



Service Provider Responsibilities in the Management of Care Concerns

Classification C

Summary

This document explains what a care concern is in respect of services provided on behalf of the Department for Child Protection (DCP) to children and young people in out-of-home care and the responsibilities of service providers in managing those care concerns.

1. Purpose

This document aims to keep children and young people in out-of-home care safe from harm, whilst ensuring responses to care concerns are appropriate, transparent, and timely.

2. Scope

This document relates to care concerns raised in respect of services provided on behalf of DCP to children and young people in out-of-home care. This document applies to all employees, contractors, sub-contractors, volunteers, and carers of service providers that provide out-of-home care services on behalf of DCP.

2.1 Guiding principles

The management of care concerns will be underpinned by the following principles:

- child safety is paramount
- decision making will be child-focused
- children and young people will have a voice in decisions made about them
- interagency collaboration leads to better outcomes.

2.2 Service provider responsibilities

Service providers must demonstrate commitment to the prevention and management of care concerns through systematic approaches in service culture, staff training, reporting, and review processes.

2.3 Standards of out-of-home care

The standards of out-of-home care that children and young people in South Australia are to receive are set out in the [Standards of Alternative Care in South Australia \(2008\)](#), the [National Standards for Out of Home Care 2008-2020](#), and the [Charter of rights for Children and Young People in Care](#).

2.4 Care concerns

A care concern is a notification to the Child Abuse Report Line (CARL) where the following criteria have been met:

- A. The child or young person was in care pursuant to the *Children and Young People (Safety) Act 2017* at the time the allegations were raised; AND
- B. The concerns relate to the care provided by:
 - i. an approved carer and/or
 - ii. registered or approved household member; or
 - iii. temporary carer (pursuant to s77 for the *Children and Young People (Safety) Act 2017*); or
 - iv. Department of Human Services, custodial staff; or
 - v. Department for Child Protection (DCP) employee and/or DCP volunteer and/or contracted carer providing direct care to the child or young person; AND
- C. There is a reasonable suspicion that:
 - i. a child or young person has been harmed; or
 - ii. there is a risk that the child or young person will suffer harm; or
 - iii. the carer, DCP employee or DCP volunteer has failed to meet the Standards of Care to a degree that the child or young person has been harmed or there is a risk that they will suffer harm.

2.5 Sexual abuse

The definition of sexual abuse varies depending on the relationship between the abuser and the child, but includes:

- any sexual behaviour between an adult and a child under the legal age of consent (17 years of age); and
- any sexual behaviour between a child (under the age of 18) and a person in a position of power or authority over them (e.g. teacher, carer, doctor, social worker, youth worker).

Sexual abuse can involve a wide range of sexual activity including:

- vaginal or anal penetration by finger, penis or any other object, oral sex, masturbation, and fondling genitals
- behaviours that do not involve actual touching such as, forcing a child or young person to watch pornography or masturbation
- sexual exploitation of a child or young person through prostitution or pornography
- recording, sharing, or storing any sexually explicit images of a child or young person
- grooming behaviour.

Grooming is behaviour that is designed to prepare or accustom a child or young person to sexual contact, to reduce the likelihood they will resist or disclose the abuse. Grooming may also be directed at adults in the child or young person's environment to make it less likely that they will raise concern about observed behaviours.

Sexual behaviour in children is a normal phenomenon and represents an important contribution to children's healthy sexual development. However sexual behaviour between children and young people is considered

abusive if there are signs of force or coercions or a significant gap in age or developmental ability between the children and young people.

2.6 Physical abuse

Physical abuse is the intentional use of physical force against a child or young person that results in physical harm to the child or young person. Physical abuse can involve a wide range of acts including but not limited to:

- punching, hitting, slapping, striking (with or without an object)
- scratching, biting, pulling hair
- pushing or shoving
- kicking
- choking or strangling
- shaking
- throwing objects
- scalding or burning
- physically restraining (such as pinning against a wall, floor, bed, etc.)

2.7 Neglect

Neglect is any serious omission or commission by a person of an act, which jeopardises or impairs a child or young person's psychological, intellectual or physical development or safety. Neglect includes both isolated incidents, as well as a pattern of failure over time. Neglect more often relates to an ongoing or fluctuating level of inadequate care rather than a single event of neglect. As a result the harm is cumulative and can be associated with extremely damaging effects on a child or young person's wellbeing and development which may be life-long. Most critically, neglect can be, and has been, fatal for children and young people.

It is quite common in circumstances of neglect for there to be multiple notifications that do not reach the threshold for an investigation. It is therefore crucial for previous notification history to be considered when determining whether a new notification requires a thorough investigation.

Neglect may present as a failure to provide adequate food, supervision, clothing, safe accommodation, or ensure medical needs are met. Neglect can also be a failure of a caregiver to ensure adequate precautions are in place to ensure a child or young person's protection from abuse or harm.

Some examples of neglect are:

Food - failure to provide adequate food and nutrition.

Supervision - leaving a child or young person unsupervised and putting them at risk.

Examples include:

- A child or young person who is vulnerable due to age, developmental or intellectual impairment or physical disability is left to care for himself/herself.
- The carer failed to provide adequate supervision (e.g. young child hit by car whilst playing unsupervised in the street).

- The child or young person's carer is present but the child or young person's safety or basic needs go unnoticed or unmet; for example, because carer is under the influence of drugs or alcohol.

Clothing/hygiene - The child or young person's basic needs for clothing and/or hygiene are unmet, for example:

- Medical conditions have arisen (such as sores, infection, physical illness, severe sunburn etc.) because the child or young person's basic needs for clothing and/or hygiene are unmet.
- The child or young person's hygiene is consistently bad (i.e. unbathed, matted and unwashed hair, noticeable body odour, untreated head lice infestations)

Safe accommodation/Shelter - The child or young person's living conditions are hazardous for the child or young person, for example:

- human or animal excrement in the living areas
- excessive rubbish or decaying food that threatens health
- broken windows or stairs
- exposed electrical wiring
- insect or rodent infestations
- accessible weapons, drugs, chemicals etc.

Medical - The carer is not obtaining or maintaining essential medical, dental, vision, rehabilitative or mental health services, or is not following a prescribed plan of treatment.

Protect - The carer failed to protect the child or young person from another person who has harmed the child or young person and the carer knew, or could have reasonably been expected to have known, that that person previously harmed the child or young person or was likely to harm the child or young person.

2.8 Emotional abuse

Emotional abuse is a chronic attitude or behaviour directed at a child or young person, or the creation of an emotional environment, which adversely impacts on a child or young person's development.

Emotional abuse occurs when a child or young person is repeatedly rejected, isolated or frightened by threats or the witnessing of family violence. It also includes hostility, derogatory name calling and put-downs, or persistent coldness from a person, to the extent where the behaviour of the child or young person is disturbed or their emotional development is at serious risk of being impaired.

Emotional abuse is rarely a 'one-off' incident and often a pattern or cycle of negative and harmful interactions that can cause long-term damage.

Carer behaviours include rejection, hostility, blaming, criticising, scapegoating, ignoring, isolating, manipulating, and causing fear or domestic violence. These behaviours are sustained and repetitive or a single, traumatic episode.

Examples include, but are not limited to:

- Rejecting behaviours are those that communicate abandonment or a negative sense of identity to the child or young person.

- Criticising refers to a concerted attack on the child or young person’s development of self-confidence.
- Scapegoating involves blaming or negative comparisons of the child or young person.
- Ignoring, is when the carer is psychologically unavailable to the child or young person and can include the absence/withdrawal of love/affection.
- Isolating, involves preventing the child or young person from participating in normal opportunities for social interaction.
- A carer’s bond to a child or young person to be non-existent or tenuous, and this has had an observable impact on the child or young person. For infants, it may be difficult to observe the impact.
- Manipulating, involves pressuring the child or young person to act against his/her interest or sense of right and wrong (i.e. alienating the child for young person from the other parent or another person or getting the child or young person to break the law).
- Causing fear involves deliberately developing a climate of fear.
- Domestic violence includes a single severe assault, pattern of assaults or pattern of abusive power and control that the child or young person has either witnessed or is otherwise aware of. Witnessing domestic violence can be extremely traumatic for children and young people. It is considered abusive for caregivers to expose children and young people to such violence in the home because it can have a serious impact on their emotional, social and cognitive development.
- Corrupting involves the carer ‘mis-socialises’ the child or young person, stimulates the child or young person to engage in destructive antisocial behaviour, reinforces that deviance, and makes the child or young person unfit for normal social experience.

3. Requirements

3.1 Safety

3.1.1 Immediate safety

The safety of children, young people and any other people affected by the alleged behaviour is the highest priority. Following a care concern, service providers must respond immediately and appropriately to ensure the safety and wellbeing of the child or young person and others involved. This may involve calling for an ambulance or administering first aid.

Issues regarding the immediate safety and wellbeing of children and young people in the care of the service provider remain the responsibility of the service provider. Reporting an incident or concern does not alter a service provider’s responsibility in this regard.

3.1.2 Protection of self and others

People are permitted to protect themselves or others from injury. This is limited to ‘reasonable force’ which is defined as enough force for effective protection of self and others and no more than is absolutely necessary.

Non-physical intervention strategies should always be used wherever possible to help a child or young person to regulate their emotions and de-escalate.

3.1.3 Risk assessment

In the event of a care concern the service provider will conduct a risk assessment to determine whether immediate action is required to address risk to the safety and wellbeing of the child or young person, or whether there are other factors that necessitate an urgent response.

3.1.4 Safeguards

Following a care concern, service providers are to put in place appropriate safeguards to manage risks to the safety of the child or young person. This may include safeguards relating to a staff member's contact with a child or young person whilst a care concern process is being undertaken.

The Chief Executive may on behalf of the Minister give the service provider a written notice requiring the service provider to cease to engage a person/s in the direct service provision of out-of-home care services on behalf of DCP to children and young people, if in the Chief Executive's reasonable opinion the person/s is unsuitable. The service provider must immediately comply with the notice.

3.2 Reporting

3.2.1 Child Abuse Report Line

Under sections 30 and 31 of the *Children and Young People (Safety) Act 2017*, certain people are obliged by law to notify DCP if they suspect on reasonable grounds that a child or young person has been harmed, or is at risk of harm, and the suspicion is formed in the course of the person's work (whether paid or voluntary) or in carrying out official duties. A notification can be made via CARL by phoning 13 14 78.

Service providers are responsible for ensuring all mandatory reporting requirements are met.

Section 163 of the *Children and Young People (Safety) Act 2017* protects the identity and confidentiality of the notifier, with the following exceptions:

- the notifier has consented to the release of their name, or
- the notifier is required or authorised by the Chief Executive or under the *Children and Young People (Safety) Act 2017*, or
- the information is required for official purposes by another person acting in an official capacity (e.g. police acting in the matter of a criminal prosecution); or
- a court deems the identity of the notifier to be evidence of critical importance to legal proceedings.

3.2.2 South Australia Police

Any significant care concern or incident involving a child or young person in out-of-home care that is criminal in nature should be immediately reported to South Australia Police (SAPOL). Police attendance should also be requested if it is necessary to ensure the safety of those involved, restore order or preserve evidence. If it is safe, practical and appropriate to do so, consultation with a manager/supervisor (of the service provider) should occur simultaneously or immediately after the report to SAPOL.

Service provider staff should always call 000 in an emergency. For non-urgent matters a report to police can be made by phone on 13144 or in person at a police station.

3.2.3 Independent Commissioner Against Corruption

Under Schedule 1 of the *Independent Commissioner Against Corruption Act 2012*, public officers include public sector employees, local government, elected members, members of parliament, judges, and persons performing contract work for a public authority or the Crown. This includes service providers and their staff members. The *Independent Commissioner Against Corruption Act 2012* requires public officers to immediately report to the Office for Public Integrity (OPI) matters that are reasonably suspected to involve corruption, misconduct or maladministration. Further information on what to and how to report is available at <http://www.icac.sa.gov.au>

3.2.4 Death of a child or young person

Service providers must immediately notify SAPOL or the State Coroner of a death in accordance with the *Coroners Act 2003* after becoming aware that it is, or may be, a reportable death (which includes the death of a child or young person in out-of-home care).

3.2.5 Significant Incidents

Significant incidents are defined as those events that occur as a result of, or during the delivery of, services directly provided or funded by DCP, that cause or are likely to cause significant negative impact on the health, safety or wellbeing of children and young people, staff or others involved in the event. Such events may attract media attention that can amplify the negative impacts.

Notwithstanding mandatory reporting requirements (i.e. suspected child abuse or neglect, or reporting potential issues of corruption/misconduct) if service provider staff are involved in, or witness, an incident that they suspect is a significant incident they must:

- immediately notify SAPOL, SA Ambulance or any other emergency services necessary in the circumstances
- immediately alert their supervisor or manager
- if the incident involves a child or young person in out-of-home care, the supervisor or manager (of the service provider) will immediately contact the DCP case worker, supervisor or manager at the DCP office allocated the child or young person, or the Crisis Response Unit if after-hours
- if the incident is a SafeWork SA notifiable incident and not at a DCP site a report is to be made by a service provider supervisor/manager to SafeWork SA by calling 1800 777 209 or online at SafeWork SA
- if the incident is a SafeWork SA notifiable incident at a DCP site:
 - during business hours, the manager or supervisor must notify DCP WHSIM on (08) 8226 5409, or via their region's Senior WHS Consultant
 - if after hours, the relevant on-call manager or supervisor must notify SafeWork SA by calling 1800 777 209 or online at <https://www.safework.sa.gov.au/licensing/notifications/workplace-incidents>. WHSIM Services must also be notified via email on DCPWHSIMServices@sa.gov.au
 - complete a HIRMs report
- complete a service provider incident report that accurately records those involved and a description of the event.

If the incident is assessed by DCP as a significant incident, DCP will convene a meeting and appoint a Significant Incident Coordinator, who will be the DCP contact person to collate information and allocate tasks. Service providers must nominate an appropriate senior contact to consult with the Significant Incident Coordinator.

3.3 Information Sharing

3.3.1 *Children and Young People (Safety) Act 2017*

Section 152 of the *Children and Young People (Safety) Act 2017* allows information relating to the health, safety, welfare or wellbeing of a particular child or class of children or young people, to be shared between certain persons and bodies. The purpose of the information sharing must be to allow the recipient to perform functions relating to children or young people or to manage any risk to a child or young person, or class of children or young people that might arise in the recipient's capacity as an employer or provider of services.

The list of bodies in section 152 includes DCP and State authorities. The definition of a State authority includes other public sector agencies, SAPOL and a person or body who, pursuant to a contract for services or other agreement, provides services to children and young people and/or their families for, or on behalf of a State authority.

All service providers engaged by DCP to provide a service to children and young people in out-of-home care fall into this definition.

Information or documents received under section 152 may only be shared with another person or body to whom section 152 applies.

3.4 Response

3.4.1 Response Pathway

Child abuse notifications that satisfy the criteria of a care concern (as per 2.4) will be referred to the DCP Care Concern Management Unit (CCMU) for further assessment. A decision will be made by DCP on the most appropriate response pathway to manage the care concern. The DCP CCMU will advise the service provider in writing of the response pathway determination. Response pathways include the following:

- a fact finding investigation (serious care concern);
- a care concern review meeting (moderate care concern);
- a case management response (minor care concern); and
- no action.

Care concern processes will focus on systems issues that may have contributed to the care concern, the behaviours of individuals, and the corrective action required.

At the conclusion of a moderate or serious care concern process DCP will make a decision as to whether or not abuse or a deficit in care has occurred.

3.4.2 Support

Service providers will support their staff and carers in the management and resolution of care concerns by:

- ensuring carers and staff are sufficiently trained to undertake the contracted service and meet the needs of the child or young person within their care
- providing information about care concern processes
- providing support during and after care concern processes such as during meetings, interviews and the provision of care concern outcomes.

3.4.3 Co-operation

Service providers will cooperate with DCP in the management and resolution of care concerns by:

- reporting all care concerns to CARL as soon as reasonably practicable after the service provider becomes aware of the concern/s
- sharing relevant information with DCP (pursuant to Section 152 of the *Children and Young People (Safety) Act 2017*) that will assist DCP manage the care concern and any risk to the child or young person. Examples of information include:
 - the particulars of staff members involved in care concerns
 - documents such as log entries, incident reports, client records, rosters, policies, and procedures
 - any other information reasonably requested in the circumstances
- participating in care concern processes such as strategy discussion and planning discussions
- working with DCP in the formulation of action plans to manage specific care concerns and completing tasks allocated to the service provider in the requested timeframes

- ensuring service provider staff are available to participate in care concern processes.

3.4.4 Debriefing

Service providers are to have in place a mechanism for debriefing after a care concern has occurred to ensure persons involved have received appropriate supports and opportunities for debriefing, and corrective action is identified and actioned.

3.4.5 Review

If requested to do so by DCP, the service provider will:

- provide DCP with details of any action taken or intended to be taken in response to a care concern
- develop an action plan to address any identified system/broader issues that may have contributed to the care concern.

3.4.6 Care concern outcome

The care concern outcome, in particular whether or abuse and/or a deficit in care were substantiated, will remain on record with DCP and in some circumstances the information may be shared with others to inform decisions in relation to clearances to work with children and carer approval.

3.5 Standards

Service providers are to have in place service standards that promote ethical, respectful and safe service delivery in the provision of services to children and young people in out-of-home care.

3.6 Policies and Procedures

Service providers are to design, implement, and review appropriate policies and procedures for ensuring the safety and welfare of children and young people, including policies and procedures for:

- complaints and feedback
- mandated notifications
- professional boundaries
- care concerns
- critical incidents
- significant incidents

4. Roles and responsibilities

Role	Authority/responsibility for
Staff of service providers	Report care concerns (in accordance with this document).
Supervisors and managers of service providers	<p>Ensure that all employees understand their obligations to report child abuse and neglect and are compliant with this document.</p> <p>Provide advice and guidance to staff about submitting incident reports, procedures to be followed and the level of reporting required.</p> <p>Ensure all external reporting requirements have been satisfied.</p> <p>Ensure follow-up actions and activities are completed as required.</p>
Senior Executives of Service Providers	<p>Ensure all external reporting requirements have been met.</p> <p>Provide direction for any follow-up actions and ensure these actions are completed as required.</p> <p>Demonstrate and promote commitment to the prevention and management of care concerns.</p>

5. Compliance, monitoring and evaluation

The document is to be reviewed annually.

6. Abbreviations

Term	Meaning
CARL	Child Abuse Report Line
CCMU	Care Concern Management Unit
ICAC	Independent Commissioner Against Corruption
OPI	Office for Public Integrity
SAPOL	South Australia Police

7. Definitions

Term	Meaning
Critical Incident	<p>An event that involves an injury or potential for injury, and/or a strong stress reaction in a child or young person or carer. The threshold for a critical incident is lower than that of a significant incident.</p> <p>Critical incidents are occurrences that are clearly out of the ordinary and include such situations as:</p> <ul style="list-style-type: none"> • injury to a child, young person or carer that requires treatment by a doctor or attendance of an ambulance • 'risky' behaviour that places the child, young person, carer or others including the community at risk • running away from placement • assaults on a child, young person or carer • damage to property • all incidents that require police attendance, medical assistance or fire • all incidents involving protective physical intervention or evasion of a child • all incidents deemed critical by the caseworker or after hours Crisis Response Unit.
Funded Service	Activities for which DCP pays another organisation to deliver on behalf of DCP.
Harm	A reference to physical harm or psychological harm (whether caused by an act or omission) and, includes such harm caused by sexual, physical, mental or emotional abuse or neglect.
Minor Care Concern (case management response)	A response pathway for the management of a care concern involving a discussion based process as part of normal case management. Responses are expected to be collaborative and supportive. Intervention might involve a telephone call to the carer to discuss the initial concerns, or the concerns might be best addressed during a home visit or informal office meeting. Case management actions may also include a review of the child's care plan and more regular contact with the child and carer. No decision is recorded as to whether or not abuse or a deficit in the quality of care has occurred.

Term	Meaning
Moderate Care Concern (care concern review meeting)	A response pathway for the management of a care concern involving a formal care concern meeting. The focus is on providing support and maintaining the placement, the moderate response calls for a more formal response than a minor care concern. A meeting is held where issues and expectations are raised. Outcomes and strategies to prevent future concerns are implemented through an action plan. An outcome is recorded as to whether or not abuse or a deficit in the quality of care has occurred or 'undetermined – if insufficient evidence'.
No Action	No action is taken as a result of any of the following: <ul style="list-style-type: none"> • the matter has already been addressed in a previous care concern, or • the matter does not meet the criteria of a care concern, or • the matter is trivial in nature.
Out-of-Home Care	Out of home care as defined by section 69 of the <i>Children and Young People (Safety) Act 2017</i> means— <p>(a) care provided to a child or young person where—</p> <p>(i) the child or young person is under the guardianship or custody of the Chief Executive; and</p> <p>(ii) the care is provided by a person with whom the child or young person is placed pursuant to section 84; and</p> <p>(iii) the care is provided on a residential basis in premises other than the child's home; and</p> <p>(iv) the provider of the care receives, or may receive, payment, or financial or other assistance, in relation to the care provided; or</p> <p>(b) any other care of a kind declared by the regulations to be included in the ambit of this definition,</p> <p>but does not include care of a kind declared by the regulations to be excluded from the ambit of this definition.</p>
Serious Care Concern (fact finding investigation)	A response pathway for the management of a care concern involving an investigation to gather information relevant to the care concern to identify the contribution of an individual's actions (or inactions) to any deficiencies in care, or any abuse or neglect experienced by the child or young person, and secondly, to identify whether any systemic issues contributed to the child or young persons' adverse experience.

Term	Meaning
	The evidence gathered is recorded succinctly in an investigation report. An outcome is recorded as to whether or not abuse or a deficit in care has occurred or is 'undetermined – if insufficient evidence'.
Service Agreement	An agreement with an organisation that details the services to be provided on behalf of DCP and the reporting and accountability requirements.
Service Development Plan	A formal agreement between DCP and a service provider, jointly developed to identify the actions the service provider must take to resolve issues or make service improvements within an agreed timeframe.
Service Provider Staff	All employees, agents, consultants, contractors or subcontractors employed or engaged by the Service Provider in respect of the Services (including any person assisting in the provision of services in a voluntary capacity or as a volunteer, and any students on placement with the Service Provider).
Significant Incident	Events that occur as a result of, or during the delivery of, services directly provided or funded by DCP, that cause or are likely to cause significant negative impact on the health, safety or wellbeing of clients, staff or others involved in the event. Such events may attract media attention that can amplify the negative impacts.

8. Related documents

- [Australian Institute of Family Studies - definitions of abuse](#)
- [Australian Institute of Family Studies - understanding-child-neglect](#)
- [Independent Commissioner Against Corruption, South Australia \(ICAC\) Directions and Guidelines](#)
- [Interagency Code of Practice - Investigation of Suspected Child Abuse or Neglect \(2016\)](#)
- [National Standards for Out-of-Home Care \(2009-2020\)](#)

Legislation:

- *Children and Young People (Safety) Act 2017*
- *Children and Young People (Safety) Regulations 2017*
- *Work Health and Safety Act 2012*

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