Child Protection – Mandatory Reporting of Suspicion that a Child or Young Person (0 - under 18 years) is or may be at Risk of Harm

Policy Directive

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Child Protection – Mandatory Reporting of Suspicion that a Child or Young Person (0 – under 18 years) is or may be at Risk of Harm Policy Directive

1. Policy Statement

The purpose of the Child Protection – Mandatory Reporting of Suspicion that a Child or Young Person (0 - under 18 years) is or may be at Risk of Harm Policy Directive is to ensure a consistent approach to the mandatory reporting requirements relating to suspicion that a child or young person is, or may be at risk of harm in accordance with the Children and Young People (Safety) Act 2017.

If the person suspects on reasonable grounds that the physical or psychological development of an unborn child is at risk (whether due to an act or omission of the mother or otherwise) and that suspicion was formed in the course of the person’s employment (whether paid or voluntary) they may report their concerns.

With the implementation of this Policy Directive (this directive) SA Health will ensure:

- All suspicions that a child or young person is or may be at risk are reported as soon as is reasonably practicable after forming the suspicion.
- Systems are in place to assist staff in the identification of risk.
- Staff are aware of their legal obligations to report their suspicion that a child or young person is being or may be at risk of harm.
- A person need not report a suspicion if the person believes on reasonable grounds that the Department for Child Protection (DCP) is already aware of all of the information that forms the basis of the person’s suspicion.

The requirements of this directive are in addition to the duty of all SA Health employees, students on placement or work experience, contractors, consultants (staff) and volunteers that provide health services to children and young people to safeguard and promote the outcome that children and young people are kept safe from harm.

This directive forms part of SA Health’s broader framework to ensure the health, wellbeing, safety and protection of children and young people.

This directive must be read and administered in conjunction with the Child Safe Environments (Child Protection) Policy Directive, Responding to Suspected or Alleged Offences against a Child Occurring at a SA Health Facility or Service Policy Guideline, and the Information Sharing Guidelines for Promoting Safety and Wellbeing SA Health ISG Appendix Policy Directive.

2. Roles and Responsibilities

Scope

This directive applies to all SA Health staff and volunteers providing services directly or indirectly to pregnant women, children or young people who form a reasonable suspicion in the course of their employment that a child (born or unborn) or young person is, or is at risk of harm.

For the purpose of this directive the use of the word child (born or unborn) or young person refers to a person who is under 18 years of age.
2.1 Chief Executive, SA Health is responsible for:

- ensuring the safety and welfare of all children in the care of SA Health;
- ensuring the reporting of suspicion that a child (born or unborn) or young person is or may be at risk of harm is in accordance with this directive.

2.2 Local Health Network and SA Ambulance Services Chief Executive Officers will:

- ensure staff (including volunteers) are aware of their legal obligations to report a suspicion that a child (born or unborn) or young person is or may be at risk of harm in accordance with this directive.
- ensure systems are in place to assist staff in the identification of child abuse and/or neglect;
- ensure the development of local protocols and procedures as required to support this policy directive;
- ensure staff (including volunteers) receive appropriate Child Safe Environment Mandated Reporter training and information.

2.3 Executive Directors, Directors and other Senior Managers will:

- develop, implement and monitor local protocols and procedures that ensure staff (including volunteers) respond to suspicion a child (born or unborn) or young person is, or may be at risk of harm;
- ensure staff (including volunteers) report their suspicion that a child (born or unborn) or young person is, or may be at risk of harm in accordance with this directive;
- ensure staff (including volunteers) access and complete Child Safe Environment (Mandated Reporter) training and information.

2.4 All SA Health employees and volunteers will:

- be aware of their legal obligations to report a suspicion that a child (born or unborn) or young person is, or may be at risk of harm in accordance with this directive by doing one or more of the following:
  - making a telephone notification / report to a telephone number determined by the Minister for the purpose. This telephone line is currently known as the Child Abuse Report Line or CARL;
  - making an electronic notification / report on an electronic reporting system determined by the Minister for the purposes of this subsection;
  - in each case providing: in the case of an unborn child the name and address (if known) of the mother of the unborn child; in any other case the name and address (if known) of the child or young person and information setting out the grounds for the person’s suspicion; and such other information as the person may wish to provide in relation to their suspicion.
- complete Child Safe Environments (Mandated Reporting) training;
• act to ensure the safety and wellbeing of children and young people in the care of SA Health.

3. Policy Requirements

3.1 Collaboration and Information Sharing

3.1.1 Staff will operate in accordance with the Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG) and the Information Sharing Guidelines for Promoting Safety and Wellbeing SA Health ISG Appendix Policy Directive.

3.2 Reporting Authority

• The Department for Child Protection (DCP) is the administrative unit of the Public Service specified by the Minister by notice in the Gazette for the Children and Young People (Safety) Act 2017.

• DCP, through the Child Abuse Report Line (CARL), is to be notified as soon as practicable of any suspicion on reasonable grounds that a child (born or unborn) or young person is, or may be, at risk of harm and the suspicion was formed in the course of the person's employment.

• Mandated reporters may also use the online reporting system to report suspicions that a child (born or unborn) or young person is or may be at risk of harm.

• To make an online report staff are required to register and login to the [online child protection reporting system](#). See the [instructions for using the online child protection reporting system](#) (PDF 274KB).

3.3 Mandated Reporters

Applies to the following mandated reporters as identified under Section 31 of the Children and Young People (Safety) Act 2017. A person to whom this Part applies must, if—(a) the person suspects on reasonable grounds that a child or young person is, or may be, at risk; and (b) that suspicion was formed in the course of the person's employment, — report that suspicion, as soon as is reasonably practicable after forming the suspicion.

• A registered or enrolled nurse
• A registered midwife
• A medical practitioner
• A dentist
• A pharmacist
• A psychologist
• A social worker
• A paramedic
• An Aboriginal health practitioner
• An Aboriginal health worker
• Employees (or volunteers) in an organisation that provides health services wholly or partly for children and young people, being a person who—

(i) provides such services directly to children and young people; or
(ii) holds a management position in the organisation the duties of which include direct responsibility for, or direct supervision of, the provision of those services to children and young people;

In the Children and Young People (Safety) Act 2017 a reference to a person being employed includes a reference to a person who:

(a) is a self-employed person;

(b) carries out work under a contract for services;

(c) carries out work as a minister of religion or as part of the duties of a religious or spiritual vocation;

(d) undertakes practical training as part of an educational or vocational course;

(e) carries out work as a volunteer.

3.4 A mandated reporter reports/notifies a suspicion by doing 1 or more of the following:

• making a telephone report / notification to a telephone number determined by the Minister for the purposes of this subsection; (Note This telephone line is currently known as the Child Abuse Report Line or CARL 131 478). The report line is open 24 hours a day, 7 days a week.

• making an electronic report / notification on an electronic reporting system determined by the Minister for the purpose; (Note This is currently known as eCARL.)

• and, in each case, providing:

  o in the case of an unborn child the name and address (if known) of the mother of the unborn child;

  o in any other case the name and address (if known) of the child or young person;

  o information setting out the grounds for the person's suspicion;

  o reports / notifications made by mandated reporters must be accompanied by a statement of observations, information and opinions relating to the actual or potential impact on the child.

  o such other information as the person may wish to provide in relation to their suspicion.

Mandatory reporters are not required to report / notify:

• if the person believes on reasonable grounds that another person has reported the matter; or
• if the person’s suspicion was due solely to having been informed of the circumstances that gave rise to the suspicion by a police officer or child protection officer acting in the course of their official duties; or
• if the person believes on reasonable grounds that the DCP is already aware of all of the information that forms the basis of the person’s suspicion.

Should SA Health staff become aware of new or additional information that forms a suspicion that the child or young person is, or may be at risk of harm, a new report / notification must be made.

All SA Health’s employees have a responsibility to ensure children and young people are kept safe from harm. Therefore employees not described as a mandatory reporter (refer to 3.3) are encouraged to report / notify the DCP through CARL if they suspect a child presenting at health services or facilities has been, or is at risk of being harmed.

3.5 Rights and Responsibilities of Reporters / Notifiers
• It is the individual’s personal responsibility to report / notify DCP their suspicion that a child or young person is or may be at risk of harm.

• Reporters must make their own report to CARL when they have additional knowledge of a child’s situation beyond that provided to them by another mandated reporter or police officer who confirms a report has been made with this information to be documented in the child’s health record.

• The threshold for reporting is reasonable suspicion, not actual proof of harm.

• A mandated reporter does not exhaust their duty of care to a child or young person by making a report / notification. SA Health staff must take action as is necessary at the time to protect a child and prevent further harm.

• SA Health staff who are mandated reporters must ensure they have completed Child Safe Environment Training and consider the necessity of being registered to access the online child protection reporting system. When registered for online reporting, SA Health staff must be familiar with the instructions for using the online child protection reporting system.

3.6 Confidentiality
• A person who receives a report or notification that a child or young person may be at risk, or who otherwise becomes aware of the identity of a person who has made such a report / notification, must not disclose the identity of the person who made the report / notification to any other person unless disclosure:
  o is made with the consent of the person who gave the report / notification; or
  o is required or authorised by the Chief Executive of DCP; or
  o is made by way of evidence adduced in accordance with the Children and Young People (Safety) Act Sections 163 – Protection of identity of persons who report or notify the DCP and Section 164 Confidentiality

• The identity of a reporter / notifier will be maintained in confidence and not identified when there is a Freedom of Information (FOI) request by the consumer.
3.7 When to Report / Notify

3.7.1 SA Health staff and volunteers must report their concerns to the DCP as soon as practicable after their suspicion is formed via the CARL telephone line or online child protection reporting system known as eCARL when they:

- the person suspects on reasonable grounds that a child(born or unborn) or young person is, or may be, at risk of harm; and

- that suspicion was formed in the course of the person's employment;

- report that suspicion as soon as is reasonably practicable after forming the suspicion;

- they have additional information about a child’s situation that forms a suspicion beyond that provided to them by another mandated reporter or police officer acting in the course of their official duties;

- it is recommended reports relating to concerns about an unborn child are made when a clinician reasonably suspects that the unborn child is at risk. For example, in the event that SA Health becomes aware that a parent or guardian has previously committed serious offences against a child in their care (‘qualifying offences’), or the mother is an existing client of DCP, or has had a previous child removed.

3.7.2 Reasonable grounds to report suspicions of harm may include (but are not limited to):

- when a child states they have been harmed;

- observations of child behaviour and/or injuries lead to suspicion of harm;

- observations of a particular parent/carer or others’ behaviours lead to suspicion;

- child states they know of someone or a friend who has been harmed. They may be referring to themselves;

If a mandated reporter suspects on reasonable grounds that a child has been or may be at risk of harm; and the suspicion is formed in the course of the person’s employment (whether paid or voluntary) or of carrying out official duties, the person must report their concerns to the DCP of that suspicion as soon as practicable after the suspicion is formed. Failure to do so may incur a maximum penalty of $10 000. See section 31 of the Children and Young People (Safety) Act 2017.

3.7.3 For more information regarding what must and must not be reported refer to DCP website https://www.childprotection.sa.gov.au/

3.8 How to report / notify
The DCP is responsible for operating the Child Abuse Report Line (CARL) in South Australia. CARL is a 24 hour centralised point of intake and all child protection concerns are to be reported for assessment. Reports to CARL can be made by telephoning 131 478.

An eCARL report / notification can also be made, only in matters where an urgent response is not required at www.reportchildabuse.sa.gov.au. To make an eCARL report / notification you must register and login to the online child protection reporting system via online child protection reporting system.
**Urgent concerns** include concerns about an infant (under 12 months) with any injuries; when a child is in the care of SA Health and it is suspected that they are being or may be at risk of harm; or when there is reasonable suspicion that a child or infant is in imminent or immediate danger or at high risk of:

- serious harm
- serious injury

### 3.9 Information required

#### 3.9.1 Identification details

When making a report / notification to the CARL by phone or electronically through the eCARL, the person making the report must provide the following information regarding the child:

- child’s name, age and address;

- comprehensive description of injury, abuse and/or neglect (current and previous);

- the child’s current situation (what is known about the functioning of the family, any relevant health factors);

- name and location of the child, parent or caregiver and the alleged perpetrator;

- whether the child is Aboriginal or Torres Strait Islander, and if you know the Clan/language group of the child.

You will be asked more detailed questions when you contact CARL.

#### 3.9.2 Reporter details

When making the report / notification to the CARL, the reporter / notifier will be asked to provide the following information:

- full name, job title, agency name or address and contact number;

- relationship to the child, or children of concern;

- type and frequency of contact with the family and the last time they saw the child;

- if currently working with the child or the family and if so, in what capacity?

#### 3.9.3 Specific details of the concerns:

- when and how did you find out about the harm?

- what has the child disclosed— what did they say and what was their emotional presentation?

- what did you see, or hear and when?

- what leads you to be concerned?

- size and location of injuries, if any, with descriptions of bruising (i.e. colour and appearance);
• has the child been seen by a Doctor? If so, provide the Doctor’s name and contact number;

• has the matter been reported to police? If so, provide police reference number;

• who else is aware of these concerns?

• are the caregivers protective? If so, how?

• describe any caregiver behaviour that is of concern, including how often and how severe;

• describe the behaviour displayed by the child that is of concern;

• if you are a person reporting a domestic violence incident, include whether there has been previous contact with the family, or the alleged perpetrator regarding the issue (if known);

• what is known about the functioning of the family? (i.e. domestic violence, drug and alcohol use or abuse, homelessness, violence to people outside the family, relevant health factors, extended family or other support networks, child care arrangements, nature of involvement with any agencies, mental health problems, physical or intellectual disability), (if known);

• when problem sexual behaviour is being reported, details of the behaviour are required:
  i. type, context, frequency;

  ii. responses to behaviour (i.e. parents, school, parent’s understanding of the behaviour, family attitudes to sexuality, appreciation of child’s possible disability).

Note: SA Health staff may not have all information before making a report / notification. However, providing more comprehensive information to CARL will better inform the response to the child protection concerns.

3.9.4 Health Record documentation of report / notification

• SA Health staff will record the information provided to the CARL in the child’s or young person’s health record for future reference.

• It is recommended that the information not be documented within the body of the health record (e.g. clinical progress sheets) but on a separate designated sheet or agency form for this purpose alone and placed in the progress notes.

• Details about report / notifications made may be accessed in situations where there is a subpoena or warrant.

• When there is a FOI request, health records staff must ensure that where a child protection report / notification is detailed in the record, the name of any person who made the mandated report / notification is redacted from the record.
3.10 Process and Outcome of Report / Notification

- The DCP will provide feedback to mandated reporters on whether their concerns are going to be recorded as "child protection" or otherwise.

- Other feedback may be provided by contacting the responsible DCP office and will principally be determined by the mandated reporter's ongoing role with the child or young person.

- SA Health staff will be required to document any interactions or discussion with the DCP in the child’s health record.

4. Implementation & Monitoring

SA Health will ensure in the implementation of this directive that:

- SA Health staff and volunteers are aware of the directive and undertake Child Safe Environments Training;

- should staff and volunteers form a suspicion that a child or young person is, or may be at risk of harm the concerns will be reported / notified to the DCP as soon as practicable after the suspicion has been formed;

- systems are in place to assist staff in the identification of risk;

- staff and volunteers are aware of their legal obligation to report their suspicion a child or young person is, or may be at risk of harm;

- staff and volunteers are knowledgeable about the operation of the requirement to report a suspicion that a child or young person is, or may be at risk.

Compliance will be monitored by Local Health Networks (LHN) and SA Ambulance Services (SAAS) identifying and reviewing the Safety Learning System incident reports concerning children and young people. These reports will be assessed annually or as required by LHN Risk Management / Patient Safety Units.

Monitoring LHN and SAAS staff completion of the mandatory Child Safe Environments Training:

- number of staff (including volunteers) attending and completing Child Safe Environments Training;

- Child Safe Environment compliance and regulation is managed by the Department for Education.

5. National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Health Care has developed the National Safety and Quality Health Service Standards (the Standards).

The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. They propose evidence-based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients.
Please identify how this policy directive contributes to any of the below listed standards:

|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|

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6. Definitions

In the context of this document:

**Aboriginal child or young person** refers to a child or young person who is a descendant of the indigenous inhabitants of Australia; and regards themself as Aboriginal or, if they are a young child, is regarded as Aboriginal by at least 1 of their parents;

**child or young person** refers to a person under 18 years of age.

**duty of care** is a common law concept that refers to the responsibility of employees and volunteers to provide children (born or unborn) and young people with an adequate level of protection against harm.

**eCARL** is the DCP online child protection reporting system used to report / notify less serious, non-urgent / imminent concerns. Information about eCARL can be accessed at [www.reportchildabuse.sa.gov.au](http://www.reportchildabuse.sa.gov.au). To make a report online you must register and login to the [online child protection reporting system](http://www.reportchildabuse.sa.gov.au).

**health record** includes a patient’s medical record, patient/client record, case note and patient/client file.

**Mandated reporter / notifier** refers to a person who under the *Children and Young People (Safety) Act 2017* Section 30 (3) (4) (5) is required to report / notify any suspicion that a child is, or may be at risk of harm to the DCP. This applies to suspicion occurring in the course of their employment. This applies to:

(a) prescribed health practitioners;

(b) police officers;

(c) community corrections officers under the Correctional Services Act 1982;

(d) social workers;

(e) ministers of religion;

(f) employees of, or volunteers in, an organisation formed for religious or spiritual purposes;

(g) teachers employed as such in a school (within the meaning of the *Education and Early Childhood Services (Registration and Standards) Act 2011*) or a pre-school or kindergarten;
(h) employees of, or volunteers in, an organisation that provides health, welfare, education, sporting or recreational, child care or residential services wholly or partly for children and young people, being a person who—
   (i) provides such services directly to children and young people; or
   (ii) holds a management position in the organisation the duties of which include direct responsibility for, or direct supervision of, the provision of those services to children and young people;
   (i) any other person of a class prescribed by the regulations for the purposes of this subsection. (See information on Regulation 9 below).

A reference to a person being employed will be taken to include a reference to a person who:

(a) is a self-employed person;

(b) carries out work under a contract for services;

(c) carries out work as a minister of religion or as part of the duties of a religious or spiritual vocation;

(d) undertakes practical training as part of an educational or vocational course;

(e) carries out work as a volunteer.

A prescribed health practitioner refers to:

(a) medical practitioners;

(b) pharmacists;

(c) registered or enrolled nurses;

(d) dentists;

(e) psychologists.

meaning of harm in relation to a child or young person in accordance with the Children and Young People (Safety) Act 2017 17(1) a reference to harm will be taken to be a reference to physical harm or psychological harm (whether caused by an act or omission) and, without limiting the generality of this subsection, includes such harm caused by sexual, physical, mental or emotional abuse or neglect. 17(2) Psychological harm does not include emotional reactions such as distress, grief, fear or anger that are a response to the ordinary vicissitudes of life.

meaning of at risk in relation to a child or young person in accordance with the Children and Young People (Safety) Act 2017

(1) a child or young person will be taken to be at risk if:
   (a) the child or young person has suffered harm (being harm of a kind against which a child or young person is ordinarily protected); or

   (b) there is likelihood that the child or young person will suffer harm (being harm of a kind against which a child or young person is ordinarily protected); or

   (c) there is likelihood that the child or young person will be removed from the State (whether by their parent or guardian or by some other person) for the purpose of—
      (i) being subjected to a medical or other procedure that would be unlawful if performed in this State (including, to avoid doubt, female genital mutilation); or
(ii) taking part in a marriage ceremony (however described) that would be a void marriage, or would otherwise be an invalid marriage, under the *Marriage Act 1972* of the Commonwealth; or

(iii) enabling the child or young person to take part in an activity, or an action to be taken in respect of the child or young person, that would, if it occurred in this State, constitute an offence against the *Criminal Law Consolidation Act 1935* or the Criminal Code of the Commonwealth; or

(d) the parents or guardians of the child or young person—
   (i) are unable or unwilling to care for the child or young person; or
   (ii) have abandoned the child or young person, or cannot, after reasonable inquiry, be found; or
   (iii) are dead; or

(e) the child or young person is of compulsory school age but has been persistently absent from school without satisfactory explanation of the absence; or

(f) the child or young person is of no fixed address; or

(g) any other circumstances of a kind prescribed by the regulations exist in relation to the child or young person.

(2) It is immaterial for the purposes of this Act that any conduct referred to in subsection (1) took place wholly or partly outside this State.

(3) In assessing whether there is likelihood that a child or young person will suffer harm, regard must be had to not only the current circumstances of their care but also the history of their care and the likely cumulative effect on the child or young person of that history.

(4) In this section— female genital mutilation means—
   (a) clitoridectomy; or

   (b) excision of any other part of the female genital organs; or

   (c) a procedure to narrow or close the vaginal opening; or

   (d) any other mutilation of the female genital organs, but does not include a sexual reassignment procedure or a medical procedure that has a genuine therapeutic purpose; sexual reassignment procedure means a surgical procedure to give a female, or a person whose sex is ambivalent, genital characteristics, or ostensible genital characteristics, of a male.

(5) A medical procedure has a genuine therapeutic purpose only if directed at curing or alleviating a physiological disability or physical abnormality.

**Qualifying Offences** refers to any of the following offences (whether committed before or after the commencement of this Part of the Act) where the victim was a child and the offender was a parent or guardian of the child or young person:

(a) murder;

(b) manslaughter;

(c) an offence against section 14 of the *Criminal Law Consolidation Act 1935* (criminal neglect);
(d) an offence against section 23 of the *Criminal Law Consolidation Act 1935* (causing serious harm);

(e) an offence against section 29(1) or (2) of the *Criminal Law Consolidation Act 1935* (acts endangering life or creating risk of serious harm);

(f) an offence constituted of an attempt to commit an offence referred to in a preceding paragraph;

(h) an offence under the law of another jurisdiction that corresponds to an offence referred to in a preceding paragraph.

**Staff** refers to all SA Health staff, volunteers, students on placement or work experience, contractors and consultants that provide services to the community or who have access to children’s and young people’s health records, including SA Health staff members working in other government agencies.

The **Patient Incident Management and Open Disclosure Policy Directive** describes a standardised system for managing patient incidents that ensures all staff use the SA Health incident management reporting system **Safety Learning System (SLS)** for reporting and documenting the management and open disclosure of patient incidents. A patient incident is any event or circumstance which could have (near miss) or did lead to unintended and/or unnecessary psychological or physical harm to a patient, that occurs during an episode of health care. All patient incidents must be reported into the patient incident module of the SLS, via the online web form, within 24 hours or as soon as practicable.

**Patient Incident Management and Open Disclosure Policy Directive**

7. **Associated Policy Directives / Policy Guidelines and Resources**

- [Children and Young People Safety Act, 2017](#)
- [Child Safe Environments (Child Protection) Policy Directive](#)
- [Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG)](#)
- [Information Sharing Guidelines for Promoting Safety and Wellbeing SA Health ISG Appendix Policy Directive](#)
- [Collaborative Case Management of 'At Risk' Infants in Hospitals Policy Directive](#)
- [Collaborative Case Management of ‘At Risk' Infants in Birthing Hospitals Policy Guideline](#)
- [Multi Agency Protection Service (MAPS) Policy Directive](#)
- [Multi Agency Protection Service (MAPS) Guideline](#)
- [Child Safe Environment: Guidelines for mandated reporters / notifiers and information for organisations](#)
- [Responding to Suspected or Alleged Offences against a Child Including Occurring at a SA Health Facility or Service Policy Directive](#)
• Children and Adolescents in Adult Health Services Policy Guideline (PDF 194KB)
• Reporting and Management of Incidents of Suspected or Alleged Sexual Assault of an Adult, or Sexual Misconduct by an Adult, within SA Health Facilities
• Child Safety (Prohibited Persons) Act, 2016
• National Association for Prevention of Child Abuse and Neglect (NAPCAN)
• The National Framework for Protecting Australia’s Children: 2009-2020: Protecting children is everyone’s business (Council of Australian Governments)
• Interagency Code of Practice: Investigation of suspected child abuse and neglect (ICP)

8. Document Ownership & History

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