

Child Protection Came Today

72-Hour Survival Guide for Parents
Navigating a Visit from CPS

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VICTORIAN CHILD PROTECTION / DFFH PRACTICE

FROM THE AUTHOR

Strength does not mean having every answer. It means understanding what is happening, staying focused on your child, and taking the next right step even when your situation feels overwhelming. This guide is the first step in getting it right: understanding the system, protecting what matters, and knowing you are not alone.

THIS DOCUMENT'S GOAL

RIGHT NOW

- Drink water
- Avoid risky behaviour
- Do not self-destruct
- Centre yourself

THE DAY AFTER TOMORROW

- Calm
- Self-aware
- Fresh and rested
- Space to think

WITHIN 72 HOURS

- Feeling capable
- Strong
- Supported
- Ready

What this is

A free emergency guide for a Victorian parent, carer or kinship family after first contact with Child Protection. Practical help for about the first 72 hours.

What this is not

A government publication or individual legal advice. Clear Path is independent information. Support and contact information are on page 10.

The full set

Companion to *Stronger Than the System*, the *CPS Planner*, and *My Family, My Voice, My Future*. Deeper law, evidence and case planning are in the handbook.



STOP. BREATHE. NAME WHAT IS HAPPENING BEFORE YOU RESPOND.

Stop the second crisis: the one you can still prevent.

The first shock is the visit. The second is what people do in the hours after it. Grief, shame, guilt, regret, blame, anger, fear and revenge urges can arrive at once. None of that makes you a bad parent. It means you are overwhelmed.

“You’re braver than you believe, stronger than you seem, and smarter than you think.” — Christopher Robin to Pooh

Name the storm

Grief · Shame · Guilt · Regret · Mania · Dissociation · Blame · Anger · Fear · Revenge urges

You do not have to pick one. You can feel more than one thing at a time. **You are not alone.**

Grounding: back to thinking

Feel your toes wiggle. Feet on the floor. Drink water. Slow your breathing: in for 4, hold for 4, out for 6. Write things down if your mind is racing. Ask one question at a time. Choose one safe person to help you remember what was said. **Do not send that message yet.**

The full guide includes mindfulness and nervous system regulation methods.

A careful note · your own worst enemy

Severe mental-health instability, including mania, can sometimes resemble stimulant use or extreme agitation. Signs can include very little sleep, rapid speech, racing thoughts or unusually high energy.

Your feelings matter. Anger, sadness and protective rage need somewhere to go. Pause before sending a 3 am email or oversharing by SMS. Slow your breathing. Pace yourself. Think before speaking.

For an immediate emergency, call **000**. For 24-hour crisis support, call **Lifeline 13 11 14**, or contact your local mental health triage service via [health.vic.gov.au](https://www.health.vic.gov.au).

When the concern is true

“I see that this is unacceptable. Today I can do _____. I need help with _____.”

Do not make excuses, blame someone else or minimise what needs to change. Taking responsibility accurately does not mean making a speculative confession.

When you disagree

“I do not agree with that account or perspective.”

“I want to understand the concern and what will keep my child safe.”

“I need support before I respond further.”

Ask a lawyer, IFAS, trusted doctor, teacher, faith leader or another safe person for support.

Give the 3 am messages a safe place to go

You may want to tell the worker exactly what you think of them. Pause before sending insults about their looks, intelligence or personality. Protect your credibility. Offload to a safe person, on paper or in a private draft.

NOT FOR SENDING: raw emotion needs a safe outlet, away from the official case record.

1 · ACKNOWLEDGE

Recognise what is true without admitting something that is not.

2 · FOCUS

Return to the actual child-safety concern. Focus on what needs to change.

3 · ACT

Say what can realistically happen next. Avoid guessing, blaming or speculative admissions.

This is a way of answering accurately, not of avoiding criminal responsibility.

Before the next conversation

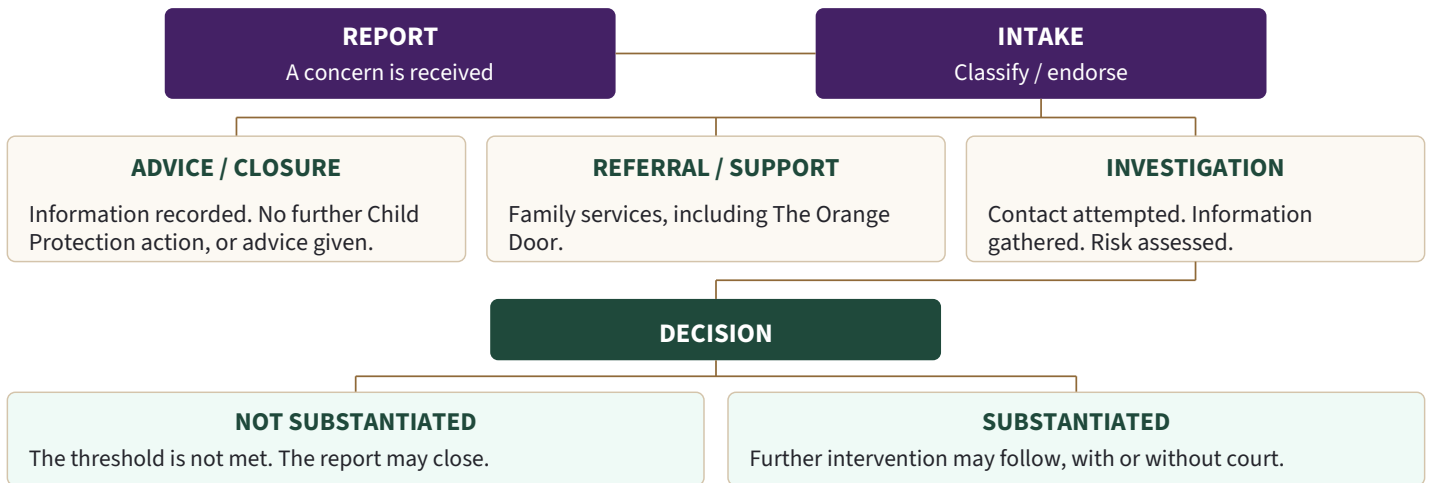
Sleep, food, water, a shower and routine can help you regain your footing. Try grounding: **5 things you see · 4 you feel · 3 you hear · 2 you smell · 1 you taste**. Calm music or binaural beats may help if you find them soothing. Put difficult thoughts in a private draft or speak to a safe person before responding.

You do not have to solve your case overnight. Get steadier for tomorrow. The first 72 hours can help you move towards closure.

What's Happening?

THE PATHWAY • NOT EVERY REPORT GOES TO COURT

A report starts a process; it is not a verdict. Victorian Child Protection (DFFH) considers seriousness, likelihood of harm, the available information and immediate safety. A professional report is not automatically true or substantiated.



Response-time targets • Victorian Child Protection Manual

Urgent first visit: attempt contact within two calendar days; other protective intervention reports, within 14 days. **Investigation decision:** as early as possible, no later than 28 days after the report. If protective intervention follows, the initial maximum without a protection application is **90 days from the report**. These are program targets, not a promise of closure by that date.

System language

- **Concern:** something somebody is worried about.
- **Report:** that concern, given to Child Protection.
- **Allegation:** a claim not yet decided.

- **Substantiated:** Child Protection decides the child needs protection after investigation.
- **Not substantiated:** the threshold is not met; this does not always mean nothing happened.

Critical: a report from police, a doctor, school, teacher or other professional is not automatically substantiated. Professional evidence may affect risk assessment and urgency. Who made the report does not determine truth, but a report can trigger action while its contents are assessed.

Orders, placements and people

ORDERS

- Interim Accommodation Order (IAO)
- Family Preservation Order (FPO)
- Family Reunification Order (FRO)
- Care by Secretary Order (CBSO)
- Long-Term Care Order (LTCO)
- Permanent Care Order (PCO)
- Voluntary child care agreement: not a court order

PLACEMENT TYPES

- At home with a parent
- Kinship care: relative or known adult
- Foster care
- Residential care
- Voluntary placement: ask for the agreement and who can end it
- Placement means where a child stays

WHO IS WHO?

- Intake practitioner
- Allocated protection practitioner
- Team manager / senior practitioner
- Case planner
- Placement or support worker
- Ask their role and authority. Page 4 explains these.

Important: three views of what's happening

Understanding another perspective does not mean agreeing with it.

PARENT

They are asking about my child. Am I being asked or told? What happens if I disagree today?

CHILD

Who are these people? Am I in trouble? Where are they taking me? When will I see Mum again? Children may not catastrophise as adults do. Use calm, age-appropriate words. See pages 4, 6 & 9.

WORKER

I have a report to assess. I need to see the child, understand the concern and decide whether there is an immediate safety issue.

Who Are They and What Do They Do?

ROLES • CHECKS • FIRST VISIT

Ask each person for their name, role and authority. A job title describes their usual work. Decisions depend on the law, delegation and any court order.

PERSON / GRADE	WHEN YOU MAY MEET THEM	ROLE / AUTHORITY
Intake / After Hours	When a report arrives or an urgent visit occurs.	Assess report and urgency. The team may begin an investigation.
CPP2 - case practice support	Family time, transport, contact observations.	Supports and records. Not the allocated decision maker.
CPP3 - practitioner	First visit, investigation, or ongoing case.	Assesses risk, manages case and may act as protective intervener.
CPP4 - advanced practitioner	Complex investigation or casework.	Senior casework. May prepare or take a matter to court.
CPP5.1 - senior practitioner	Supervision, difficult issues, sometimes court.	Guides practitioners. Some carry cases. Court officer assists at court.
CPP5.2 - team manager / practice leader	Case review, escalation or specialist advice.	Manager endorses and reviews plans. Leader gives expert advice.
CPP6.1 / 6.2 - deputy, principal, area manager	High-level review, escalation or specialist assessment.	Area oversight or expert practice. Not usually the doorstep worker.
Other: CYF2 scheduler, CSO, lawyer / IFAS	Booking family time, agency support or independent help.	Scheduler arranges. CSO role varies. Lawyer advises. IFAS is non-legal.

Qualifications vary by grade

CPP2 has no minimum formal qualification. CPP3+ requires a relevant qualification or assessed pathway. Higher grades add experience.

Working with Children Check

DFFH requires a National Crime Check and employee WWCC. Ask for ID and verify the worker through the DFFH office. With permission, check a WWCC via Service Victoria.

What a visit may look at

Workers may observe hazards, food, bedding, hygiene, your child's care and who lives or stays there. They may ask about the concern, routines, supervision, supports, wellbeing and how you respond under stress. A messy house or distress alone is not an automatic finding.

Your child and other sources

Questions vary by age and concern: "What would you change?" "What are your three wishes?" "Who cooks, cleans or cares for you when you are hurt?" "What do you like most or least about Mum or Dad?" Workers may also contact teachers. These are examples, not a fixed script.

Why are they typing?

CRIS notes can record words, observations, strengths, risks, agreements, refusals and next steps. Typing does not mean a conclusion has been reached. Keep dated corrections. FOI records may be redacted.

Who is around your child?

Identify residents, visitors, carers, transport and overnight helpers. Explain who is safe, who is a concern and who can help. A familiar person is not automatically an approved carer.

Prepare for a possible move

"The adults are deciding where you will stay tonight. You have done nothing wrong. I love you. I will ask when we can talk and see each other."
Do not promise a date you have not been given.

Prepare for a visit today

"They are here to ask us questions and make sure you are safe. You are not in trouble. Tell the truth in your own words." A child can say "I do not understand" or ask for support. Explain calmly, in age-appropriate words; do not coach answers.

Ask about interviews and get support

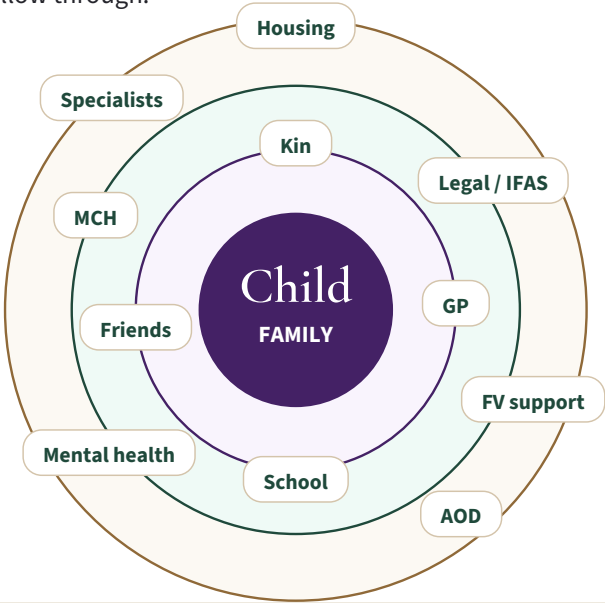
You can ask to stay with your child and seek legal advice or IFAS support. Workers may interview a child separately and, in limited circumstances, without parental permission. Ask why, who will support your child and what happens next.

Worker / role / phone: _____ Manager / next contact: _____

Build Your Circle

PACE YOURSELF · CHOOSE STEADY HELP

Child and family at the centre. Build outward through people who can help this week. Choose a small, useful circle who can follow through.



FAMILY / KIN Safe daily help Last contact: _____ ☐ Need appointment?	GP / MCH / SCHOOL Health and learning Last contact: _____ ☐ Need appointment?
FRIENDS / COMMUNITY Faith and trusted people Last contact: _____ ☐ Need appointment?	LEGAL / IFAS Advice and advocacy Last contact: _____ ☐ Need appointment?
AOD / MENTAL HEALTH Treatment and support Last contact: _____ ☐ Need appointment?	SAFETY / HOUSING Family violence / practical help Last contact: _____ ☐ Need appointment?

Care because it is needed

If your child has a health or development concern, arrange a GP review promptly because they need care. For alcohol or other drug support: **“There is no shame. It is possible to change.”** You are not alone.

Get someone in your corner

Choose people who calm you, remember details and follow through. Too many opinions add anxiety, privacy problems or drama.

Lock in and become boring: appointments, school, meals, sleep, paperwork and safe people. Repeat.

My first two calls

1. _____

2. _____

I am asking for: _____

Pace yourself.

DO NOT PERFORM YOUR WAY INTO BURNOUT.

Who to tell · what to share

- **Worker:** relevant facts, safety actions, barriers and corrections. Avoid insults, guesses and your whole life story.
- **Lawyer:** disputed allegations, fears, documents and the hard details. Keep your account truthful and consistent.
- **GP / therapist:** health, grief, anger or trauma. Ask about confidentiality limits; do not assume nothing can be shared.
- **IFAS:** early-stage options and help to have your say. IFAS is a non-legal advocate, not your lawyer.
- **Safe person:** tea, transport, papers, reminders and stopping the 3 am message. Do not ask them to argue your case publicly.

Tell the truth. Do not hide current risk. Honesty does not require your whole life story.

Steady is sustainable

- **Avoid the crash.** Being watched can make you overbook, say yes to everything and sleep less. Prioritise and space appointments.
- **Rest is different from giving up.** A rest day helps you regroup. Stay connected with responsibilities and support.
- **Accept help.** Let a trusted person help with your calendar, transport, calls, priorities and reminders.
- **Two things a day.** Choose one action for your wellbeing and one follow-through task for the case.

“Consistency will usually tell your story better than one exhausting week of trying to prove everything at once.”

SAY THESE OUT LOUD IF YOU NEED THEM

“Are you asking me, or are you telling me?”
“I need advice before I can answer that.”
“What is required of me? Is this voluntary? What happens if I refuse today?”

Mandatory reporting

Under the *Children, Youth and Families Act 2005* (Vic), ss 182–184, specified professionals must report a reasonable belief that a child needs protection from physical injury or sexual abuse where parents cannot or are unlikely to protect them. Groups include doctors, nurses, midwives, teachers, principals, counsellors, police, psychologists, early childhood, youth justice and out-of-home care workers, and religious ministers.

Before signing a safety plan

A voluntary safety plan is not a court order. Unmet actions can still affect the risk assessment and lead to stronger intervention, including court. An **Interim Accommodation Order (IAO)** is already a Children’s Court order.
Ask: What is this document? Is it voluntary? What am I agreeing to, for how long, and when will it be reviewed? What if I refuse or cannot comply?

At the door

Workers ordinarily need the occupier’s consent to enter unless a lawful power, order or warrant applies. Ask for the legal basis. Without authority to stay, they ordinarily must leave if consent is refused. Refusing entry once does not end the concern: further assessment or court action may follow. **Do not physically obstruct workers or police.**

What they may notice

Depending on the concern: sleep, food, medicine, dangerous objects, drug items, hygiene, rubbish, pests, animals, blocked exits, smoke, damage, violence, hoarding and age-related hazards. This is not a checklist for every visit. Reports can prompt calls, letters, school contact or referrals, not always a home visit.

Documents and records

Mistakes can happen. Keep your records safe. Save dated texts, letters, screenshots, appointments and results. Note who said what and when. These help establish what occurred. Keep corrections factual; a disagreement alone does not establish misconduct.

If your child is leaving

*“You are not in trouble. I love you. You did not cause this.
I will keep asking when we can talk, and I will tell you what I know.”*

“Can they take their comfort item and medication?” Ask how siblings, culture, school, belongings and first contact will be arranged. Nominate safe family or kin for assessment. Ask for the decision or order and urgent legal advice. A child may ask “Where am I going?” or “When will I see you?” Give a simple answer; do not promise a date you do not have.

Your child’s rights in this moment

Children in care need safety, understandable information and connection to family, siblings, culture and school. Ask who will stay with your child tonight, when you can speak, and what must change for the next step. These are the child’s rights. A plan you offer does not guarantee avoiding removal.

Three views at a removal moment

PARENT

Breathe and keep your voice steady. This moment is not the whole story. Record names, times, the decision and the immediate concern.

CHILD

“Am I in trouble? Where am I going? When will I see Mum?” Reassure them this is not their fault. Focus on comfort and wellbeing.

CHILD PROTECTION

They see an immediate safety concern. Ask about the risk, safe kin and next steps. Understanding does not mean agreeing.

NEXT CONTACT

Call a child protection lawyer or Victoria Legal Aid urgently. Ask for worker and manager names, the written decision/order, court time, child contact, welfare updates and next review.

Sources: CYFA · Victorian Child Protection Manual · Victoria’s Children’s Charter. Legal help: 1300 792 387.

The usual Child Protection method is a witnessed urine sample at a nominated collection site. Ask whether testing is voluntary or a condition of a Children’s Court order.

A positive screen is one part of a child-safety assessment. By itself, it does not prove that your child was harmed.

Before you go

- Bring the **original referral**, photo ID (or an approved identity letter), medication list and prescription labels.
- Check the site and hours. Arrange an adult to supervise children.
- Take medicines as directed. Tell the collector about medicines and supplements.

Witnessed can feel hard

A trained collector watches the sample being given. It can feel invasive, embarrassing or confronting.

Discomfort is not refusal. Explain trauma, disability, medical issues or a genuine collection difficulty. Ask how it can be accommodated.

What happens

- **1 • Referral:** check the requested screen and confirmation.
- **2 • Attend:** use the nominated site and bring ID.
- **3 • Collection:** a trained collector witnesses the urine sample.
- **4 • Screen:** the lab checks the requested drug classes.
- **5 • Confirmation:** a specific laboratory check may be requested or needed.
- **6 • Result:** normally available to the worker within 24–48 hours. Ask for a copy and explanation.

Tests are not interchangeable

- **Witnessed urine:** usual Child Protection method.
- **Confirmation:** a more specific laboratory check.
- **Alcohol:** breath or a specific urine test may be used.
- **Oral fluid / saliva:** not the usual substitute; exceptional arrangements need approval.
- **Hair / sweat:** not routine methods under current policy.
- **Private / home test:** may not replace the requested test.

If you cannot provide a sample

Tell the collector. Ask them to record your effort and the barrier, and explain the retry process. If considering refusal, clarify whether testing is voluntary or ordered and seek legal advice. Alternatives are not automatically available. Do not drink excessive water to force a sample.

A dilute sample is not automatically positive. It may require explanation or repeat testing.

Teaching excerpt · reading the supplied urine screen

VALUES TRANSCRIBED · PERSONAL DETAILS AND DATES OMITTED · NOT A NEW LAB REPORT

Urine drug screen

Specimen: Urine · Status: Final · Requested test: DS

Opiates	Not Detected
Amphet-type Subs.	Not Detected
Benzodiazepines	Not Detected
Cannabinoids	DETECTED
Cocaine metab.	Not Detected
Methadone metab.	Not Detected
Creatinine	12.9 mmol/L

“POSITIVE RESULTS without GC/MS confirmation are presumptive only.”

What to read first

- **Identity and collection:** check that the full report belongs to you and the right sample. These details are omitted here.
- **Validity:** creatinine reflects urine concentration, not a drug level. Ask a clinician to interpret it.
- **Screen versus confirmation:** this excerpt does not show a specific confirmed drug result. “Final” does not establish that GC/MS was done.
- **Context:** the report covers the requested classes. It does not alone determine impairment or the child’s safety at a particular moment.

Sources: Victorian Child Protection Manual · Requesting a drug screen · Drug screens advice. Supplied pathology excerpt de-identified.

Read the whole report: what it says, then what it can and cannot establish about your child's safety.

On the page

- **Identity / date / collector:** whose sample, when and who witnessed it.
- **Validity:** creatinine, specific gravity and pH help the lab interpret the sample.
- **Screen:** a first-pass test of specified classes. An unexpected positive may need confirmation.
- **Confirmation:** a more specific test of the substance or metabolite.
- **Cut-off:** the reporting threshold. Below it does not mean zero in the body.

What it does not mean by itself

- A positive result does not automatically prove your child was harmed.
- It does not establish the exact amount or time of use, impairment while parenting or a substance-use disorder.
- It does not settle whether a safety concern can be managed at home.
- A dilute sample is not a hidden positive. A missed or refused test may be recorded. Explain the reason accurately.

What is · and is not · on the panel

Keep the classes together and compare them with the actual report. Routine screens do not test for everything.

Meth / amphetamines: Class screening; confirmation can identify a specific drug or metabolite.

Heroin / other opiates: Often assessed through metabolites. Some opioids need additional testing.

Cocaine: Usually assessed through a metabolite. Read the reported class and method.

Alcohol: Specific tests have limited windows. A separate metabolite test may be available.

GHB / psychedelics / plant medicines: Do not assume a routine panel includes these. Ask what was requested.

Prescribed / other medicines: Declare all medicines and supplements. A screen alone may not distinguish legitimate use from misuse.

Unexpected or disputed result?

Initial screens can cross-react with medicines or other substances. Ask whether laboratory confirmation was performed. Take the **full report** and an accurate medication and supplement list to a clinician or lawyer. **“Final” does not necessarily mean confirmation was done.**

Questions and records

- Who can interpret the full result for me?
- What child-safety concern does it create, and what specific change could address it?
- Was confirmation done? Which method, cut-off and substance were reported?
- Can I have the full result, referral, collection notes and chain-of-custody records?

Ask your worker how to request a copy. Your lawyer, FOI or another lawful access process may help. Access limits and redactions can apply. Keep a dated record of requests.

Can risk be managed at home?

Ask what immediate risk Child Protection sees. Could an approved, sober, safe adult stay or supervise? Could treatment, medical review, a family stabilisation program or other practical support address it? Nominate someone credible who can be assessed.

Immediate removal concerns serious imminent harm that available supports cannot manage. A test is one part of the assessment. **A proposed plan does not guarantee avoiding removal.**

Truth builds credibility. Do not alter samples or rely on “detox” tricks. Give accurate facts, disclose medicines, correct errors and show sustainable safety actions.

Keep the full laboratory page. One cropped result line loses validity comments, method and confirmation information.

Sources: Victorian Child Protection Manual · Drug screens advice · Requesting a drug screen · Immediate removal.

Your child should not have to carry your case. Keep parenting through family time.

“I love you. You are not responsible for fixing any of this. Tell me about your day, friends, school and anything worrying you. I will tell you what I know, when I can, in a way you can understand.”

Your child’s rights · hold these in mind

Grounded in Victoria’s Charter for Children in Out-of-Home Care. These are the child’s rights.

SAFE AND WELL
Safety, food, sleep and a home that feels like home.

BE HEARD
A say, clear information and a worker who listens.

CONNECTED
Family, siblings, friends, people and places.

IDENTITY & CULTURE
Name, faith, language, traditions and belonging.

ORDINARY CHILDHOOD
Play, school, friends, fun and respect.

HEALTH
Doctor, dentist, medication and help when needed.

EXPLORATION / GROWTH
Learning, hobbies and life skills.

Make time about your child

- Arrive ready to focus. Confirm attendance where required and be predictable. Ask about their day, friends and interests. Read, draw, play, talk and listen.
- Keep adult conflict with adults. Do not interrogate your child about workers or carers, ask them to carry messages or evidence, keep secrets or choose sides.
- Do not promise a return date you cannot control. Ask before bringing extra people, gifts, food or care packages when approval is required.

You cannot make up the moment

Replacement contact restores time together, but cannot recreate that birthday or missed call. Record the scheduled time, what happened, cancellation, reason, notice, new date and whether replacement occurred.

Victorian policy says contact that cannot be facilitated must be rescheduled at the earliest opportunity.

Contact may be monitored or reviewed

Do not assume every call is private. This is a practical precaution; it does not mean every conversation is monitored. Phone contact may be monitored with the child’s agreement and parent’s knowledge, or under a court order.

Use approved letters, cards, phone or video contact. Keep it calm and child-focused. A personal phone does not create an automatic right to unrestricted private contact.

If contact is supervised, ask

- Why is supervision needed? What is being observed?
- When will it be reviewed? What evidence could support less restrictive contact?
- Can I have the observations and feedback?

Follow the agreed plan and order. Seek review or legal advice if you disagree. Regulate before and after visits with a safe adult; let your child’s time remain theirs.

Where contact happens

An office, library, park, suitable home or another child-friendly place may be possible, depending on safety, the plan and order. Ask about ordinary safeguarding, specific concerns and a venue that helps your child feel comfortable.

Notice and record concerns

If your child describes an unsafe experience, listen calmly. Record their words, date and context. Tell the worker promptly and seek help. Do not coach, investigate or dismiss it. Keep a record of the concern and response.

The Monster · in the full book

This chapter examines published evidence of institutional and in-care failures, how to recognise specific concerns and how to raise them. Protect your child without teaching them to fear every adult.

The “Ideal Protective Parent”

An idealised practice checklist drawn from published expectations; it is not an official DFFH category or legal test. Pick what is useful. You are a person, not a perfect performance. The workbook includes a family-time record.

Not twenty things. Three. Start there. **Immediate danger: call 000.**



VICTORIA LEGAL AID
Child protection legal help
1300 792 387 Mon–Fri 8 am–6 pm



IFAS
Early-stage, non-legal advocacy
1800 849 200 Mon–Fri 10 am–4 pm



SAFE STEPS
Victorian family violence support
1800 015 188 24/7



1800RESPECT
Family and sexual violence support
1800 737 732 24/7



LIFELINE
Crisis support
13 11 14 24/7



DIRECTLINE
Alcohol and other drug support
1800 888 236 24/7



THE ORANGE DOOR
Family wellbeing and violence support
orangedoor.vic.gov.au Weekdays, local hubs



ASK IZZY
Food, housing and local help
askizzy.org.au Find services near you

What am I going to say?

My name is: _____

I am calling because: _____

What I need today: _____

Try: “Child Protection is involved. I feel overwhelmed and need help understanding my next step.”

Parenting and learning

Triple P • Raising Children Network • COPMI (children of parents with mental illness).
Listen: *ABC Parental As Anything; Good Inside.*
Watch: *Babies; The Beginning of Life* (availability changes).
Courses, podcasts and documentaries do not automatically replace an agreed or court-ordered program. Ask: **“Will this count toward what you asked me to do?”**

THOUGHT → INTENTION → WORDS → ACTION → CREATION

A personal reflection: name one useful thought, say one calm sentence, then take one action.
Accepting today does not mean giving up.

My next three actions

1. _____

2. _____

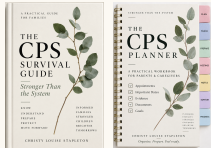
3. _____

My next three questions

1. _____

2. _____

3. _____



STRONGER THAN THE SYSTEM

The full handbook and companion workbook go deeper into court, testing, records, evidence, family time, case planning and reunification.

huisintveldhouse.lovable.app/pre-order





Official sources: Victorian CP Manual • CYFA • Children’s Court • Victoria Legal Aid • DFFH.
Independent guide by Christy Louise Stapleton. Verify current details. Information, not individual legal advice.