with the carer will be recorded and will inform the appraisal. Offer to provide the carer with a copy of the recorded discussions.

All CYPS interviews of carers should take place by prior arrangement with the carer. The carer should be offered an opportunity to engage a support person who may be present during the interview.

c. Young people in Bimberi Youth Justice Centre or Narrabundah House

Allegations of abuse and/or neglect of a young person by a staff member of Bimberi Youth Justice Centre or Narrabundah House must be treated sensitively to ensure a staff member's right to privacy and confidentiality is respected.

The **appraising officer** is to:

a. Inform the senior manager (North or South) of the appraisal.

b. If applicable, make contact with the Bimberi Youth Justice Centre Director to advise them of the stated concerns and proposed actions (subject to any police liaison). This will take place within 24 hours, or the next working day when the report is received on the weekend.

c. Interview the young person as part of the appraisal. As it will not be possible to interview a young person outside of the custodial setting, ensure the staff member the allegation relates to is not present.

d. Make arrangements for the young person to have a support person present during the interview (at the young person's discretion).

6. Record the appraisal on the client management system using the Appraisal form

Step 10 – Finalise the appraisal

To finalise the appraisal, the **appraising officer** is to:

1. Develop the appraisal outcomes in line with the 'Appraisal' procedure.
2. Provide the appraisal to the operations manager for endorsement.

CYPS may find a carer responsible for the abuse and/or neglect of a child independently of the findings of any criminal investigation by the police. Where the appraisal process indicates a carer is responsible, the following actions may occur:

- If the child is no longer at risk of abuse and/or neglect, CYPS may develop protective strategies and organise appropriate support to allow the child to remain in the placement. This action must be clearly in the child's best interests, consider the impact of the appraisal

process on the child and be endorsed by a senior manager. The rationale for this decision is to be recorded on the client management system.

- The child may be moved from the care placement at the discretion of the Executive Branch Manager. If this occurs, the potential risk to any other children in the placement must be considered.
- There may be implications for the carer's Working with Vulnerable People (WWVP) registration.
- The carer's approval status may be revoked at the discretion of the Executive Branch Manager.

3. Contact the carer and communicate the outcome of the appraisal (including recommendations, outcomes and decisions) in the following ways:
    a. In person: the **appraising officer** and the child's **case manager** are to meet with the carer within in two weeks of the conclusion of the appraisal to discuss the outcomes. The carer may have a support person present during the meeting. If necessary, this meeting may be conducted as a case conference with the team leader and operations manager in attendance.
        - The minutes of the meeting will be documented on the client management system.
    b. In writing: Provide the carer with the Appraisal outcome advice letter (available on the client management system) **after** they have been informed of the outcome in person.
4. Notify the child's parent/s of the appraisal and its outcomes.

Step 11 – Review carer approval following the appraisal

Once the appraisal has been completed and endorsed by the operations manager:

1. The **CYPS reportable conduct and compliance team** will inform the Relationship Management Team of the appraisal (whether the allegations where substantiated or not).
2. The **Relationship Management Team** will provide advice to the Executive Branch Manager regarding the carer's ongoing suitability to be an approved carer (ongoing suitability is not always impacted by substantiation of concerns).
    a. If carer approval is revoked by the Executive Branch Manager, the child's **case manager** is to arrange an alternative placement for the child
3. The **Relationship Management Team** will inform the Business Support Senior Manager if the carer's approval has been revoked (this may have implications on the carer's Working with Vulnerable People (WWVP) registration).
    a. If necessary, **Business Support** will seek further information from the child's case manager or the Relationship Management Team.
    b. Business Support may decide to share this information with Access Canberra (who issue the WWVP registration) under section 63B of the *Working with Vulnerable People (Background Checking) Act 2011*. Access Canberra will decide if any changes will be made to the carer's WWVP registration.

Step 12 – Make a referral for independent legal advice

A child in care who is the subject of substantiated claims of abuse and/or neglect may access independent legal advice in regards to potential litigation. In this circumstance, the child's **case manager** is to:

1. Provide details of the appraisal to CYPS Legal Services for their consideration (see the 'Independent legal advice for substantiated abuse in care' practice guide).

Children in interstate placements

The principles of this procedure also apply to children subject to an ACT Care and Protection Order who are placed interstate.

When CYPS receives information alleging abuse in care of such children, CYPS will:

1. Record the information as a Child Concern Report on the CYPS client management system.
2. Submit the CCR to the relevant child protection agency's intake service (for example, the NSW Department of Family and Community Services when the child lives in NSW)
    - Other children in the placement may also be subject of the notification to the interstate agency.
3. Notify the CYPS Interstate Liaison Officer (ILO) when a CCR is forwarded to another jurisdiction.
4. If the CCR alleges a carer is responsible for abuse and/or neglect, the interstate agency and CYPS will hold a teleconference within 24 hours (when possible) of the report being received by the interstate agency (see the 'Interstate Child Protection Protocol').
5. Share information with the interstate agency to inform their investigation.

Note: The interstate agency is responsible for conducting the investigation regarding the alleged abuse and/or neglect in collaboration with CYPS. In some jurisdictions, the OOHC Provider managing the placement may also be obliged to undertake an investigation (for example, OOHC Providers in NSW are obligated to investigate within 24 hours).

Where the carer is managed by an interstate OOHC Provider, the interstate child protection agency will be informed of any report and the outcome by the CYPS case manager. This will be done via the CYPS interstate liaison process unless a report needed, in which case the procedure for notifications for that jurisdiction will be followed.

If CYPS believes the initial investigation indicates an appraisal is necessary but it does not meet the interstate statutory agency's threshold for further involvement, it will be the responsibility of CYPS to complete the appraisal. CYPS is unable to compel another jurisdiction to undertake an appraisal.

The CYPS case manager will also liaise with the Australian Federal Police to establish contact with the police in the relevant jurisdiction.

Roles and responsibilities

The following table outlines the roles and responsibilities under this procedure.

Role	Responsibility
CYPS case manager	• Record Child Concern Reports • Inform a team leader when an allegation of abuse in care has been received (this will be escalated as appropriate) • Undertake Child Concern Reports and Child Protection Reports • Conduct or assist with appraisals • Facilitate information sharing (requesting and providing)

Role	Responsibility
	• Submit appropriate referrals • Note legislative requirements such as providing information to the ACT Public Advocate (section 507 criteria) and the ACT Reportable Conduct Scheme • Submit completed ACTIA reports to Operational Compliance.
CYPS Legal Services	• Facilitate access to independent legal advice for children in care.
CYPS reportable conduct and compliance team	• Provide information to government agencies, including Access Canberra, that may have implications for a carer's Working with Vulnerable People registration. • Comply with legislative requirements such as providing information to the ACT Public Advocate (section 507 criteria) and the ACT Reportable Conduct Scheme • Oversee reportable conduct investigations • Inform the Relationship Management Team when an abuse in care appraisal has been completed.
Executive Branch Manager	• Decide if a child will be moved to an alternative placement when the child has resided in the placement for longer than six months • Decide if carer approval will be revoked.
Intake worker	• Record Child Concern Reports • Inform a team leader when an allegation of abuse in care has been received (this will be escalated as appropriate) • Complete Child Concern Report Risks Assessments when the case in unallocated.
Operations manager	• Inform the Executive Branch Manager when an allegation of abuse in care has been received about a young person in custody at Bimberi Youth Justice Centre or residing at Narrabundah House • Endorse Child Protection Reports which proceed to appraisal • Endorse appraisals.
Relationship Management	• Provide advice to the Executive Branch Manager and Business Support Senior Manager regarding carer suitability
Senior Director	• Notify the Executive Branch Manager when an allegation of abuse in care has been received about a young person in custody at Bimberi Youth Justice Centre or residing at Narrabundah House • Assist the Executive Branch Manager, CYPS to determine if a child should be moved to an alternative placement.
Team leader	• Inform the relevant operations manager of an allegation of abuse in care • Inform the CYPS reportable conduct and compliance team of reports of abuse, neglect or misconduct against children and young people by kinship carers case managed by CYPS • Endorse Child Concern Report Action Plans when **not** proceeding to a Child Protection Report

Role	Responsibility
	• Endorse Child Protection Report Action Plans when **not** proceeding to appraisal.

Record keeping

All Child Concern Reports, Child Protection Reports, appraisals and documents related to the investigation of allegations of abuse in care **must** be recorded on the CYPS client management system. Information gathered as part of such investigations will be recorded as progress notes, minutes, service events and other scanned documents.

Related materials

The following materials directly relate to this procedure.

Legislation

- *Children and Young People Act 2008*
- *Ombudsman Act 1989*
- *Working with Vulnerable People (Background Checking) Act 2011*

Policies, procedures and practice guides

- Policy: Intake
- Policy: Appraisal
- Procedure: Abuse in care allegations – OOHC provider case managed
- Procedure: Appraisal
- Procedure: Child Concern Report
- Procedure: Child Protection Report
- Procedure: Referrals to the Child at Risk Health Unit (CARHU)
- Procedure: Making a referral to Police including SACAT
- Practice guide: Family Group Conference (FGC)
- Practice guide: Making a report to the ACT Insurance Authority
- Practice guide: Independent legal advice for substantiated abuse in care
- Practice guide: Reportable Conduct Scheme

Other documentation

- Appraisal Outcome Advice Letter
- Director's Instruction - Changes of placement
- Interstate Child Protection Protocol
- Risk Assessment Framework

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The following table details the published date and amendment details for this document.

Date	Amendment details
04/06/2019	First publication of this procedure.
08/12/2022	Updates to better reflect practice around s507 reports

Definitions

For definitions of terms used in this document, access the CYPS glossary.