



The Structured Decision Making[®] System

Policy and Procedures Manual Care Concern Screening Criteria

July 2014



Department for Education and Child Development
South Australia

NCCD | Children's
Research Center

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SOUTH AUSTRALIA
SDM® CARE CONCERN SCREENING CRITERIA

Surname: _____

Caseworker Name: _____

C3MS ID Number: _____

Received Date: ____/____/____

CARE CONCERN SCREENING CRITERIA

SECTION A: EXTENT OF HARM/CONCERN

Type of Concern	Abuse/Neglect or Significant Risk of Serious Harm	Standard of Care Unmet
Physical Care	<input type="checkbox"/> Injury inflicted by carer <input type="checkbox"/> Unexplained injury <input type="checkbox"/> Injury resulting from domestic/family violence incident <input type="checkbox"/> Threat to kill or injure <input type="checkbox"/> Shaken infant <input type="checkbox"/> Injury or risk of injury due to inappropriate physical control/restraint <input type="checkbox"/> Carer's behaviour places child at significant risk of serious physical harm <input type="checkbox"/> Domestic/family violence places child at significant risk of serious physical harm <input type="checkbox"/> Female genital mutilation	<input type="checkbox"/> Corporal punishment or other inappropriate discipline—no injury <input type="checkbox"/> Physical action toward child—no injury <input type="checkbox"/> Inappropriate physical control/restraint—no injury
Unmet Needs	<input type="checkbox"/> Serious injury due to neglect <input type="checkbox"/> Serious illness/condition/developmental delay due to neglect <input type="checkbox"/> Failure to supervise <input type="checkbox"/> Failure to meet basic care needs <input type="checkbox"/> Failure to protect child from others <input type="checkbox"/> Chronic school absenteeism <input type="checkbox"/> Carer's behaviour places child at significant risk of serious neglect <input type="checkbox"/> Domestic/family violence places child at significant risk of serious neglect	<input type="checkbox"/> Minimum case management requirements are unsupported or unmet <input type="checkbox"/> Supervision standards unmet <input type="checkbox"/> No background screening checks on required individuals <input type="checkbox"/> Care environment standards unmet <input type="checkbox"/> Routine health care needs unmet <input type="checkbox"/> Inappropriate food and nutrition <input type="checkbox"/> Routine clothing, hygiene or personal care needs unmet <input type="checkbox"/> Education, training or employment needs unmet <input type="checkbox"/> Pursuit of interests, recreational or social opportunities is inhibited or refused <input type="checkbox"/> Indigenous, cultural, spiritual or religious identity is unsupported <input type="checkbox"/> Disability or special needs unmet <input type="checkbox"/> Inadequate privacy or personal space
Sexual Behaviour	<input type="checkbox"/> Sexual act with or exploitation of child in care <input type="checkbox"/> Suspicious indicators consistent with sexual abuse in care <input type="checkbox"/> Significant risk of sexual abuse	<input type="checkbox"/> Establishing/maintaining age-appropriate peer relationships is not allowed <input type="checkbox"/> Gender identity and/or sexual orientation is not supported <input type="checkbox"/> Sexually abusive or problematic sexual behaviour is normalised or minimised
Emotional Care	<input type="checkbox"/> Child is significantly impaired or demonstrates significant symptoms of emotional distress <input type="checkbox"/> Domestic/family violence places child at significant risk of serious emotional abuse <input type="checkbox"/> Significant risk of serious emotional abuse—carer's alcohol/substance use, mental health or intellectual disability <input type="checkbox"/> Significant risk of serious emotional abuse—other	<input type="checkbox"/> Child's emotional well-being or therapeutic needs are unmet <input type="checkbox"/> Breach of confidentiality/privacy <input type="checkbox"/> Negative behaviour directed toward child <input type="checkbox"/> Appropriate relationships with family, kin or others are inhibited, refused or undermined <input type="checkbox"/> Participation in decision making is inhibited or refused <input type="checkbox"/> Domestic/family violence exists in the care environment

SECTION B: SCREENING DECISION

- Abuse/neglect or significant risk of serious harm. Investigation and review required. Reallocate the Care Concern Case to the Care Concern Investigation Unit manager.
- Standard of care unmet. Standard of care review required. Reallocate the Care Concern Case to manager of the primary assigned care and protection case manager.
- No criteria met. Information for case management consideration. Reallocate the Care Concern Case to the manager of the primary assigned care and protection case manager.

SOUTH AUSTRALIA
SDM® CARE CONCERN SCREENING CRITERIA
DEFINITIONS

***Definition for Carer:** Where the term 'carer' has been used, it may specifically relate to the individual carer (e.g. foster carer, kinship carer, commercial carer) responsible for the day-to-day care of the child.

Alternatively, the term 'carer' may relate to any other person whom the Department for Education and Child Development (the Department) recognises as having a role in providing care and control for the child. This includes:

- Families SA employees and volunteers;
- Employees or volunteers of out-of-home care services including non-governmental organisations and commercial care agencies;
- Adult members of the carer's household or family whom the Department has approved to provide care and control for the child. This includes adults who reside in the home OR spend a significant amount of time in the home OR have overnight stays in the home OR babysit in the home AND the Department has approved the adult to have sole care of the child. Examples include but are not limited to: carer's new partner, carer's adult children, babysitter, boarder etc.
- Adults in the child's care environment whom the Department has approved to provide care and control for the child. This includes an adult who the Department has approved to babysit the child in an environment other than the child's placement OR adults whose household is approved for the child to visit / sleep over.
- Any other person acting on behalf of the Minister for Education and Child Development who is involved in the direct delivery of out-of-home care services to the child.

SECTION A: EXTENT OF HARM/CONCERN

Type of Concern: Physical Care

Abuse/Neglect or Significant Risk of Serious Harm

The child has suffered or is at significant risk of suffering serious physical trauma or inflicted injury due to the actions of his/her carer*.

- Injury inflicted by carer
An injury is considered inflicted if it was alleged to be caused wilfully or as a result of punishment.

If the reporter does not know how the injury was caused, do not select 'Injury inflicted by carer*'; rather, consider whether the allegations meet the definition 'Unexplained injury'. If the reporter does not know whether the carer's* behaviour resulted in an injury, do not select screening criteria related to injury. Exclude injuries that result from a domestic/family violence incident (where the child has

sustained an injury as a result of domestic/family violence, select the screening criterion 'Injury resulting from domestic/family violence incident') and injuries that result from sexual acts. Inflicted injuries can cover a wide spectrum ranging from 'serious' to 'other' injuries.

- » 'Serious' injuries include those resulting in death or those in which the injury required immediate assessment/treatment by a medical practitioner AND such injury posed a danger of death, temporary or permanent impairment or disfigurement. Examples include brain damage, skull or bone fracture, subdural haemorrhage or haematoma, dislocations, internal injury, poisoning, large or deep burns or severe lacerations. Include visible injuries and injuries suspected due to symptoms such as loss of consciousness, altered mental status, inability to use an arm, inability to bear weight etc.
- » 'Other' injuries may include but are not limited to the following:
 - Bruises, burns, welts or abrasions that cover multiple parts of the body.
 - Injuries located in unusual or sensitive areas of the body (e.g. in or around the mouth, ears, eyes, genitals or abdomen).
 - Injuries located in other areas of the body that do not pose a threat of serious injury or disfigurement (e.g. arms, legs, buttocks).

- Unexplained injury

Unexplained injuries include injuries that are:

- » Inconsistent with the carer's* explanation; OR
- » Absent explanation; OR
- » Most likely inflicted

even though there may be no specific alleged incident of physical abuse and whether an alleged perpetrator has been identified or not.

Include old, healed or healing injuries on a child that have gone untreated and appear unexplained as reported by a medical professional.

Include unrelated soft-tissue bruises, lacerations or scars that are in different stages of healing (so that they could not have occurred in the same incident).

Include factitious disorder by proxy (formerly known as Munchausen syndrome by proxy) or suspicion of it as reported by a medical or mental health professional.

- » Injury resulting from domestic/family violence incident
Child has sustained an injury as a by-product of a domestic/family violence incident between the carer* and/or other household or family members. Where domestic/family violence exists, consider whether the allegation also meets the screening criterion 'Child is significantly impaired or demonstrates significant symptoms of emotional distress' or 'Domestic/family violence places child at significant risk of serious emotional abuse'.

'Domestic/family violence' includes acts of physical, sexual, emotional, psychological or economic abuse between family or household members or persons related according to some other culturally recognised family group. Incidents of violence arising from Aboriginal traditional punishment, customary law and payback are considered domestic/family violence for the purpose of this definition.

» Threat to kill or injure

The carer* has made credible threats to kill or injure the child. Credibility may be informed by, but is not limited to, the following:

- » Past instances of physical harm, violent behaviour or past threats that have been carried out; OR
- » The carer* has a clear plan to harm the child; OR
- » Characteristics of the carer*, such as explosive, raving or violent behaviour; OR
- » The use of bizarre discipline and punishment; OR
- » The use of weapons in an out-of-control manner.

» Shaken infant

An infant (under 12 months) has been shaken; it does not need to be known whether the infant has sustained an injury.

» Injury or risk of injury due to inappropriate physical control/restraint

The carer* used physical intervention (i.e. physical control/restraint) AND one or more of the following applies:

- » The carer* was not approved to use physical intervention (i.e. the carer* is not a Families SA employee in a residential care facility) AND the child was injured;
- » The child was injured as a result of physical intervention AND it is alleged or suspected that the carer* intended to inflict pain or punish;
- » The child was injured as a result of physical intervention AND the carer* used unapproved physical intervention techniques/methods;
- » The child was not injured, however the carer* used unapproved physical intervention techniques/methods that are likely to cause injury;
- » In the particular circumstances (i.e. the child's behaviour, hazards in the environment), it was reasonable to foresee that the dangers of physical intervention outweighed the dangers of the child's behaviours;
- » It is alleged or suspected that the carer* intended to inflict pain.

Exclude injuries where the carer* is approved to use physical intervention AND the carer* used approved physical intervention techniques/methods AND the physical intervention was necessary as a last resort/emergency response to control a child's dangerous behaviour AND there is no information to reasonably suspect the carer* acted inappropriately.

'Approved physical intervention techniques/methods' means:

- » Physical intervention in accordance with the Nonviolent Crisis Intervention (NVCi)-recommended positions of: children's control position, team control position, transport position or interim control position; OR
- » Physical intervention other than the NVCi-recommended positions, where an alternative position was required (e.g. a narrow corridor prevented the transport position, a sudden and unexpected attack from behind prevented the children's control position or a carer* used physical intervention in response to a child grabbing the steering wheel of the vehicle) AND the physical intervention was necessary to control dangerous behaviour AND where the outcome of the reflective practice meeting (with the program manager of Community Residential Care) was confirmation that there was no other option to control the dangerous behaviour; OR
- » Physical intervention other than the NVCi-recommended positions, where an alternative technique/method has been endorsed for a particular child by the residential care supervisor, Families SA case manager and psychologist/other clinical practitioner AND is documented in the child's *Individual Safety Plan—Residential Care*.

N.B. The *Individual Safety Plan—Residential Care* should be uploaded in notes and documents in C3MS to the 'In progress phase'. The note can be located by searching on the note category of 'Individual Safety Plan—Residential Care'.

'*Dangerous behaviour*' means: the child had totally lost control, displaying physical aggression toward others; attempted or actual assault of others; physically attempting to harm him/herself; or other violent behaviour likely to cause injury to self/others (e.g. injury as a by-product of property damage, such as smashing windows).

- » Carer's behaviour places child at significant risk of serious physical harm
The child is at significant risk of suffering serious physical trauma or inflicted injury due to the actions of his/her carer*.

'*Significant risk of serious harm*' refers to circumstances in which, although the child has not yet experienced harm, it can reasonably be concluded that if the circumstances were to continue without change, the child's safety, health and well-being would be seriously impaired in the next one to two months.

Consider the age/developmental status of the child and remember that infants and developmentally delayed children are more vulnerable and less able to protect themselves.

Examples may include but are not limited to the following:

- » Carer* has used corporal punishment, other physical discipline or violent behaviour directed toward the child with an intent to harm the child or cause the child pain.
- » Carer* has used corporal punishment, other physical discipline or violent behaviour directed toward the child AND the behaviour was likely to injure the child. Examples include but are not limited to: punching, hitting, whipping, striking the child with objects, forcefully shaking, grabbing around the neck or throat, locking in a confined space or tying up.
- » Carer* has used corporal punishment or other physical discipline directed toward the child's vulnerable body parts. Vulnerable body parts include: head, face, stomach, back and genitals.
- » Driving under the influence of drugs or alcohol whilst the child is in the car.
- » Giving alcohol or drugs to a young child.
- » The carer* becomes belligerent and violent whilst under the influence of drugs or alcohol.
- » Domestic/family violence places child at significant risk of serious physical harm
The child is at significant risk of suffering serious physical trauma or inflicted injury due to domestic/family violence.

'Significant risk of serious harm' refers to circumstances in which, although the child has not yet experienced harm, it can reasonably be concluded that if the circumstances were to continue without change, the child's safety, health and well-being would be seriously impaired in the next one to two months.

When applying the following definition of domestic/family violence, consider the age/developmental status of the child and remember that infants and developmentally delayed children are more vulnerable and less able to protect themselves.

At least one carer* is a victim or perpetrator of domestic/family violence that is chronic and/or severe AND one of more of the following thresholds applies:

- » One or more severe domestic/family violence incidents within the past six months involving:
 - Physical assault resulting in significant injury; OR
 - Incident involving weapon; OR
 - Threat to kill; OR
 - A South Australia Police (SAPOL) Domestic Violence Risk Assessment score of high (i.e. score of 45 or higher); OR

- The issuing of a domestic abuse intervention order; OR
- A breach of a domestic abuse intervention order.
- » Two or more episodes of physically assaultive behaviour (e.g. pushing, hitting, kicking, throwing objects) in the last six months.
- » Pattern of domestic/family violence that prevents a carer* from making choices for the safety and well-being of the child.
- » Include situations in which assaultive behaviour occurred more than six months ago if the partners have been separated but are now reuniting.

It is not necessary for the above alleged incidents to have previously been notified to Families SA and recorded in C3MS. Previous domestic/family violence incidents may be reported by the current notifier.

'Domestic/family violence' includes acts of physical, sexual, emotional, psychological or economic abuse between family or household members or persons related according to some other culturally recognised family group. Incidents of violence arising from Aboriginal traditional punishment, customary law and payback are considered domestic/family violence for the purpose of this definition.

- » Female genital mutilation
Female genital mutilation has been alleged or there is reasonable suspicion that a child may be at risk of female genital mutilation; e.g. there is reasonable suspicion that the procedure will occur or that a carer* or other person (with the carer's* knowledge) is planning to take the child interstate or overseas for the procedure.

'Female genital mutilation' means:

- » Clitoridectomy; OR
- » Excision of any other part of the female genital organs; OR
- » A procedure to narrow or close the vaginal opening; OR
- » 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. A medical procedure has a genuine therapeutic purpose only if directed at curing or alleviating a physiological disability or physical abnormality.

Standard of Care Unmet

- » Corporal punishment or other inappropriate discipline—no injury
Corporal punishment or other inappropriate discipline has been used AND the child has not been physically harmed/injured.

For the purpose of this definition, '*corporal punishment*' includes smacking, slapping or pinching AND the punishment was intended to teach the child a lesson OR otherwise modify the child's behaviour.

Where corporal punishment involves the child's vulnerable body parts (e.g. head, face, stomach, back or genitals), consider the vulnerability of the child (e.g. age, disability, medical conditions) and if the allegations also meet the screening criterion 'Carer's behaviour places child at significant risk of serious physical harm'.

Where the intention of the carer* was to harm the child or cause the child pain, select the screening criterion 'Carer's behaviour places child at significant risk of serious physical harm'.

'*Other inappropriate discipline*' includes actions such as withholding food or deprivation of physical needs with the intent to punish the child, teach the child a lesson or otherwise modify the child's behaviour.

Examples may include but are not limited to the following:

- » Withholding food or water.
- » Withholding access to a toilet.
- » Withholding access to an acceptable sleeping space because of bed soiling behaviour.
- » Mandating that the child complete physical tasks that are painful or beyond the child's physical capacity (e.g. kneeling on grains of rice; standing still and holding arms at shoulder height for excessive amount of time).

Consider whether the allegation also meets the screening criterion for 'Child is significantly impaired or demonstrates significant symptoms of emotional distress' or 'Significant risk of serious emotional abuse—other'.

- » Physical action toward child—no injury
 - » The carer* has acted physically toward the child, including making physical contact with the child; AND
 - » There is no information to indicate that the intent of the carer's* physical action toward the child was to discipline the child; AND
 - » The action did not result in injury to the child.

Examples may include but are not limited to the following:

- » The carer* lashes out, slapping the child in anger.
- » The carer* pushes the child into the car in frustration at the child taking too long to get into the car.

- » The carer* pinches or flicks the child on his/her arm to get the child's attention.
- » The carer* is annoyed with the child and grabs the child by the arm to forcefully move the child.

Where there is a pattern of carer* behaviour, consider whether the circumstances also meet the screening criterion 'Child is significantly impaired or demonstrates significant symptoms of emotional distress' or 'Significant risk of serious emotional abuse—other'.

- » Inappropriate physical control/restraint—no injury
Physical intervention (i.e. physical control/restraint) was used AND one or more of the following applies:

- » The carer* was not approved to use physical intervention (i.e. the carer* is not a Families SA employee in a residential care facility).
- » The carer* used unapproved physical intervention techniques/methods.
- » The carer* used physical intervention prior to exhausting all less restrictive methods of intervening (i.e. not as a last resort).
- » The carer* used physical intervention where it was not required in the interests of safety (i.e. the child's behaviour was not dangerous).

'Approved physical intervention techniques/methods' means:

- » Physical intervention in accordance with the Nonviolent Crisis Intervention (NVCI) recommended positions of: children's control position, team control position, transport position or interim control position; OR
- » Physical intervention other than the NVCI-recommended positions, where an alternative position was required (e.g. a narrow corridor prevented the transport position, a sudden and unexpected attack from behind prevented the children's control position or a carer* used physical intervention in response to a child grabbing the steering wheel of the vehicle) AND the physical intervention was necessary to control dangerous behaviour AND where the outcome of the reflective practice meeting (with the program manager of Community Residential Care) was confirmation that there was no other option to control the dangerous behaviour; OR
- » Physical intervention other than the NVCI-recommended positions, where an alternative technique/method has been endorsed for a particular child by the residential care supervisor, Families SA case manager and psychologist/other clinical practitioner AND is documented in the child's *Individual Safety Plan—Residential Care*.

N.B. The *Individual Safety Plan—Residential Care* should be uploaded in notes and documents in C3MS to the 'In progress phase'. The note can be

located by searching on the note category of 'Individual Safety Plan—Residential Care'.

'*Dangerous behaviour*' means: the child had totally lost control, displaying physical aggression toward others; attempted or actual assault of others; physically attempting to harm him/herself; or other violent behaviour likely to cause injury to self/others (e.g. injury as a by-product of property damage, such as smashing windows).

Type of Concern: Unmet Needs

Abuse/Neglect or Significant Risk of Serious Harm

The child's basic necessities of life are unmet to the extent that the child is not receiving the care and supervision necessary to protect him/her from harm, the child has suffered physical injury or illness or there is significant risk of serious harm to the child's well-being and development due to the child's needs going unmet.

- » Serious injury due to neglect
The child has suffered an injury that requires medical attention and this injury was a direct result of neglect in the care environment. Examples include but are not limited to the following:
 - » Inadequate supervision (e.g. young child hit by car whilst playing unsupervised in the street; infant falling from a window or balcony).
 - » Hazardous conditions in the placement (such as exposed electrical wiring, broken windows or stairs or access to weapons or chemicals).
 - » Failure to protect the child from another person who has now caused injury to the child although the carer* knew, or could reasonably be expected to know, that the person had previously harmed the child or was likely to harm the child.
 - » The carer's* substance use and/or mental health issues appears to have contributed to neglect that resulted in serious injury to the child.
 - » The carer's* lack of knowledge about the child's developmental needs or the carer's* physical, mental, intellectual or other limitations.
- » Serious illness/condition/developmental delay due to neglect
The child has suffered serious illness/condition/developmental delay that requires medical attention or developmental intervention AND this was a direct result of neglect in the care environment. Examples include but are not limited to the following:
 - » Diagnosed malnutrition.
 - » Diagnosed growth failure (i.e. appears thin, wasting, short in stature) due to lack of provision of adequate nutrition.

- » The child is not achieving expected physical, intellectual or cognitive developmental milestones as a result of the care provision not meeting the child's needs for human engagement, interaction and stimulation.
 - » Illness due to hazardous conditions in the placement, such as access to drugs or chemicals, rat or cockroach infestations, excessive rubbish or decaying food.
 - » Medical conditions have arisen (e.g. sores, infection, physical illness, severe sunburn etc.) because the child's basic needs for clothing, hygiene or other care are unmet.
 - » Failure to obtain medical, dental or mental health care, including the emergence or exacerbation of a pre-existing condition due to failure to follow through on medical, dental or mental health treatment.
 - » Homelessness: The child's basic needs for shelter are unmet due to episodic or chronic homelessness AND this condition has resulted in illness.
- Failure to supervise
 - » The child's need for supervision is unmet as a result of being left unattended (carer* is absent or present but not attending to the child) in circumstances that represented a significant risk to his/her safety. While this would typically be a pattern of occurrences, it could also be a single significant event. Examples may include but are not limited to the following:
 - A young child left alone in the placement for any length of time.
 - A child who is vulnerable due to age, developmental or intellectual impairment or physical disability is left to care for him/herself.
 - Child's carer* is present but child's safety or basic needs go unnoticed or unmet e.g. carer* is under the influence of drugs or alcohol, carer* is inattentive, carer*-to-child ratio is inadequate to provide sufficient supervision.
 - Child is becoming involved in offending behaviour, substance use or other unsafe situations and carer* makes little or no effort to monitor or control the child's activities.
 - » A child is left in the care of another person by his/her carer* and that other person is unwilling to care for the child, has demonstrated an inability to provide appropriate supervision or is unlikely to provide age-appropriate supervision due to any of the following: substance use; domestic/family violence; lack of knowledge about the child's developmental needs; or his/her own physical, mental, intellectual or other limitations.

Key points for Aboriginal and Torres Strait Islander cases: for Aboriginal and Torres Strait Islander children, appropriate cultural consultation must occur. Consider the following:

- » The primary consideration is whether alternative arrangements are suitable for the child's safety and well-being.
- » A child may have pre-arranged suitable and safe supervision from a capable child, family member, extended family member, elder or community member. This may be an informal arrangement without the presence of an adult.
- » Cultural and community obligations, such as travel to attend events, may result in a carer* being absent. Suitable and safe arrangements for the care of the child during this time should have been undertaken.
- Failure to meet basic care needs
'*Basic needs*' includes: food/nutrition; shelter; medical, dental or mental health care; and clothing/hygiene. Care provision fails to meet the child's basic needs in one or more of the following areas:
 - » Food/nutrition: The child is regularly without sufficient food or water to the extent that the child's health or well-being is threatened. In this context, consider the vulnerability of infants and the potentially rapid onset of serious consequences as a result of a lack of appropriate food/nutrition.
 - » Shelter: Certain conditions are present in the placement AND are hazardous for the child. Consider the child's age in relation to the extent and location of the hazards. Examples include but are not limited to the following:
 - 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 or chemicals etc.
 - » Medical, dental or mental health care: Failure to obtain or maintain essential medical, dental, vision, rehabilitative or mental health services or failure to follow a prescribed plan of treatment.
 - » Clothing/Hygiene: The child's functioning is impaired and/or there is significant risk of illness or injury because the child's basic needs for clothing and/or hygiene are unmet.

Key points for Aboriginal and Torres Strait Islander cases: For Aboriginal and Torres Strait Islander children, appropriate cultural consultation must occur. Consider the following:

Regarding shelter: The primary issue is whether the arrangements are suitable for the child's safety and well-being.

In some remote communities, housing conditions may be different than in other communities. Accordingly, the living conditions need to be seen in the context of

that local community; consider the availability and accessibility of resources. The following questions need to be considered:

- » Do the conditions pose a threat to the safety and well-being of the child?
- » Are the conditions a result of inadequate provision by the carer* or a result of community conditions/lack of community resources? (The housing/living conditions being a result of community conditions rather than inadequate provision by a carer* does not ameliorate the impact on the child; however, it does provide context for the concerns.)

Family and cultural obligations that require an Aboriginal family to accommodate visiting relatives can contribute to temporary overcrowding, which can impact living conditions in the home. The following questions should be considered:

- » Do the conditions pose a threat to the safety and well-being of the child?
- » Are the conditions a long-term or ongoing situation that has harmed or is likely to cause harm to the child?

Regarding medical, dental or mental health care:

- » The primary consideration is whether the arrangements are suitable for the child's safety and well-being.
- » In some remote communities, access to medical, dental and mental health services may be very limited. Therefore, the question is whether the child's medical needs are endangered as a result of inadequate carer* action or because of limited services. The failure to obtain and/or maintain medical, dental or mental health care as a result of limited services in the community rather than omissions by the carer* does not ameliorate the impact on the child; however, it does provide a context for the concerns.
- » Family and cultural obligations, such as the need to travel to attend significant community events, may result in difficulty in following up on services for treatment needs. Therefore, the question is whether the child's safety, health and well-being have been impacted as a result of inadequate provision or planning by the carer*.

- Failure to protect child from others

- » The child has been/is being abused or neglected by another person and, despite this knowledge or reasonable expectation that the carer* should have that knowledge, the carer* has failed to intervene and/or continues to allow that person to have access to the child.
- » A child with a known history of perpetrating sexual abuse has sexually abused another child in the placement, raising concerns for lack of supervision and/or lack of special precautions for safe care.

- » The child is likely to be abused or neglected by another person and the carer* continues to allow that person to be alone with the child. The likelihood of abuse or neglect is informed by a known history of abuse or neglect of other children. N.B. Where the concerns relate to failure to protect from a known sexual perpetrator, the screening criterion 'Significant risk of sexual abuse' should also be selected.
- » There is no current allegation of sexual abuse, however, a child has a known history of perpetrating sexual abuse AND concerns have been raised regarding lack of supervision and/or special precautions for safe care, thereby exposing others in the placement to risk of harm.
- » A child's high-risk behaviours are causing him/her serious physical, medical or emotional harm or pose a risk of such harm AND the carer* is not willing to take actions to protect the child.
- » There is insufficient information to determine that the child's carer* is/will be protective AND the circumstances of the alleged maltreatment suggest that the child will require protection.

Where concerns relate to domestic/family violence, the power dynamics inherent in domestic/family violence and the control exerted by perpetrators must be acknowledged. While all carers* have a responsibility for the care and protection of children and the safety of children is of paramount importance, the responsibility for domestic/family violence-related child abuse rests with the perpetrator of domestic/family violence. The victim of domestic/family violence cannot be held accountable for the behaviours of the perpetrator of domestic/family violence or the effects of such violence on children. Therefore, 'Failure to protect child from others' should **not** be selected to describe the behaviour of the victimised carer*.

Where concerns for the safety and well-being of the child relate to domestic/family violence, select screening criteria that describe the behaviour of the perpetrator of domestic/family violence and the impact upon or risks for the child, e.g. 'Domestic/family violence places child at significant risk of serious physical harm', 'Domestic/family violence places child at significant risk of serious neglect', 'Child is significantly impaired or demonstrates significant symptoms of emotional distress' or 'Domestic/family violence places child at significant risk of serious emotional abuse'.

- Chronic school absenteeism
The child is of compulsory school age AND the circumstances of the child fulfil the following criteria for the 'Interagency processes for high-risk children: Chronic school non-attenders':
 - » The child has been absent from school for six weeks; AND
 - » There has been no acceptable explanation from the carer* for the absence OR there has been no response by the carer* to attempts to contact them; AND

- » The child has not been sighted for four weeks by any adult able to provide a credible assessment of the well-being of the child; AND
- » The notification has been made by the Department's manager of regional support services.

'Acceptable' means an explanation that gives confidence about the child's safety and well-being and the certainty of the child's return to school at the earliest practicable time.

- Carer's behaviour places child at significant risk of serious neglect
'Significant risk of serious neglect' relates to the child's needs and refers to circumstances in which, although the child has not yet experienced harm, it can reasonably be concluded that if the circumstances were to continue without change, the child's safety, health and well-being would be seriously impaired in the next one to two months.

For example, carer* is extremely depressed and sleeps many hours; carer* has little interest in taking care of self or children; alcohol or substance use interferes with the carer's* daily functioning and the care, safety and supervision of a child; or the carer's* intellectual disability has resulted in repeated errors, such as incorrect medication dosage for child.

- Domestic/family violence places child at significant risk of serious neglect
The child is at significant risk of suffering serious neglect due to the actions/inactions of his/her carer*.

'Significant risk of serious neglect' refers to circumstances in which, although the child has not yet experienced harm, it can reasonably be concluded that if the circumstances were to continue without change, the child's safety, health and well-being would be seriously impaired in the next one to two months.

When applying the following definition of domestic/family violence, consider the age/developmental status of the child and remember that infants and developmentally delayed children are more vulnerable and less able to protect themselves.

At least one carer* is a victim or perpetrator of domestic/family violence that is chronic and/or severe AND one or more of the following thresholds applies:

- » One or more severe domestic/family violence incidents within the past six months involving:
 - Physical assault resulting in significant injury; OR
 - Incident involving weapon; OR
 - Threat to kill; OR
 - A SAPOL Domestic Violence Risk Assessment score of high (i.e. score of 45 or higher); OR

- The issuing of a domestic abuse intervention order; OR
- A breach of a domestic abuse intervention order.
- » Two or more episodes of physically assaultive behaviour (e.g. pushing, hitting, kicking, throwing objects) in the last six months.
- » Pattern of domestic/family violence that prevents a carer* from making choices for the safety of the child.
- » Include situations in which assaultive behaviour occurred more than six months ago if the partners have been separated but are now reuniting.

It is not necessary for the above alleged incidents to have previously been notified to Families SA and recorded in C3MS. Previous domestic/family violence incidents may be reported by the current notifier.

'Domestic/family violence' includes acts of physical, sexual, emotional, psychological or economic abuse between family or household members or persons related according to some other culturally recognised family group. Incidents of violence arising from Aboriginal traditional punishment, customary law and payback are considered domestic/family violence for the purpose of this definition.

Standard of Care Unmet

- Minimum case management requirements are unsupported or unmet
Minimum case management requirements are unsupported or unmet due to one or more of the following:
 - » The child is not in receipt of adequate support and/or contact from his/her case manager.
 - » The carer* has not been provided with sufficient information, training, equipment or support to meet the child's care needs.
 - » The carer* is not in receipt of adequate support and/or contact from his/her placement support worker or supervisor.
 - » The child does not have a case plan AND there is no plan to develop a case plan.
 - » Members of the care team refuse to meet or communicate to discuss and plan for the child's needs.
 - » Members of the care team are excluded (e.g. the carer* is excluded from case planning or has asked for a copy of the case plan and has been refused).

- » Members of the care team are not acting in accordance with the specific actions, goals, tasks, roles and responsibilities as specified in the agreed case plan, safety plan or any other Families SA endorsed plan or agreement related to the child's care.
 - » Decisions regarding the child (e.g. medical treatment, therapy, schooling, changing names) are made outside of the person's delegated authority or role.
 - » The annual review for a child under the Guardianship of the Minister until 18 years of age is overdue AND there is no plan to schedule an annual review.
 - » The carer* refuses access to the child by other members of the care team (e.g. the case manager).
 - » The carer's* whereabouts are unknown (e.g. the carer* is missing and is not contactable) or the carer* continually fails to return phone calls or respond to written correspondence from Families SA.
 - » The carer* has made repeated efforts to contact the case manager and the case manager or other appropriate Families SA personnel has not made contact with the carer*.
- Supervision standards unmet
Lack of supervision allows the child to engage in behaviour that is inappropriate. Level of required supervision is based on child's age, development and known behavioural history and cannot be any less than the standard established for the specific care environment. Examples include but are not limited to the following:
 - » The child is engaging in problematic internet use or social media AND the carer* is aware of the nature and content of the child's online activity AND the carer* makes little or no effort to monitor or control the child's behaviour.
 - » The child is engaging in age- and developmentally expected sexual behaviour, which is increasing in frequency or severity, and if left undirected, there would be concerns that the behaviour may escalate to become problematic sexual behaviour AND the carer* makes little or no effort to monitor or control the child's behaviour or redirect the child to another appropriate activity.
 - » The child is engaging in physical and/or verbal conflict with other children in the placement which is increasing in frequency or severity, and if left undirected, there would be concerns that the behaviour may escalate to become problematic AND the carer* makes little or no effort to monitor or control the child's behaviour or redirect the child to another appropriate activity.
 - No background screening checks on required individuals
Any person, 18 years of age or older (e.g. carer's* new partner, carer's* adult children, boarder, visitor, friend, babysitter, relative etc.) who:

- » Has significant in-home contact with the child (i.e. overnight stays or spends a significant amount of time in the home and may be left alone with the child) AND has not had a background screening check completed; OR
- » Regularly babysits the child in the carer's* home or other location AND has not had a background screening check completed.
- Care environment standards unmet
The care environment does not meet the required standards. Examples include but are not limited to:
 - » The child does not have his/her own bed;
 - » The child's sleeping arrangements are improvised and inappropriate (e.g. the child is sleeping in the lounge room on a mattress and without privacy);
 - » Children are sharing a bedroom AND are not of similar age/developmental stage OR are not of the same gender OR are not siblings;
 - » The placement is not comfortable, clean and hygienic;
 - » The placement is in a state of disrepair;
 - » Smoke alarms are not installed or are not operational;
 - » Medicines and toxic materials are not kept in child safe storage;
 - » Firearms are unregistered;
 - » Firearms or other weapons are not securely stored in accordance with legislative requirements;
 - » Swimming pools or spas do not comply with council regulations (e.g. fencing, gate locks);
 - » The property is inadequately fenced;
 - » Pets are a danger to the child or are not adequately secured;
 - » The safety and independence of a child with a disability cannot be ensured (i.e. the placement lacks the necessary ramps, safety rails or other equipment or lacks the space to accommodate required equipment);
 - » The child's room is furnished differently from the standards in the remainder of the placement;
 - » The carer's* vehicle is unregistered; the carer's* vehicle does not have seatbelts, baby capsules or child seats in accordance with child restraint legislation; the carer* is driving unlicensed or uninsured; or the carer* is transporting the child on a motorbike;

- » The carer* smokes indoors in the placement environment and/or in the presence of the child.
- Routine health care needs unmet
Lack of preventive services, regular assessment and monitoring of child's health needs; medical, dental or mental health appointments are not arranged or attended; inadequate information sharing or documentation regarding the child's health; the child is not provided with developmentally appropriate health/hygiene information.
- Inappropriate food and nutrition
 - » Based on the nutritional needs and behaviours of the child, the carer* unnecessarily:
 - Limits the child's access to food; OR
 - Provides the child with meals that are different from other household members; OR
 - Stores the child's food separately from the food for the rest of the household.
 - » The carer's* behaviour regarding the child's access to food is perceived as punitive or stigmatizing to the child.

N.B. Where the child's health and well-being is threatened to the extent that the child demonstrates signs of inadequate diet, select 'Failure to meet basic care needs'.

- Routine clothing, hygiene or personal care needs unmet
The child has inappropriate clothing, poor hygiene or unmet personal care needs. Examples include but are not limited to the following:
 - » The child's clothing is dirty, smelly, ill-fitting, inadequate or inappropriate for the weather conditions or the child's activities (exclude one off incidents);
 - » The child is provided with clothing that is of a different standard from other household members;
 - » The child is not provided with products or supports to maintain personal hygiene, including oral hygiene e.g.:
 - based on the child's age and abilities the carer fails to assist the child to meet his/her personal care needs;
 - the child is not provided with necessary items such soap, shampoo, toothbrush and toothpaste OR incontinence or sanitary products in accordance with the child's needs and preferences.

- » The child has untreated head lice (exclude one off incidents);
- » The provision and maintenance of clothing and/or provision of hygiene products/supports is perceived as punitive or stigmatising to the child.

In applying this definition consider factors such as the child's age, disability, developmental delay or other special needs.

N.B. Where the child's health and well-being is threatened as a result of clothing, hygiene or personal care needs being unmet select the screening criterion 'Inadequate basic care'.

- Education, training or employment needs unmet
Routine educational, training or employment supports and guidance are not provided. Examples include but are not limited to the following:
 - » Maintaining school attendance.
 - » Supervising homework.
 - » Encouraging the child to achieve academic potential.
 - » Supporting extracurricular activities.
 - » Providing developmentally appropriate learning experiences.
 - » Maintaining school records and reports.
 - » Supporting the child to participate in appropriate training and/or employment.
- Pursuit of interests, recreational or social opportunities is inhibited or refused
Child is prevented or discouraged from developing unique qualities or from pursuing personal interests, recreational or social opportunities (e.g. sport; music; dance; membership of clubs or groups; visiting friends, including participating in sleepovers where approved by the Department).
- Indigenous, cultural, spiritual or religious identity is unsupported
Care provision does not support the child's Indigenous, cultural, spiritual or religious identity. Examples include, but are not limited to the following:
 - » Absence of Aboriginal identity planning and cultural consultation in case planning and case management AND there is no plan to address this.
 - » Absence of cultural maintenance planning and cultural consultation in case planning and case management for children from culturally and linguistically diverse backgrounds AND there is no plan to address this.
 - » Child is not provided with day-to-day supports to engage in cultural, spiritual or religious events/customs (e.g. transport; provision of items required for prayer; opportunities to attend places of worship, cultural or community events; opportunities to engage with Elders or culturally respected members of the community).
 - » The child's dietary requirements related to religion/culture are unmet.

- » The child's cultural, spiritual or religious practices/identity/community are not tolerated or accepted.
- » An Aboriginal and/or Torres Strait Islander child does not have access to a caseworker/community person/volunteer/relative/kin from the same community, language group or clan AND there is no plan to address this.
- » A child from a culturally and linguistically diverse background does not have access to a caseworker/community person/volunteer/relative from the same cultural background AND there is no plan to address this.
- Disability or special needs unmet
Child's disability or special needs are unmet. Examples include but are not limited to the following:
 - » The carer* has not been provided with sufficient information, training, equipment or support to meet the child's disability and special care needs.
 - » Specific care strategies, plans and routines (e.g. as advised by a specialist involved in the child's care or as documented in the case plan) are not being followed.
 - » The child's disability or special needs are not being addressed through planning for transition to independent living or alternative accommodation where independent living is not appropriate.
- Inadequate privacy or personal space
The child is not provided with age and developmentally appropriate privacy or personal space. Examples include but are not limited to the following:
 - » The child is not provided with age and developmentally appropriate privacy regarding toileting, hygiene and sleeping arrangements.
 - » The child is not provided with his/her 'own space' or a place where the child can have some time on his/her own if desired.
 - » Aggressive or invasive interest in child's peer relationships, dating relationships.

Type of Concern: Sexual Behaviour

Sexual abuse by a carer* OR the child is not being adequately supported to safely develop and express his/her gender and/or sexual orientation.

Abuse/Neglect or Significant Risk of Serious Harm

- Sexual act with or exploitation of child in care
Based on allegations by a child*, witnessed act, confession or medical opinion of suspicion formed as a result of indicators consistent with sexual contact (e.g. pregnancy or the presence of sexually transmitted diseases):

- » A child has been/is being sexually abused or exploited by a carer*. Includes but is not limited to: rape, including intercourse, oral sex, sodomy, digital/object penetration; inappropriate touching; exposure of the child to sex acts or sexually explicit material; or commercial exploitation of the child through prostitution or pornography.
- » The child is being sexually abused or exploited and it is not known who is responsible for the abuse, but a carer* is strongly suspected.

*Include allegations made by a child, whether spontaneous or in response to inquiry, that indicate possible sexual abuse while in current placement. Only specific allegations should be marked as sexual acts. Allegations that do not include a specific sexual act should be considered as possible suspicious indicators (refer to the screening criterion 'Suspicious indicators consistent with sexual abuse in care'). Vague responses to leading questions, especially where the contact described is ambiguous, are not included as allegations for the purpose of this definition.

- Suspicious indicators consistent with sexual abuse in care

A child exhibits verbal, physical or behavioural indicators strongly consistent with sexual abuse AND there is no known sexual abuse history that accounts for the suspicious indicators. Examples of suspicious indicators consistent with sexual abuse may include but are not limited to the following:

- » Allegations or comments by the child that are highly suggestive of sexual abuse but are not specific.
- » Medical opinion of suspicion of sexual abuse where potential indicators are not conclusive e.g. genital warts, chlamydia or trauma to the genital area; or medical opinion of suspicion where potential indicators are also common in non-abused children (e.g. urinary tract infections, redness and irritation of the genital area), but are accompanied by other reasons to suspect sexual abuse.
- » Abusive or problematic sexualised behaviour. Examples include but are not limited to the following:
 - For any child: sexual assault on another child, sexual behaviours that are intended to inflict pain or hurt on others, sexual behaviour involving coercion/manipulation, sexual behaviour directed toward children who are significantly younger or other power differential exists (e.g. disability).
 - For younger children: sexual behaviours that are significantly different from same-age peers; compulsive masturbation; chronic sexualised behaviour; and sexualised behaviour that is increasing in frequency, intensity or intrusiveness.
 - For older children: prostitution.

- » Emotional or behavioural concerns such as fear of a specific individual or significant change in behaviour/mood AND symptoms are accompanied by other reasons to suspect sexual abuse.
- Significant risk of sexual abuse
The child is at significant risk of sexual abuse. Examples include but are not limited to the following:
 - » The carer* knowingly allows the child to have contact with a person who has previously sexually abused this child or another child AND at least one of the following criteria is met:
 - Families SA has substantiated sexual abuse against the person; OR
 - The person has been convicted of sexual abuse; OR
 - The person has been charged with a sexual offence against a child and is awaiting trial; OR
 - It has been alleged that the person has sexually abused a child. The allegations have been reported to Families SA, screened in as intra-familial sexual abuse, recorded as an extra-familial child protection intake or recorded as a care concern referral; however, the notification was so recent that Families SA, Care Concern Investigations Unit, Care Concern Investigations (Department for Communities and Social Inclusion) or SAPOL have yet to investigate the concerns.

N.B. Where this criterion has been selected, the screening criterion 'Failure to protect child from others' should also be selected.

- » There are indications that the child is being groomed. '*Grooming*' refers to a deliberate and escalating pattern of actions taken to lower a child's inhibitions in preparation for sexual abuse. Examples of grooming include but are not limited to the following:
 - Treating the child as 'more special' than other children.
 - Games involving touching e.g. tickling or wrestling.
 - Affectionate behaviours that are self-gratifying for the carer*, are unnecessary for the child's care or breach the child's personal boundaries (e.g. caressing the child's face, stroking the child's hair, providing massages, hugging that is overtly intimate or lingering, kissing).
 - The carer* isolates the child from others in order to create a relationship of dependence.

- Child discloses specific carer* behaviours that create fear for the child that sexual abuse may occur. This may include behaviours such as carer* linger in the hallway outside child's bathroom or bedroom; on multiple occasions, carer* 'accidentally' opening the bathroom door when the child is bathing or using the toilet; child stating they will only change or shower if they are able to lock the door or if someone else is present in the home.

Standard of Care Unmet

- Establishing/maintaining age-appropriate peer relationships is not allowed
Child is discouraged or prevented from developing healthy, developmentally appropriate relationships with peers.
- Gender identity and/or sexual orientation is not supported
 - » Child is discouraged or inhibited from developing and expressing gender identity and/or sexual orientation.
 - » Care provision fails to support the child's gender identity and/or sexual orientation.
- Sexually abusive and/or problematic sexual behaviour is normalised or minimised
The child is sexually abusing or displays problematic sexual behaviour (i.e. sexualised behaviours that are more intense and widespread than is usual for the child's age and stage of development) AND there is avoidance, normalisation or minimisation of the abusive or problematic behaviour preventing active intervention directed toward behavioural change.

Type of Concern: Emotional Care

The child's social, emotional or cognitive development is impaired or seriously at risk as a direct result of persistent carer* behaviour or attitude toward the child.

Abuse/Neglect or Significant Risk of Serious Harm

- Child is significantly impaired or demonstrates significant symptoms of emotional distress
The child is significantly impaired or demonstrates significant symptoms of emotional distress AND this appears to be directly related to the carer's* behaviour.

'*Significantly impaired*' refers to the child being significantly emotionally disturbed. This includes: a diagnosed mental health concern such as post-traumatic stress disorder, depression or anxiety; OR, in the absence of a diagnosis, observable behaviours or conditions that signify severe emotional disturbance, such as persistent sleep/appetite disturbance, enuresis/encopresis, severe withdrawal, extremely and persistently aggressive behaviour, fire-setting or cruelty to animals. Note that in very young children, emotional disturbance may manifest differently than in older children.

'*Significant symptoms of emotional distress*' refers to circumstances in which the child does not have a diagnosed mental health condition and functioning (i.e. schoolwork, maintaining relationships) is not severely impaired, however the child expresses persistent and/or profound sadness, fear, worry, confusion, anger or low self-esteem.

Carer* behaviours leading to the child's emotional disturbance/distress may include: physical control/restraint with inappropriate intent; corporal punishment, inappropriate discipline or other physical action or violent behaviour toward the child; rejection; hostility; blaming; criticising; scapegoating; ignoring; isolating; manipulating; terrorising; or domestic/family violence AND these behaviours are sustained and repetitive or take place in a single extremely traumatic episode.

- » '*Physical control/restraint with inappropriate intent*' refers to the use of physical intervention in residential care where it is alleged or suspected that the carer* intended to punish, teach the child a lesson, exert power over, humiliate, degrade or intimidate the child.
- » Rejecting behaviours are those that communicate abandonment or a negative sense of identity to the child.
- » '*Criticising*' refers to a concerted attack on the child's development of self-confidence.
- » '*Scapegoating*' involves blaming or negative comparisons of the child.
- » '*Ignoring*' is when the carer* is psychologically unavailable to the child and can include the absence/withdrawal of love/affection.
- » '*Isolating*' involves preventing the child from participating in normal opportunities for social interaction.
- » '*Manipulating*' involves pressuring the child to act against his/her interest or sense of right and wrong (for example, alienating the child from parent or another person or getting the child to break the law).
- » '*Terrorising*' involves threatening the child with severe or sinister punishment or deliberately developing a climate of fear or threat (for example, killing or injuring pets or animals or threatening to harm the other carer* or household members).
- » '*Domestic/family violence*' includes a single severe assault, pattern of assaults or pattern of abusive power and control that the child has either witnessed or is otherwise aware of.

'*Domestic/family violence*' includes acts of physical, sexual, emotional, psychological or economic abuse between family or household members or persons related according to some other culturally recognised family group. Incidents of violence arising from Aboriginal traditional punishment, customary law and payback are considered domestic/family violence for the purpose of this definition.

Key points for Aboriginal and Torres Strait Islander cases: for Aboriginal and Torres Strait Islander children, appropriate cultural consultation should occur. Consider the following:

- » The primary consideration is for the child's safety and well-being.
- » Some culturally appropriate role expectations for children (e.g. increased levels of responsibility within the family) and/or culturally appropriate adult-child interactions (e.g. carer* use of language/intonation that may appear aggressive) could be wrongly interpreted as emotionally abusive by some notifiers. Consultation may be required to help differentiate between actions/expectations that are culturally appropriate and those that should be considered abusive.
- Domestic/family violence places child at significant risk of serious emotional abuse
The child is at significant risk of suffering serious emotional harm due to domestic/family violence between the carer(s)* and/or other household or family members. '*Significant risk of serious emotional abuse*' refers to circumstances in which, although the child has not yet experienced harm, it can reasonably be concluded that, if the circumstances were to continue without change, the child's emotional safety, health and well-being would be seriously impaired within the next one to two months. When applying the following definition of domestic/family violence, consider the age and developmental status of the child and remember that infants and developmentally delayed children are more vulnerable and less able to protect themselves.

At least one carer* is a victim or perpetrator of domestic/family violence that is chronic and/or severe AND one of more of the following thresholds applies:

- » One or more severe domestic/family violence incidents within the past six months involving:
 - Physical assault resulting in significant injury; OR
 - Incident involving weapon; OR
 - Threat to kill; OR
 - A SAPOL Domestic Violence Risk Assessment score of high (i.e. score of 45 or higher); OR
 - The issuing of a domestic abuse intervention order; OR
 - A breach of a domestic abuse intervention order.
- » Two or more episodes of physically assaultive behaviour (e.g. pushing, hitting, kicking, throwing objects) in the last six months.
- » Pattern of domestic/family violence that prevents a carer* from making choices for the safety of the child.

- » Include situations in which assaultive behaviour occurred more than six months ago if the partners have been separated but are now reuniting.

It is not necessary for the above alleged incidents to have previously been notified to Families SA and recorded in C3MS. Previous domestic/family violence incidents may be reported by the current notifier.

'Domestic/family violence' includes acts of physical, sexual, emotional, psychological or economic abuse between family or household members or persons related according to some other culturally recognised family group. Incidents of violence arising from Aboriginal traditional punishment, customary law and payback are considered domestic/family violence for the purpose of this definition.

- Significant risk of serious emotional abuse—carer's alcohol/substance use, mental health or intellectual disability

The child's social, emotional or cognitive development is seriously at risk as a direct result of persistent carer* behaviour or attitude toward the child AND the carer* behaviour or attitude is directly related to the carer's* alcohol or substance use, mental health issue or intellectual disability.

'Significant risk of serious emotional abuse' refers to circumstances in which, although the child has not yet experienced harm, it can reasonably be concluded that if the circumstances were to continue without change, the child's safety, health and well-being would be seriously impaired in the next one to two months.

- Significant risk of serious emotional abuse—other

The child's social, emotional or cognitive development is seriously at risk as a direct result of persistent carer* behaviour or attitude toward the child.

'Significant risk of serious emotional abuse' refers to circumstances in which, although the child has not yet experienced harm, it can reasonably be concluded that if the circumstances were to continue without change, the child's safety, health and well-being would be seriously impaired in the next one to two months. When applying the following definition of 'other', consider the age/developmental status of the child and remember that infants and developmentally delayed children are more vulnerable and less able to protect themselves.

Other carer* characteristics, behaviours or circumstances represent significant risk to the child or infant. These include but are not limited to the following:

- » Physical control/restraint with inappropriate intent: The use of physical intervention in residential care where it is alleged or suspected that the carer* intended to punish, teach the child a lesson, exert power over, humiliate, degrade or intimidate the child.
- » Corporal punishment, inappropriate discipline or other physical action or violent behaviour toward the child.

- » Extreme isolation of the child or infant: There is no/minimal contact with people outside of the household who could provide stimulation (infant) or additional care or protection (child or infant).
- » Lack of social supports: The carer* has other risk factors or significant stressors present AND has limited/no access to or involvement with family, friends, neighbours or social agencies.
- » Carer's* own history of abuse: The carer* was seriously abused/neglected as a child. This abuse/neglect had a negative impact on one or more areas of the carer's* functioning; the issues remain unresolved for the carer* and as a result, the carer* is more likely to abuse/neglect the child than carers* who have not been abused or neglected as children.
- » Health/behavioural issues of the child: The child has significant health or behavioural issues that result in economic, emotional or parenting skill stressors for the carer* AND the carer* is not supported or is ill-equipped to deal with these stressors.
- » Significant lack of parenting skills: The carer's* lack of parenting knowledge (e.g. infant/child needs, behaviour, development and health issues); lack of skills (e.g. feeding, nutrition, clothing, discipline, toilet training); or repetitive lack of sound judgment (e.g. leaving infant unattended or with inappropriate carers*) represents a significant risk to the child.

Standard of Care Unmet

- Child's emotional well-being or therapeutic needs are unmet
The child does not have access to therapeutic supports or appropriate emotional supports to promote his/her emotional well-being and positive mental health. Examples include but are not limited to the following:
 - » Case/care plan strategies to support the child's emotional well-being and positive mental health are not followed.
 - » The carer* is not engaged in the agreed therapeutic care of the child and/or is not following recommendations of the child's therapist/psychologist/counsellor.
 - » The carer* is actively undermining therapeutic interventions.
 - » The carer* is not provided with sufficient information, training or support to meet the child's emotional care needs.
 - » The child lacks support or encouragement to promote his/her well-being, self-esteem and sense of belonging.

N.B. Where concerns relate to a failure to obtain or maintain needed mental health services or follow a prescribed plan of mental health treatment, select the screening criterion 'Inadequate basic care'.

- Breach of confidentiality/privacy
The privacy and/or confidentiality of a child and/or the birth family has been breached by inappropriate access to or release of information.

Personal information regarding child and/or birth family has been inappropriately accessed or disclosed to the wider community AND the access to or sharing of this information was not required in the best interests of the child and/or the family. Examples include but are not limited to the following:
 - » Electronic or hard copy client records have been accessed for prurient interest.
 - » Information about the child and/or family has been provided to people/agencies who had no legitimate reason to receive the information.
 - » Information about the child and/or family has been disclosed via social media (e.g. Facebook).
 - » Written or electronic documentation containing confidential information has been lost, misplaced or inappropriately released within the community.
 - » Promotional publications (e.g. photographs) identify children under the Guardianship of the Minister or any other placement authority without the written approval of the Department and in accordance with the child's wishes.

- Negative behaviour directed toward child
The child is not significantly impaired, is not emotionally disturbed and does not display significant symptoms of emotional distress; however, negative behaviour directed toward the child presents a risk to the child's emotional well-being, self-esteem or sense of belonging. Behaviours directed toward the child are repetitive or a single significant incident and may include: rejection, hostility, blaming, criticising, scapegoating, ignoring, isolating, manipulating or terrorising the child.
 - » Rejecting behaviours are those that communicate abandonment or a negative sense of identity to the child.
 - » '*Criticising*' refers to a concerted attack on the child's development of self-confidence.
 - » '*Scapegoating*' involves blaming or negative comparisons of the child.
 - » '*Ignoring*' is when the carer* is psychologically unavailable to the child and can include the absence/withdrawal of love/affection.
 - » '*Isolating*' involves preventing the child from participating in normal opportunities for social interaction.
 - » '*Manipulating*' involves pressuring the child to act against his/her interest or sense of right and wrong (e.g. alienating the child from parent or another person or getting the child to break the law).

- » 'Terrorising' involves threatening the child with severe or sinister punishment or deliberately developing a climate of fear or threat (e.g. killing or injuring pets or animals, threatening to harm the other carer* or household member).
- Appropriate relationships with family, kin or others are inhibited, refused or undermined
 - » The child is not allowed or is inadequately supported to maintain connections with birth family (e.g. siblings, extended family), carers*, kin, country, community or significant others as outlined in the case plan.
 - » The child's relationships with his/her case manager or significant others as outlined in the case plan are undermined.
 - » The child's family, kin, country, community, Elders or others significant to the child are referred to in negative or stereotypical terms.
 - » The child is denied knowledge of his/her birth family or cultural heritage (e.g. the child's birth family or cultural heritage are omitted from the child's Life Story Book or the child is not supported in Life Story Book work).
- Participation in decision making is inhibited or refused
Child is restricted from being involved in age and developmentally appropriate decision making. This may include decisions related to placement, case planning and day-to-day living.
- Domestic/family violence exists in the care environment
Domestic/family violence exists in the care environment AND no other screening criteria related to domestic/family violence can be selected; i.e. the definitions in the following screening criteria have not been satisfied: *'Injury resulting from domestic/family violence incident'; 'Domestic/family violence places child at significant risk of serious physical harm'; 'Domestic family violence places child at significant risk of serious neglect'; 'Child is significantly impaired or demonstrates significant symptoms of emotional distress'; 'Domestic/family violence places child at significant risk of serious emotional abuse'.*

'Domestic/family violence' includes acts of physical, sexual, emotional, psychological or economic abuse between family or household members or persons related according to some other culturally recognised family group. Incidents of violence arising from Aboriginal traditional punishment, customary law and payback are considered domestic/family violence for the purpose of this definition.

Examples of behaviours include but are not limited to the following:

- » Any act of physically or sexually assaultive behaviour.
- » Verbally degrading self-worth by name calling or put downs.
- » Withholding money or limiting access to resources.

- » Use of force, coercion, threats, control or domination to influence another person's behaviour.
- » Isolation from family, friends or other supports.
- » Harming/damaging something that another person values (e.g. pets, personal possessions).
- » Property damage (e.g. punching holes in walls or doors or breaking things around the house).

**SOUTH AUSTRALIA
SDM® CARE CONCERN SCREENING
POLICY AND PROCEDURES**

Purpose and Policy

The purpose of the Structured Decision Making® (SDM®) care concern screening tool is to assess whether reports of care concerns for children in out-of-home care meet the criteria for a response.

Which Cases:

All notifications where:

- The child is subject to any South Australian care and protection order or placement authority¹; AND
- The child is placed in out-of-home care in South Australia or is placed interstate with carers who have been approved by the South Australian Department for Education and Child Development; AND
- There is an allegation that the child has been abused or neglected or there has been a breach in the standard of out-of-home care; AND
- The abuse/neglect or breach relates to the care provided by Families SA programs and services or out-of-home care programs and services provided by any other agency on behalf of the South Australian Minister for Education and Child Development.

OR notifications where:

- The child is subject to an interstate care and protection order or placement authority; AND
- The child is placed in out-of-home care with a carer approved by the South Australian Department for Education and Child Development²; AND
- There is an allegation that the child has been abused or neglected or there has been a breach in the standard of out-of-home care; AND
- The abuse/neglect or breach relates to the care provided by Families SA programs and services or out-of-home care programs and services provided by any other agency on behalf of the South Australian Minister for Education and Child Development.

¹ Orders and authorities include: Section 16 removal from dangerous situation; Parental Authority; Voluntary Custody Agreement; Investigation and Assessment Order with Custody to the Minister; Interim Guardianship of the Minister; Custody to or Guardianship of the Minister to 12 months; Guardianship of the Minister to 18 years; and Family Care Meeting Agreement. Excludes *Other Person Guardianship (OPG)*. Concerns for children in OPG arrangements are recorded and assessed as intra familial child protection not as care concerns.

² Excludes where a care and protection order or authority is granted interstate AND the child is placed in South Australia with a carer approved by the interstate child protection authority.

Concerns may be raised about one or more of the following:

- Families SA employees or volunteers.
- Employees or volunteers of out-of-home care services, including non-governmental organisations and commercial care agencies.
- Foster carers, kinship carers or specific child-only carers.
- Adult members of the carer's household or family whom the Department has approved to provide care and control for the child. This includes adults who reside in the home OR spend a significant amount of time in the home OR have overnight stays in the home OR babysit in the home AND the Department has approved the adult to have sole care of the child. Examples include but are not limited to: carer's new partner, carer's adult children, babysitter, boarder etc.
- Adults in the child's care environment whom the Department has approved to provide care and control for the child. This includes an adult who the Department has approved to babysit the child in an environment other than the child's placement OR adults whose household is approved for the child to visit / sleep over.
- Any other person acting on behalf of the Minister for Education and Child Development who is involved in the direct delivery of out-of-home care services to the child.
- The out-of-home care placement, service or program.

Concerns may relate to one or more of the following:

- Individual level: Actions or inactions by a person.
- Program level: Care falls below accepted standards within the service, program or facility.
- System level: Care falls below accepted standards due to inadequacies in the care and protection system (e.g. inadequate policy, resources, structure, training or practice).

Where concerns relate to care falling below accepted standards at the program or system level AND there are no individual-level concerns, an individual should not be identified and recorded as an 'alleged subject of concern' in the care concern referral.

Who:

The child abuse and report line (CARL) practitioner who received the notification, with supervisor/senior practitioner review and approval.

When: The SDM® care concern screening tool is applied immediately upon receipt of the notification. All recording, including the care concern referral and the tool, should be completed no later than the end of the practitioner’s shift. Notifications that require an immediate Families SA response to assess the safety of the child should be recorded, assessed and referred to the responsible Families SA office/program immediately and should not be left until the end of the practitioner’s shift.

Decision: Determines the assessment of and response pathway for notifications; these include the following:

Assessment	Response Pathway
Abuse/Neglect or Significant Risk of Serious Harm	Investigation and Review
Standard of Care Unmet	Standard of Care Review
Criteria Unmet	Case Management Consideration