

Department for Child Protection

Proposed Quality of Care Response Model

February 2025



Government of South Australia

Department for Child Protection



Acknowledgement of Country

We acknowledge the Kurna people as the Traditional Owners of the Land and Waters on which we meet today. We also pay our respects to Elders past and present and extend that respect to other Aboriginal Nations here today and across South Australia and other States and Territories.

We acknowledge and value the right of Aboriginal Infants, Children, Young People and Families, and understand the collective responsibilities we have to acknowledge and support their right to self-determination, passing down shared stories about Land and Water, Culture and Identity will bring a meaningful connection to future generations.

Ngadlu tampinhi yalaka ngadlu Kurna yartangka inparrinhi. Ngadludlu tampinhi, parnaku tuwila yartangka. Kurna Miyurna yaitya yarta-mathanya Wama Tarntanyaku, parnaku yailtya, parnaku tapa puru purruna. Kurna Miyurna ithu yailtya purruna, yarta kuma puru martinhi, puru warri-apinhi, puru tangka martulayinhi.

Kuma kumartarna Yaitya Miyurna ngadludlu tampinhi iyangka yalaka. Parnaku yarta kumartarna yarta Kanthi Partu-arra kuma Warrunangu.

Contents

Introduction 4

The journey so far 4

What’s next? 5

Reform at a glance 6

High level model overview 7

Care Enquiry pathways 8

 Spotlight on Assessment 14

 Spotlight on Communication 15

Incident Management pathways 16

 Spotlight on Assessment 22

 Spotlight on Communication 23

 Spotlight on Misconduct 24

Review mechanism 25

Acronym index 27

Introduction

As of 31 December 2024, there are 4,887 children and young people living in Out of Home Care (OOHC) across South Australia. This cohort is comprised of some of the most vulnerable children and young people in the state, all of whom have experienced trauma and are now under the guardianship or custody of the Chief Executive. It is the responsibility of the Department for Child Protection (DCP) to ensure they remain supported to reach their full potential in life and, in accordance with Section 11 (1) (a) of the Children and Young People (Safety) Act 2017, be placed in a safe, nurturing, stable and secure environment.

Most children and young people in OOHC receive good quality care from dedicated carers and staff who have made a commitment to make a positive difference in their lives. Sometimes, concerns are raised about a child in care’s safety within their placement – this report type is currently called a **care concern**.

Allegations may relate to anyone involved in the child’s care in placement, including foster and kinship carers, DCP employees, volunteers, and non-government employees. These individuals are all expected to adhere to standards of care and to agency policies, procedures, and codes of conduct and behaviour. The standards of care for children and young people in care in South Australia are set out in the **National Standards for Care 2011**, and the **Charter of rights for Children and Young People in Care**.

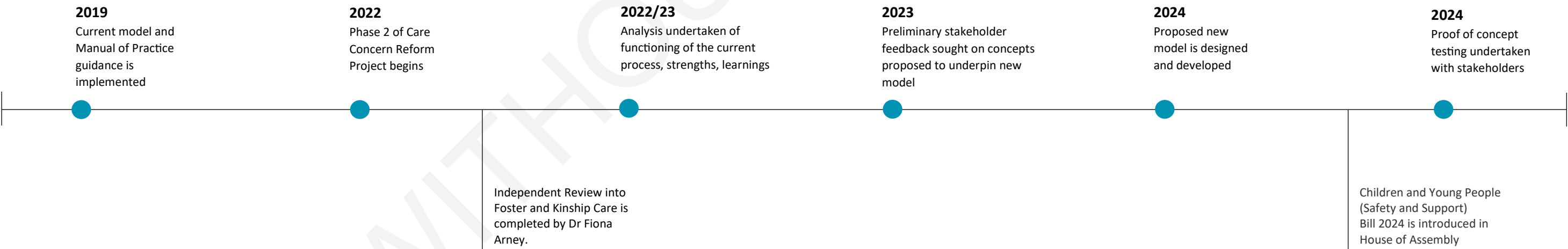
Children and young people in care have the right to feel safe and to receive adequate care. Where allegations of harm, risk of harm or inadequate care by a carer, staff member or volunteer are raised, it is important that these concerns are responded to in a timely way to ensure the child or young person’s safety and wellbeing.

Care concern management has long been identified as an area requiring broad scale reform. DCP has been undertaking work to reform the process by which care concerns are managed since 2022. This has included changes to all core aspects of care concern management such as:

- **screening** – how do we process and triage information?
- **determination** – how do we define urgency and risk?
- **response** – how best do we respond to the information?
- **review** – how do we maintain rigor through the process?



The journey so far



The approach to the design of a new care concern management model included a period of seeking initial feedback and input from stakeholder groups to guide the creation of the 4 main concepts proposed to underpin the new model.

This process took place throughout 2023 and involved consultation with stakeholders including:

- Oversight bodies;
- Peak bodies;
- Service providers;
- Aboriginal stakeholders;
- Family-based carers;
- Residential care youth workers;
- DCP service delivery staff;
- DCP corporate and operational staff; and
- Government partners.

Over 100 stakeholders both internal and external to DCP were consulted throughout this process and participants drew on their experience in and with the child protection system, to provide expert advice and feedback.

Following this period of early consultation, the drafted model underwent a period of design and development which was informed by the compiled feedback.

In 2024, the drafted model was circulated during a series of proof-of-concept testing sessions which were held with stakeholders both internal and external to DCP. This provided opportunity to test different aspects of the model and determine efficacy with subject matter experts.

What's next?

This document outlines the specifics of the proposed new model of care concern management. This includes changes to naming conventions including the term **Care Concern** being replaced by the term **Quality of Care Report**. The proposed model is therefore titled the proposed Quality of Care Response Model.

This consultation period is an opportunity to provide feedback on the proposed model and ensure that your voice is heard.

We **cannot** design an improved approach to care concern management without **listening** to those who experience the process. Your feedback will be compiled and considered when finalising the proposed model.

The process of gathering feedback and input occurred through a series of targeted 1:1 consultation sessions and the execution of seven Expert Consultative Groups (ECGs).



106
stakeholders
consulted



12
expert consultative
group sessions
held

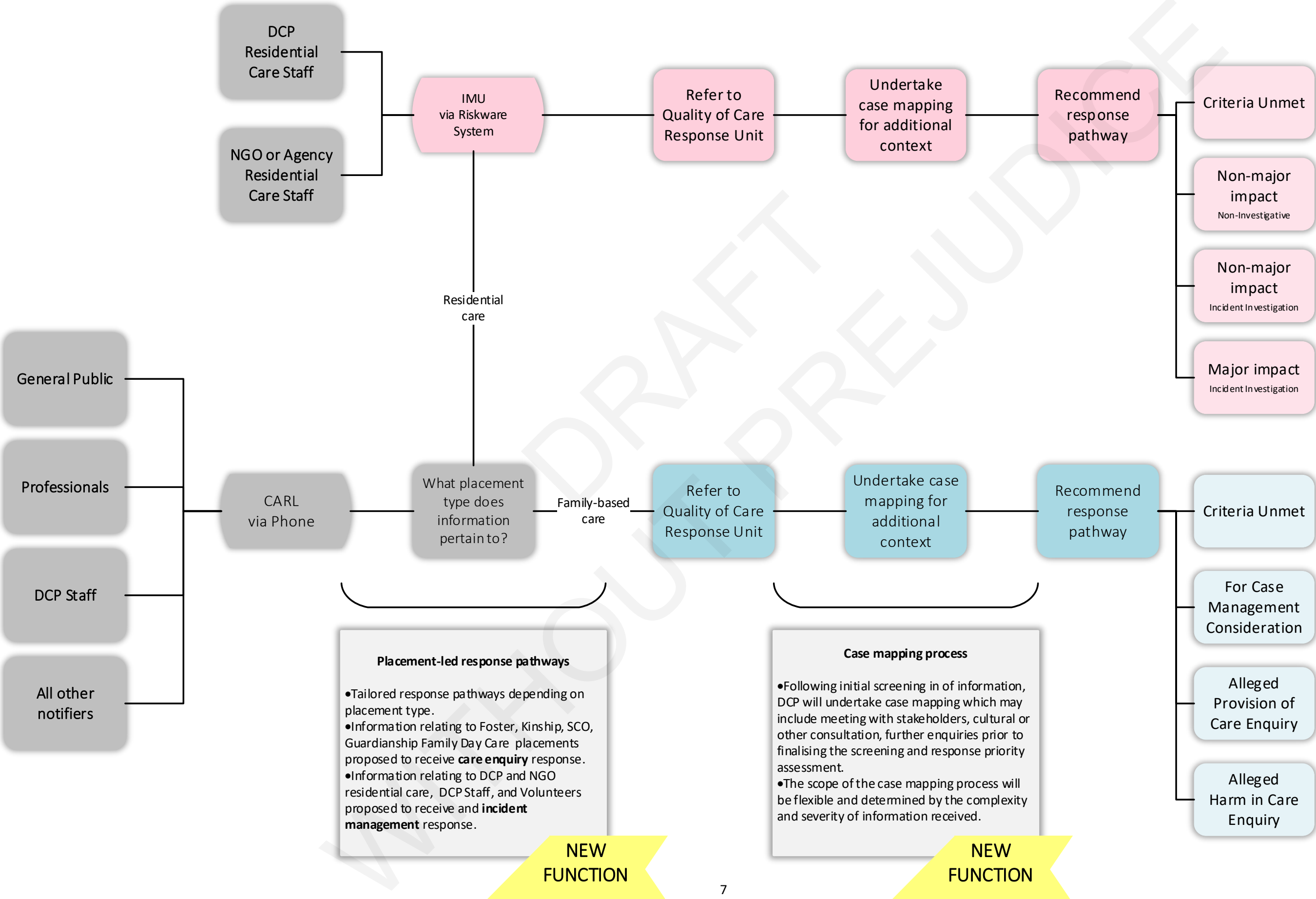


7
targeted
1:1 consultation
sessions held

Reform at a glance:

Retire	Retain	Enhance	Introduce
• The term Care Concern is proposed to be retired and replaced by the term Quality of Care Report • Minor, Moderate, Serious response pathways are proposed to be retired and replaced with response pathways led by placement type (family-based care and residential care) • Care concern SDM tool is proposed to be retired • All other templates, procedures and guidance are proposed to be retired and replaced with updated versions • The Care Concern Assessment Panel is proposed to be retired and its functions absorbed into the case mapping process • The process of case management leading the minor and moderate care concern response is proposed to be retired	• Information meeting quality of care report criteria is proposed to continue to be stored on C3MS • Quality of care reports are proposed to continue to undergo a screening and assessment process completed by individuals separate from case management • Persons subject of care concerns are proposed to continue to receive written communication at key points in the process • Quality of care reports are proposed to continue to be determined by abuse type and severity • The DCP After Hours Team are proposed to continue to provide afterhours emergency responses for quality of care reports • Planning discussions will continue to occur to determine response actions • Concerns raised regarding DCP employees may still trigger disciplinary or managerial responses.	• ICT enhancements are proposed to occur to the to reflect changes in the model • Quality of care report outcome letters are proposed be simplified and personalised • Enhancements are proposed to occur to all standard operating procedures and practice guidance • All additional templates, guidance, and procedures are proposed to be updated • Specialised roles are proposed be created to lead quality of care responses • Assessment objectivity will be strengthened by substantiation delegation sitting external to allocated case management • The membership and function of the Care Concern Outcome Panel will be reviewed and enhanced. • Updated response pathways are proposed to replace existing pathways within family-based care placements. These are proposed to be: ▪ Criteria unmet ▪ For case management consideration ▪ Alleged Provision of Care Enquiry ▪ Alleged Harm in Care Enquiry • Current substantiation outcomes will be enhanced to reflect those present in the Screening Response Priority Assessment SDM tool, consistent with Recommendation 4 of Dr Arney’s Inquiry into Foster and Kinship Care.	• Quality of care report responses are proposed to be led by placement type. • Information relating to residential care will be recorded as a Care Provision Incident and form part of the Client Incident Management System (CIMS). Categories are subject to change but may include: ▪ Proposed Non-Major Incident types ▪ Inappropriate carer behaviour (language, verbal threat, professional boundaries, professional conduct) ▪ Inappropriate physical treatment ▪ Inadequate provision of care (supervision, nutrition, hygiene, identity, medical, care environment) ▪ Proposed Major Incident types ▪ Physical abuse ▪ Emotional/psychological abuse ▪ Neglect ▪ Sexual abuse (grooming and abuse) ▪ Sexual exploitation (grooming and abuse) • New guidance is proposed to screen in Care Provision Incidents through the CIM Assessment Guide • The Screening and Response Priority Assessment SDM tool is proposed to screen information relating to family-based care • A process of case mapping is proposed to occur prior to determinations being made • Additional documents are proposed to support in tracking actions and commitments beyond the closure of the quality of care report. • An age appropriate outcome letter for children and young people is proposed • A review pathway for quality of care report substantiation outcomes is proposed.

High-level model overview:



Quality of Care Response Model

-

Proposed Family Based Care Pathways



Proposed Quality of Care Response Model – Care Enquiry pathways

Summarised pathways – Family Based Care

Impacted placement types: Kinship Care, Specific-Child Only Care, Foster Care, Specialist Foster Care, and DCP Guardianship Family Day Care Program

	Record	Refer	Map	Determine	Respond
Function:	Receive information and record on case management system	Refer to the Quality of Care Response Unit for assessment	Process of enquiry to determine context of information received	Determine the most appropriate response pathway for information initially received and additionally mapped	<pre>graph LR; Q[Are criteria for a care enquiry response met?] -- No --> A[Criteria Unmet]; A --> B[For Case Management Consideration]; Q -- Yes --> C[Alleged Provision of Care Enquiry]; C --> D[Alleged Harm in Care Enquiry];</pre>
Tools and guidance:	Screening and Response Priority Assessment SDM tool	Nil	Case mapping summary document	Screening and Response Priority Assessment SDM tool	
Lead Workforce:	CARL	CARL	QCRU	QCRU	
Other involved stakeholders:			Care team, existing supports, cultural consultants, disability consultants		

Criteria Unmet

When does this apply?

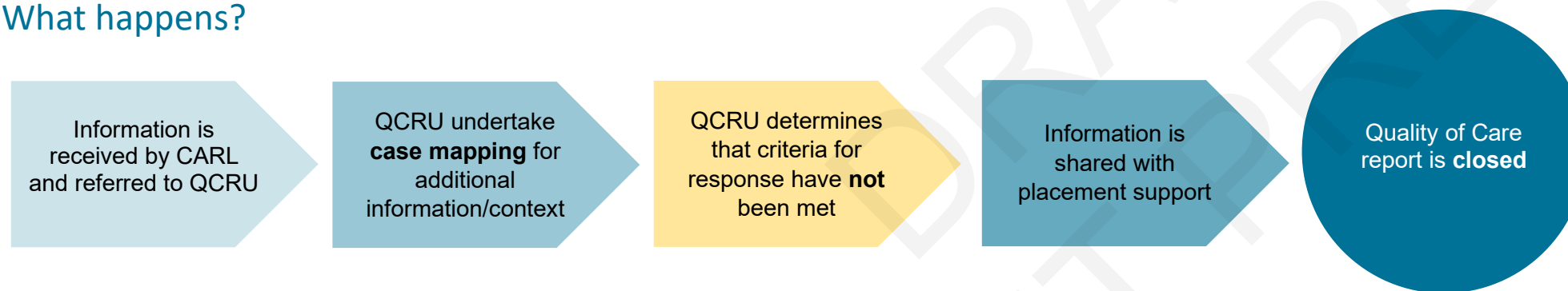
The Criteria Unmet outcome is applied in cases where the notification:

- has been previously reported and responded to and, as a result, requires no additional investigation or response, or
- raises no information about the safety of the child or young person in the context of the quality of the care the child or young person is/was receiving, or
- does not otherwise meet the definition of a quality of care report.

Who leads the response?

The Criteria Unmet pathway does not entail response following the case mapping activities undertaken by the Quality of Care Response Unit. This unit is proposed to be independent of case management or the general operations of DCP and staffed with a team of Response Officers with clinical, investigation, and practice expertise.

What happens?



Case example:

Amanda (15) lives with her carers, Peter and Julie, in a foster care placement. DCP receives information that Amanda has disclosed an incident that reportedly happened several months ago where Peter broke her phone during an argument about texting. Through case mapping, it is identified that this information has been raised in a previous quality of care report which was screened out and referred for case management consideration. The information is shared with Peter and Julie's placement support worker, who is aware that Amanda has been discussing the incident in the context of her new phone contract. The quality of care report is closed and the outcome of 'criteria unmet' is applied.

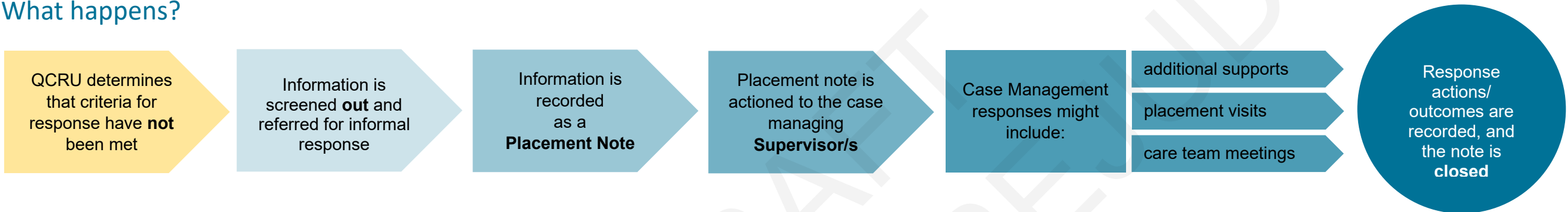
For Case Management Consideration

When does this apply?

The For Case Management Consideration response pathway is applied in cases where information:

- indicates placement may require some additional or early support best achieved through informal response; and
- does not relate to chronic or escalating behaviours that are having a cumulative impact on the child or young person.

What happens?



Who leads the response?

The For Case Management Consideration response pathway allows for an informal response when information does not meet the threshold for a care enquiry response. The information is referred to the case management team for their consideration and response. The child or young person’s allocated case worker therefore leads the response, under the guidance of their supervisor.

Who else is involved?

Placement support such as Kinship or NGO Foster Care **must** be involved in determining how best to respond to the information.

Case example:

Kevin (6) lives with his Aunt, Michelle in a kinship placement. DCP receives information that Kevin has been attending school looking dirty and unwashed for the past fortnight. Through case mapping, it is learned that Kevin and Michelle have recently moved, and Kevin has been refusing to shower in their new home. Kevin’s case manager is aware of the situation and Michelle’s Kinship Support Worker has a placement visit scheduled the following day to provide additional support. Discussions regarding the strategies being implemented in the home are incorporated into this visit as are considerations of whether additional referrals or discussions with the broader care team (e.g. school wellbeing practitioner) are needed. Actions and outcomes are recorded, and the placement note is closed.

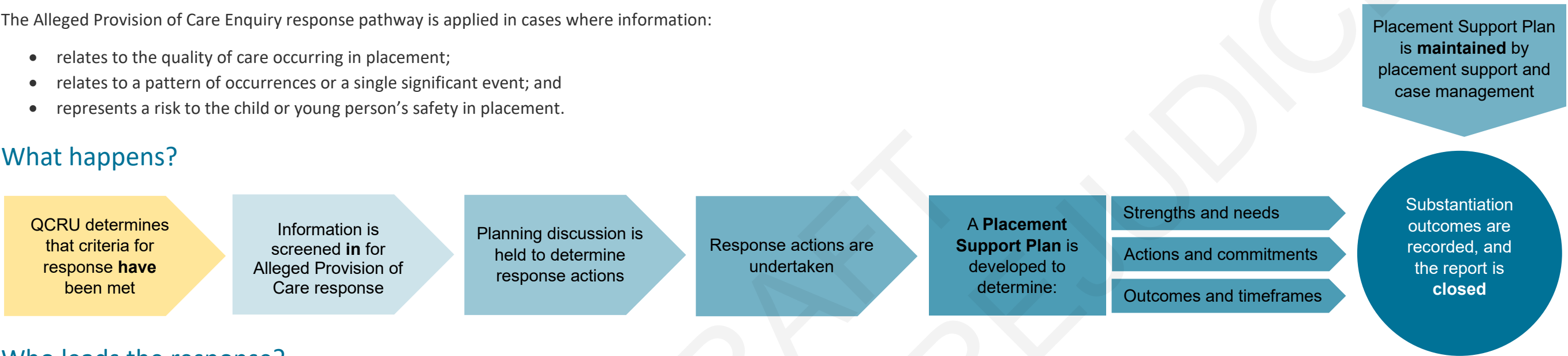
Alleged Provision of Care Enquiry

When does this apply?

The Alleged Provision of Care Enquiry response pathway is applied in cases where information:

- relates to the quality of care occurring in placement;
- relates to a pattern of occurrences or a single significant event; and
- represents a risk to the child or young person’s safety in placement.

What happens?



Who leads the response?

Alleged Provision of Care Enquiries are managed by the Quality of Care Response Unit. This unit is proposed to be independent of case management or the general operations of DCP and staffed with a team of Response Officers with clinical, investigation, and practice expertise.

Who else is involved?

Placement support such as Kinship or NGO Foster Care **must** be involved in this response. Additionally involved professionals will be guided by the placement context and may include Practice Leaders, Principal Aboriginal Consultants, Multicultural Services, and Disability Consultants.

Case example:

Shane (13) and Lorenzo (4) live with their Uncle Damon and his partner, Rhonda in a kinship placement. DCP receives information that the children witnessed Damon and his brother, Max have a physical fight at the home. Through case mapping, it is learned that Rhonda sustained minor injuries after trying to intervene, that Damon and Max have a history of conflict, and that previous fights have occurred when Max has attended the home. The Quality of Care Response Officer works with Damon, Rhonda, case management, and placement support to put in place planning regarding Max’s access to the property.

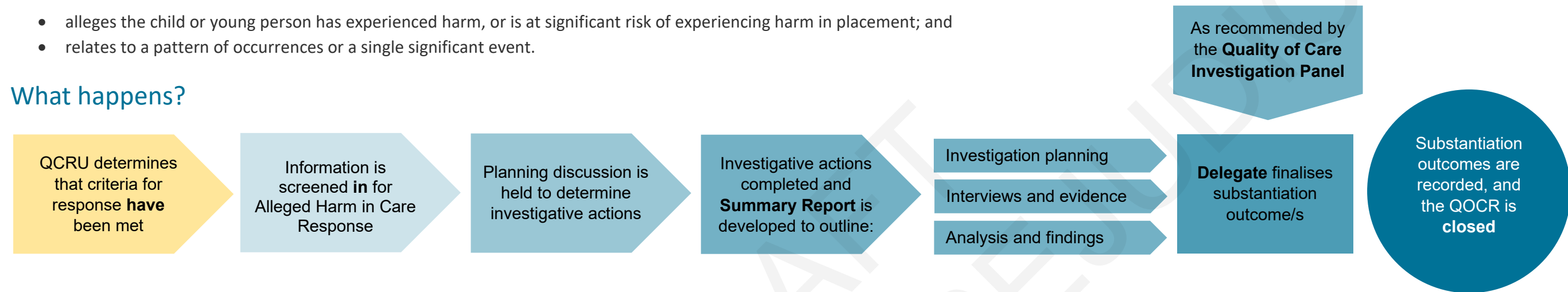
Alleged Harm in Care Enquiry

When does this apply?

The Alleged Harm in Care Enquiry response pathway is applied in cases where information:

- alleges the child or young person has experienced harm, or is at significant risk of experiencing harm in placement; and
- relates to a pattern of occurrences or a single significant event.

What happens?



Who leads the response?

Alleged Harm in Care Enquiries are managed by the Quality of Care Response Unit. This unit is proposed to be independent of case management or the general operations of DCP and staffed with a team of Response Officers with clinical, investigation, and practice expertise.

Who else is involved?

The Alleged Harm in Care pathway has been designed for responding to allegations of harm in family-based care placements. As such, there are several professionals involved in undertaking assessment, response, and outcome for this pathway.

- Placement support such as Kinship or NGO Foster Care **must** be involved in this response.
- In the event of information relating to alleged criminal behaviour, interagency responses may include **SA Police** and **Child Protection Services**.
- In the event of information relating specifically to sexual abuse, it is shared with the **Office of the Guardian for Children and Young People**.
- The **Quality of Care Investigation Panel** includes senior representatives from various areas within DCP such as disability services, psychological services, and multicultural services. Membership also includes operational leadership such as the roles of Practice Leader and Principal Aboriginal Consultant.
- The delegated decision-maker with respect to this care enquiry substantiation outcome is the **Director, Quality and Safeguarding**.

Case example:

Kelly (9) has been living with her foster carer, Jennifer for 6 months. DCP receives information that Kelly has presented at school with bruising on her wrists and circular burns on her stomach. Through case mapping, it is learned that Kelly has developmental delay and is largely non-verbal. The Quality of Care Response Officer leads an investigative response in conjunction with SAPOL and CPS. This is inclusive of an interagency response, investigation planning to determine scope and actions, and interviews with relevant individuals. The Response Officer consolidates information and evidence gathered prior to presenting their analysis in a summary report. The Quality of Care Investigation Panel review the summary report and make recommendations regarding substantiation outcomes for the Delegate's final approval. Following consultation with Kelly's case management team and disability supports, an outcome letter is placed on Kelly's file but not shared with her.

Spotlight on Assessment

A number of changes are proposed to occur to the way Quality of Care Reports (formerly care concerns) are assessed. For **family-based care placements**, these include:

Use of the Screening and Response Priority Assessment SDM tool

The presence of a screening tool contributes to an assessment approach that is grounded in tools, processes, and practice guidance.

The S&RPA SDM tool outlines clear and specific grounds which further support improved consistency in screening and substantiation outcomes.

Use of the S&RPA SDM tool is compliant with Recommendation 4 of Dr Arney’s Inquiry into Foster and Kinship Care: *“that the risk and harm standards that apply to all children, be applied to children in care and that the “deficit in care” grounds are abolished”*.

Completion of case mapping prior to determining the appropriate response pathway

The intention and purpose of the case mapping process is to acknowledge the complexity of placement environments such as family history, child needs, cultural context, carer experience, etc.

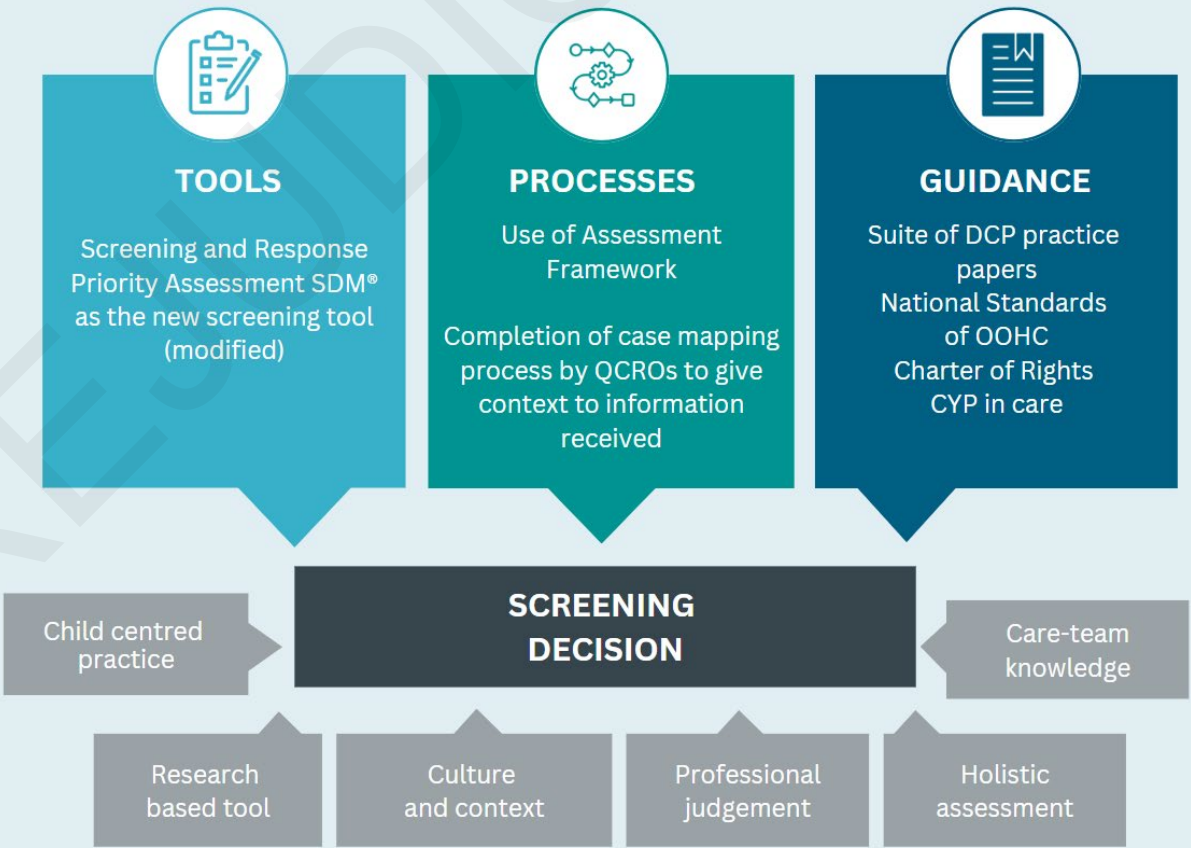
The limitations of any screening tool are acknowledged, and the inflexible aspects of the tool are buffered by a clinical process of enquiry.

Members of the care team such as placement support and case management share critical information to assist in contextualising reports.

Objectivity is maintained through the case mapping process being led by the Quality of Care Response Unit.

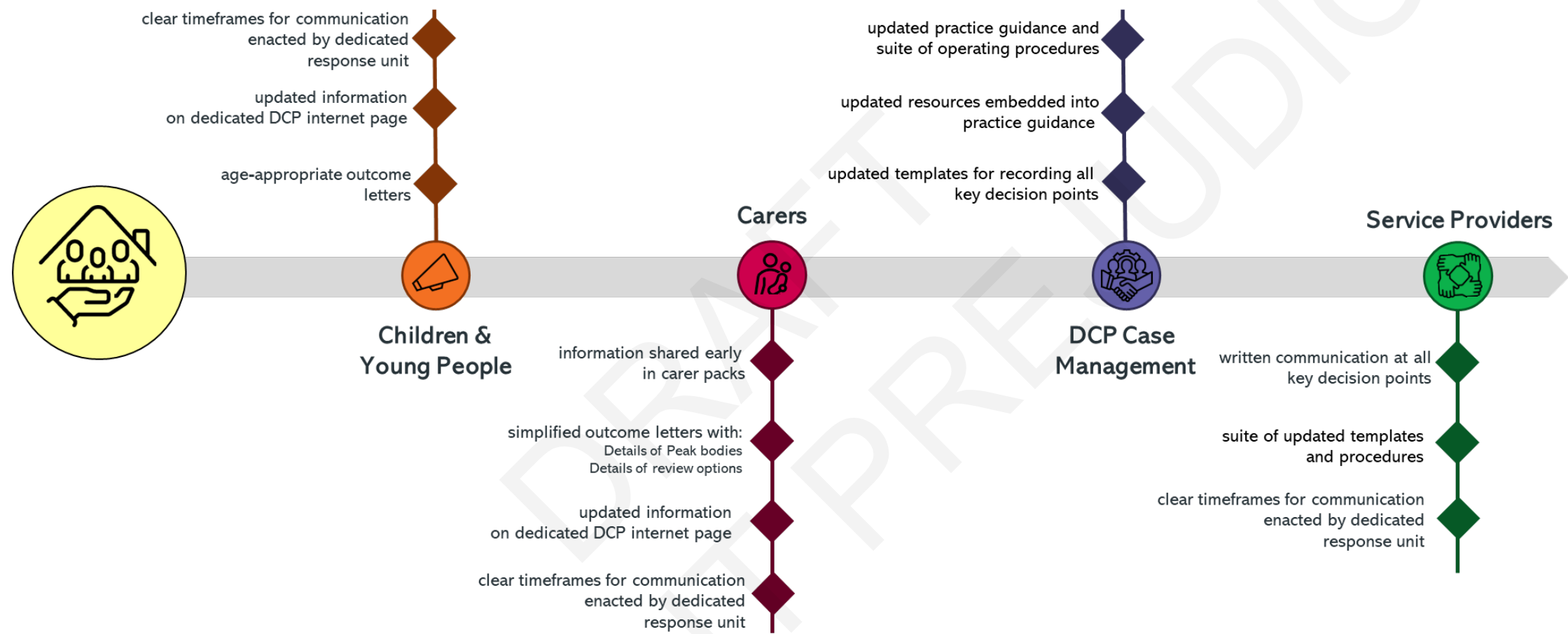
The scope of the case mapping process is flexible and determined by the complexity and severity of information received.

There is an inclusion of clear decision rationale templates at each key decision-point in the process to improve clarity in the screening and assessment process and ultimately strengthen decision-making to be defensible, informed, and grounded in practice guidance.



Spotlight on Communication

Clear and timely communication is a key part of maintaining a fair and accountable Quality of Care response model. Proposed changes to communication pathways during the process for family-based care placements include:



Communication at **key decision points** will happen:

Quality of care report received	Case mapping undertaken	Response pathway chosen (for case management consideration)	Response pathway chosen (care enquiry)	Outcome reached (for case management consideration)	Outcome reached (care enquiry)	Quality of care report closed
	● if appropriate			● verbally, if appropriate	● in writing, if appropriate	
	● if appropriate	● verbally	● in writing	● verbally	● in writing	
● via C3MS	● verbally	● in writing	● in writing	● leading response	● in writing	● via C3MS
● in writing	● verbally	● in writing	● in writing	● in writing	● in writing	● in writing

Quality of Care Response Model

-

Proposed Client Incident Management Pathways



Proposed Quality of Care Response Model – Incident Management pathway

Summarised pathways – Client Incident Management

Impacted placement types: DCP Residential Care and NGO Residential Care.

	Record	Refer	Map	Determine	Respond
Function:	Receive information and record on Client Incident Management System (CIMS)	Refer to the Quality of Care Response Unit for assessment	Process of enquiry to determine context of information received	Determine the most appropriate response pathway for information initially received and additionally mapped	Are criteria for client incident management response met? No Criteria Unmet Yes Non-major impact incident <i>Non-investigative response</i> Non-major impact incident <i>Incident Investigation</i> Major impact incident <i>Incident Investigation</i>
Tools and guidance:	CIM Assessment Guide	Nil	Case mapping summary document	CIM Assessment Guide	
Lead Workforce:	DCP staff (residential care and operational) record directly into CIMS	IMU	QCRU	QCRU	
Other involved stakeholders:	CARL receive information from all other notifiers. Information forwarded to IMU for QA and progression		Care team, existing supports, cultural consultants, disability consultants, P&C (DCP employees only)		

Criteria Unmet

When does this apply?

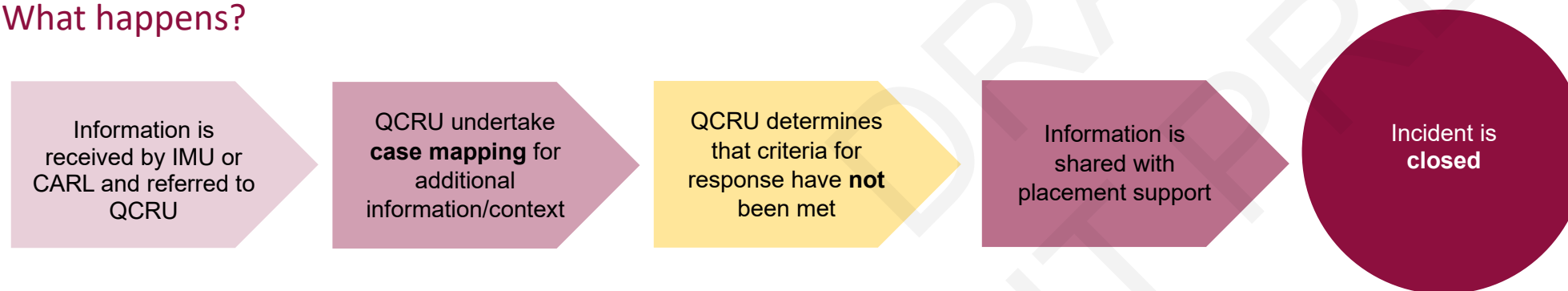
The Criteria Unmet outcome is applied in cases where information:

- has been previously reported and responded to and, as a result, requires no additional investigation or response, or
- raises no information about the safety of the child or young person in the context of the quality of the care the child or young person is/was receiving, or
- does not otherwise meet the definition of a quality of care report.

Who leads the response?

The Criteria Unmet pathway does not entail response following the case mapping activities undertaken by the Quality of Care Response Unit. This unit is proposed to be independent of case management or the general operations of DCP and staffed with a team of Response Officers with clinical, investigation, and practice expertise.

What happens?



Case example:

Eddie (14) lives in a DCP residential care placement. DCP receives information that Eddie left placement the night prior in between scheduled room checks and did not return until the early morning. The information is raised by a member of the public and so is received by CARL prior to being redirected to the Incident Management Unit (IMU). It is identified that the youth worker on shift at the time was DCP youth worker, Ali. The DCP People and Culture Directorate is notified of the incident due to Ali being a DCP employee. Through case mapping, it is identified that Ali followed organisational procedure and raised a missing person report. It is also learned that, when Eddie returned to placement, he advised he had snuck out his bedroom window and gone out with friends. No information was identified to raise concerns regarding the level of supervision Eddie received and so the care provision incident is closed and the outcome of 'criteria unmet' is applied.

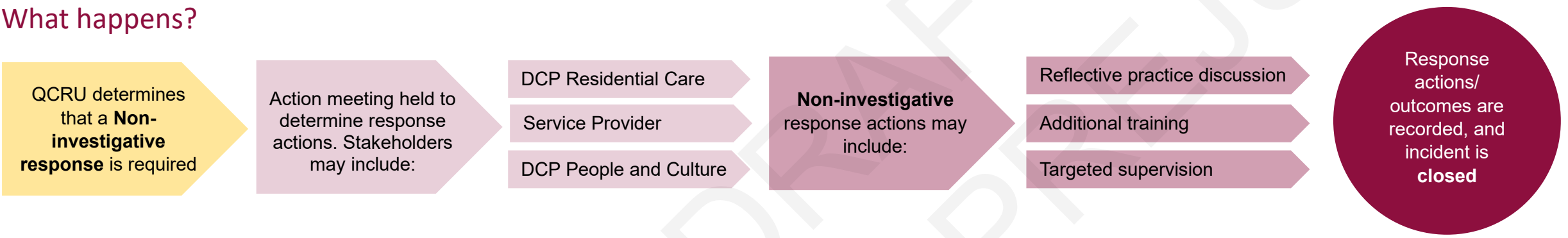
Non-Major Impact Incident – Non-investigative response

When does this apply?

The severity rating for care provision incidents is determined by **client (child or young person) impact**. The Non-investigative response pathway for Non-major impact incidents is applied in cases where information:

- relates to the quality of care occurring in placement;
- indicates the alleged responsible person may require some additional or early support in providing quality care, best achieved through an informal response;
- does not relate to chronic or escalating behaviours that are having a cumulative impact on the child or young person.

What happens?



Who leads the response?

Non-major impact incidents with a recommendation of requiring Supervision and Support are managed by the Quality of Care Response Unit. This unit is proposed to be independent of case management or the general operations of DCP and staffed with a team of Response Officers with clinical, investigation, and practice expertise.

Who else is involved?

- The **Incident Management Unit** will receive all incidents raised for children and young people in residential care. As such they are tasked with processing the incident prior to referral on to the Quality of Care Response Unit for response.
- DCP Residential Care or Service Provider Management **must** be involved in determining how best to respond to the information.
- The DCP People and Culture Directorate must be involved in action meetings relating to DCP employees.

Case example:

Leah (15) lives in an NGO residential care placement. DCP receives information that one of Leah's youth workers, Marcus fell asleep during his active night shift on Monday. Through case mapping, it is learned that Leah awoke to get a drink and saw Marcus asleep at the desk in the carer's room. Marcus has been working in residential care for 11 months with no previous history of this behaviour. The QCRU lead the response in partnership with Marcus' line management who address the issue during a meeting and include the matter in his regular supervision agenda. Marcus receives written meeting minutes and agreed actions to reflect the outcome of the incident response. Actions and outcomes are reflected on the system, and the incident is closed.

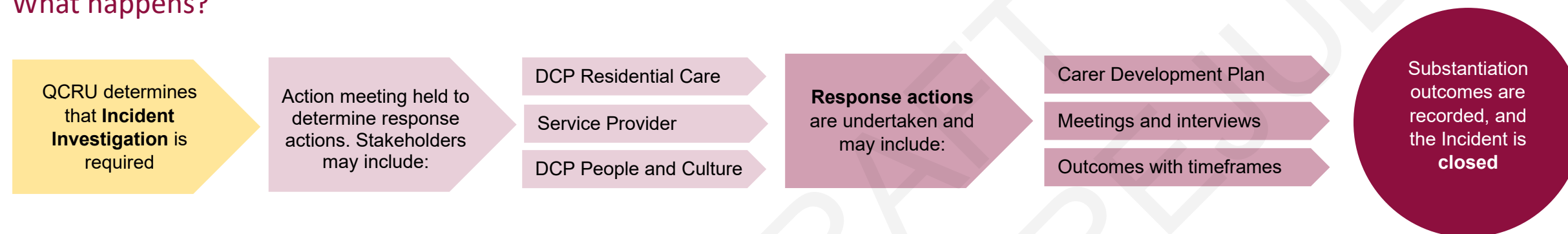
Non-Major Impact Incident – Incident Investigation

When does this apply?

The severity rating for care provision incidents is determined by **client (child or young person) impact**. The Incident Investigation response pathway for Non-major impact incidents is applied in cases where information:

- relates to the quality of care occurring in placement;
- relates to a pattern of occurrences or a single significant event;
- represents a risk to the child or young person's safety in placement;

What happens?



Who leads the response?

Non-major impact incidents with a recommendation of requiring Incident Investigation are managed by the Quality of Care Response Unit. This unit is proposed to be independent of case management or the general operations of DCP and staffed with a team of Response Officers with clinical, investigation, and practice expertise.

Who else is involved?

- The **Incident Management Unit** will receive all incidents raised for children and young people in residential care. As such they are tasked with processing the incident prior to referral on to the Quality of Care Response Unit for response.
- DCP Residential Care or Service Provider Management **must** be involved in determining how best to respond to the information.
- The DCP People and Culture Directorate must be involved in action meetings relating to DCP employees.

Case example:

Kayden (15) lives in an NGO residential care placement. DCP receives information that one of Kayden's youth workers, Kai allegedly pushed Kayden during a conflict over dinner. Through case mapping, it is learned that there have been escalating arguments in placement between Kai and Kayden for the past week. There is currently an open non-major impact incident recommending supervision and support which relates to Kai swearing and using inappropriate language in placement. The QCRU lead the response, investigate the situation, and meet with all involved. A Carer Development Plan is initiated in partnership with Kai's line management. Kai receives a letter outlining the outcome of the investigation. The outcome of the investigation is explained to Kayden verbally after it is determined as appropriate in partnership with his case management team. Actions and outcomes are recorded, and the incident is closed.

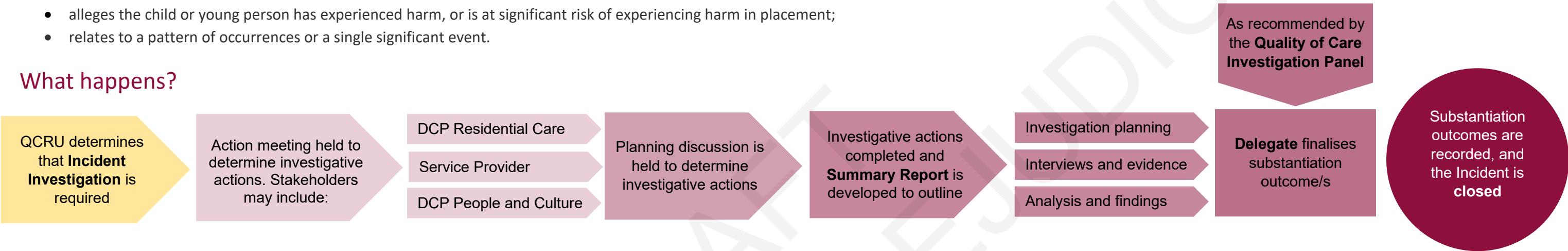
Major Impact Incident – Incident Investigation

When does this apply?

The severity rating for care provision incidents is determined by **client (child or young person) impact**. The Incident Investigation Pathway for Major impact incidents is applied in cases where information:

- alleges the child or young person has experienced harm, or is at significant risk of experiencing harm in placement;
- relates to a pattern of occurrences or a single significant event.

What happens?



Who leads the response?

Major impact incidents with a recommendation of requiring Incident Investigation are managed by the Quality of Care Response Unit. This unit is proposed to be independent of case management or the general operations of DCP and staffed with a team of Response Officers with clinical, investigation, and practice expertise.

Who else is involved?

The Incident Investigation pathway for major impact incidents has been designed for responding to allegations of harm in residential care placements. As such, there are several professionals involved in undertaking assessment, response, and outcome for this pathway.

- The **Incident Management Unit** will receive all incidents raised for children and young people in residential care. As such they are tasked with processing the incident prior to referral on to the Quality of Care Response Unit for response.
- DCP Residential Care or Service Provider Management **must** be involved in determining how best to respond to the information.
- The DCP People and Culture Directorate must be involved in action meetings relating to DCP employees.
- In the event of information relating to alleged criminal behaviour, interagency responses may include **SA Police** and **Child Protection Services**.
- In the event of information relating specifically to sexual abuse, it is shared with the **Office of the Guardian for Children and Young People**.
- The **Quality of Care Investigation Panel** includes senior representatives from various areas within DCP such as disability services, psychological services, and multicultural services. Membership also includes operational leadership such as the roles of Practice Leader and Principal Aboriginal Consultant.
- Delegated decision-maker with respect to this care enquiry substantiation outcome is the **Director, Quality and Safeguarding**.

Case example:

Harry (13) lives in a DCP residential care placement. DCP receives information that Harry has presented at school with injuries to his chest and genitals. Through case mapping, it is learned that Harry has disclosed his carer, Rafa “hurt him” over the weekend. It is confirmed that Rafa was on shift Sunday PM and Night. The QCRU chairs an Action Meeting in which it is confirmed that SAPOL will investigate criminal proceedings. The DCP People and Culture (P&C) Directorate also confirm that disciplinary proceedings will be initiated for Rafa. Relevant interviews are completed by SAPOL as per interagency agreements and an investigation regarding Rafa’s conduct occurs by P&C. Once disciplinary proceedings are finalised with findings made, the QCRO consolidates all information and evidence gathered through investigation prior to presenting this analysis in a summary report. The Quality of Care Investigation Panel review the summary report and make recommendations regarding abuse substantiation outcomes for the Delegate’s final approval. Both Harry and Rafa receive a written outcome for this process.

Spotlight on Assessment

A number of changes are proposed to occur to the way Quality of Care Reports (formerly care concerns) are assessed. For **residential care placements** and information relating to volunteers and DCP employees, these include:

Use of the Client Incident Management (CIM) Assessment Guide

An assessment guide specifically tailored to a residential care context will replace more generic screening approaches.

The CIM Assessment Guide will reflect a child-centred incident management model wherein incident severity is determined by **client impact**.

The clear and specific incident categories and severity ratings reflected in the CIM Assessment Guide will further support improved consistency in screening and substantiation outcomes.

Response and oversight will also be determined in accordance with the CIM Assessment Guide severity matrix and incident classifications.

Completion of case mapping prior to determining the appropriate response pathway

The intention and purpose of the case mapping process is to acknowledge the complexity of placement environments such as family history, child needs, cultural context, staff experience, etc.

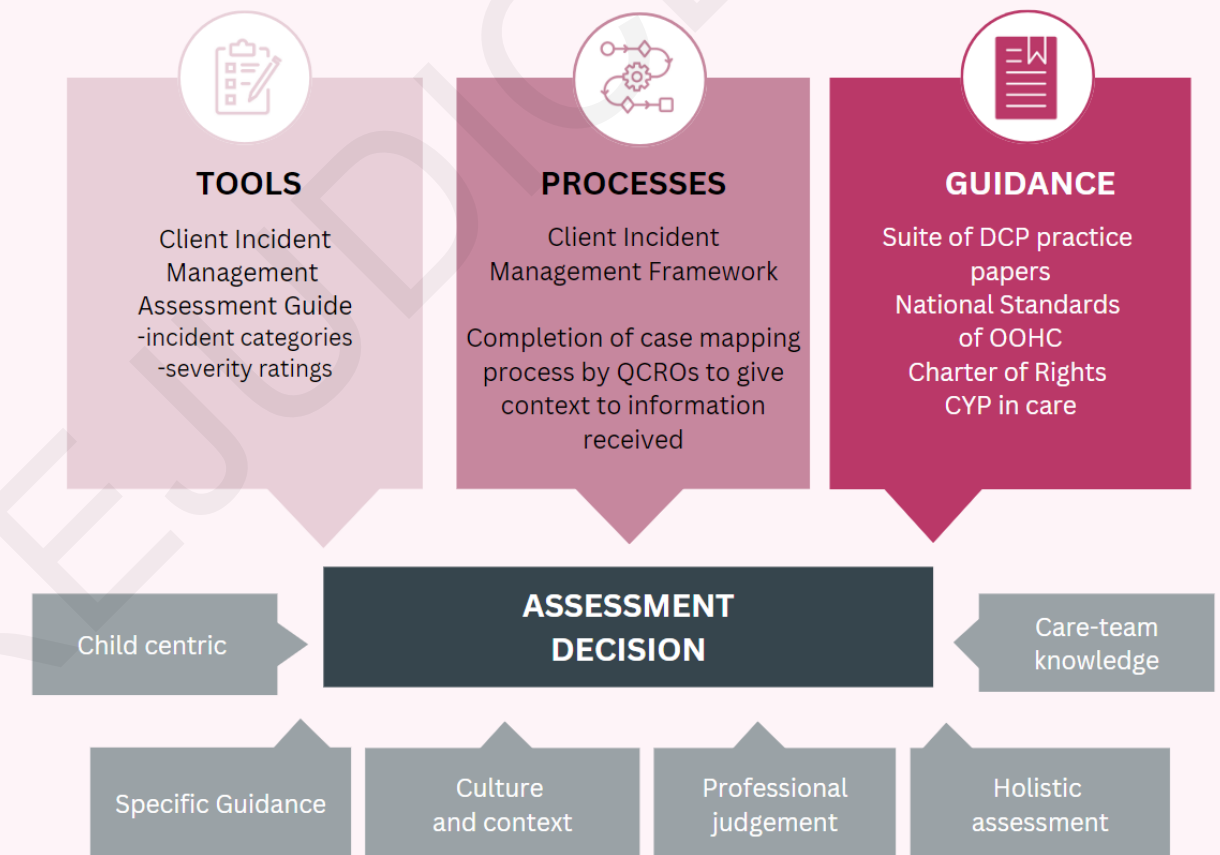
The limited information with which initial categorisation and incident severity is determined is acknowledged and buffered by a clinical process of enquiry.

Members of the care team such as the residential care team and case management share critical information to assist in contextualising reports.

Objectivity is maintained through the case mapping process being led by the Quality of Care Response Unit.

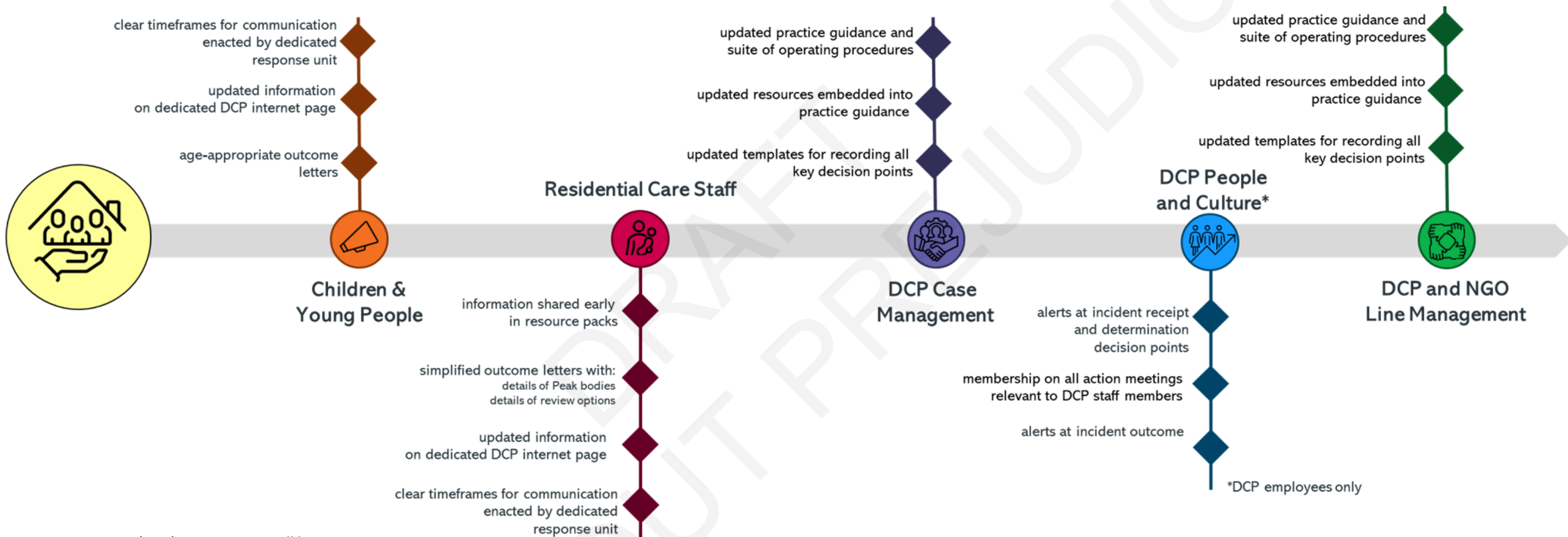
The scope of the case mapping process is flexible and determined by the complexity and severity of information received.

There is an inclusion of clear decision rationale templates at each key decision-point in the process to improve clarity in the screening and assessment process and ultimately strengthen decision-making to be defensible, informed, and grounded in practice guidance.



Spotlight on Communication

Clear and timely communication is a key part of maintaining a fair and accountable Quality of Care Report response model. Changes to communication pathways during this process for residential care placements and information relating to volunteers and DCP employees include:



Communication at **key decision points** will happen:

Incident received	Case mapping undertaken	Response pathway chosen (supervision and support)	Response pathway chosen (incident investigation)	Outcome reached (supervision and support)	Outcome reached (incident investigation)	Incident closed
	● if appropriate			● verbally, if appropriate	● in writing, if appropriate	
	● if appropriate	● verbally	● in writing	● verbally	● in writing	
● via auto-alert	● verbally	● in writing	● in writing	● in writing	● in writing	● via auto-alert
● via auto-alert		● via auto-alert	● via auto-alert	● via auto-alert	● via auto-alert	● via auto-alert
● in writing	● verbally	● in writing	● in writing	● in writing	● in writing	● in writing

Proposed Quality of Care Response Model – Incident Management pathway

Spotlight on Misconduct

All **DCP employees** must conduct themselves in a manner consistent with the Code of Ethics for the South Australian Public Sector (Code of Ethics). While not directly positioned within the scope of the quality of care response model, investigation of suspected misconduct by DCP employees is undertaken by the DCP People and Culture (P&C) Directorate and may be initiated in response to the raising of a care provision incident. This will not occur in all cases but all care provisions incidents with a DCP employee as alleged responsible person will be reviewed by P&C.

Investigation planning

When an issue of employee behaviour or conduct first comes to light, a decision needs to be made whether the matter can and should be dealt with as suspected misconduct, or if it is best to respond in another way – for example by dealing with the matter as unsatisfactory performance.

In instances where misconduct concerns exist, P&C leads the investigative response. Investigation planning occurs collaboratively between P&C and QCRU to ensure the child or young person/s experiences of harm can be determined in addition to suspected employee misconduct.

Investigative actions (suspected misconduct)

Investigations into suspected employee misconduct considers whether an **employee** has breached one or more of the Professional Conduct Standards in the Code of Ethics. The Chief Executive (or Delegate) considers all evidence gathered during the investigation in order to determine whether to put allegations of misconduct to an employee in writing.

The Chief Executive (or Delegate) determines findings based on the balance of probabilities, which may lead to disciplinary sanctions. The employee is afforded procedural fairness and given the opportunity to respond to allegations, findings, and proposed sanctions before a final decision is made.

Investigative actions (care provision incident)

These actions relate to determining whether, on the balance of probabilities, there is sufficient evidence to determine whether abuse has occurred. It is a process centred on **child impact** and involves:

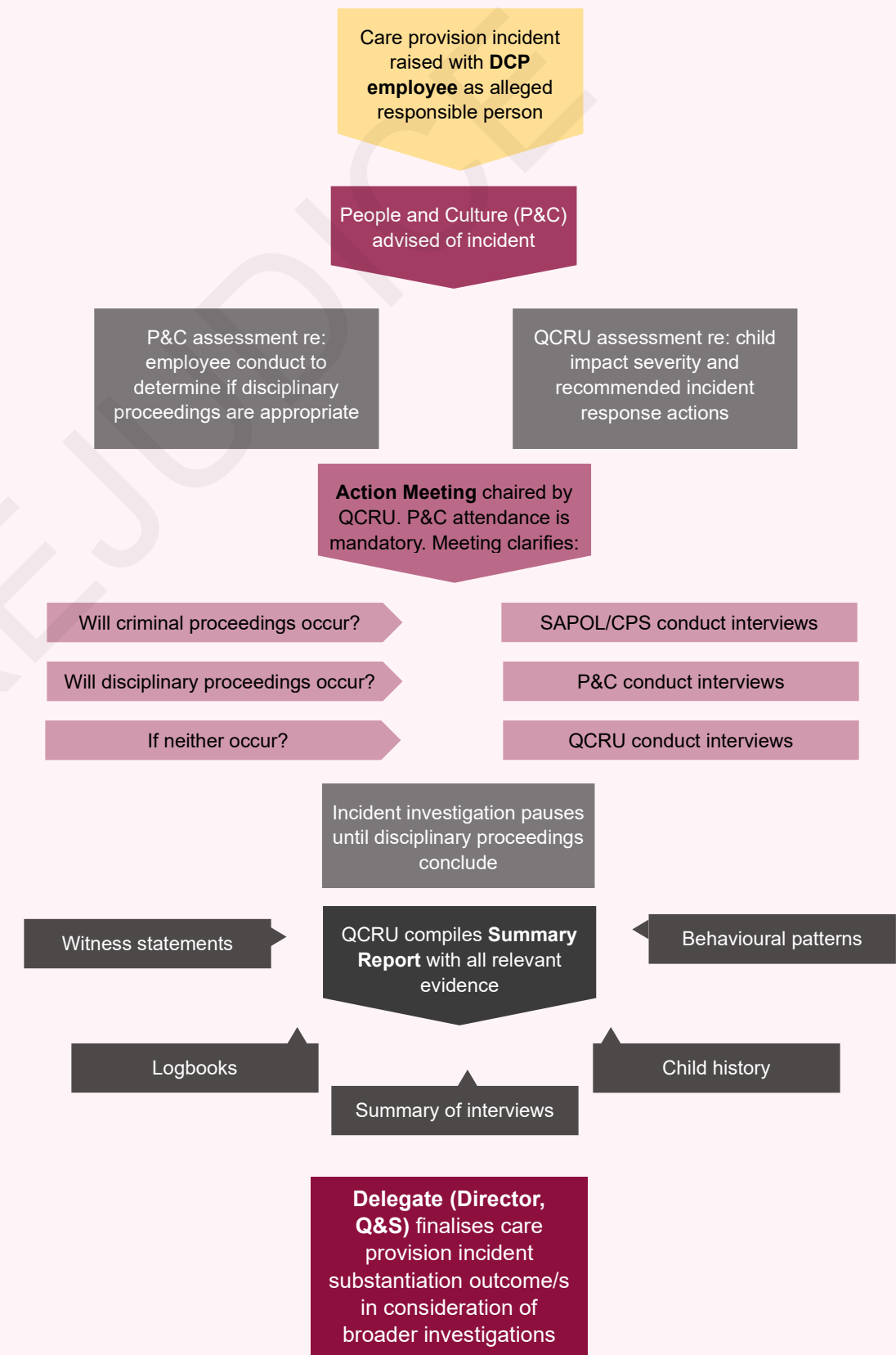
- putting allegations to the employee in writing;
- determining the sequence of events;
- reviewing all relevant evidence;
- interviewing all relevant parties; and
- objectively considering any response from or on behalf of the employee.

Findings are made on the balance of probabilities by the Delegate (Director, Quality and Safeguarding).

Response actions (completed by case management)

These actions relate to providing a holistic response to the incident and are completed by case management, DCP residential care, and QCRU. These may include:

- Ensuring safety of impacted child or young person
- Determining any additional support needs
- Actioning any necessary referrals or follow up



Quality of Care Response Model

-

Proposed Review Mechanism



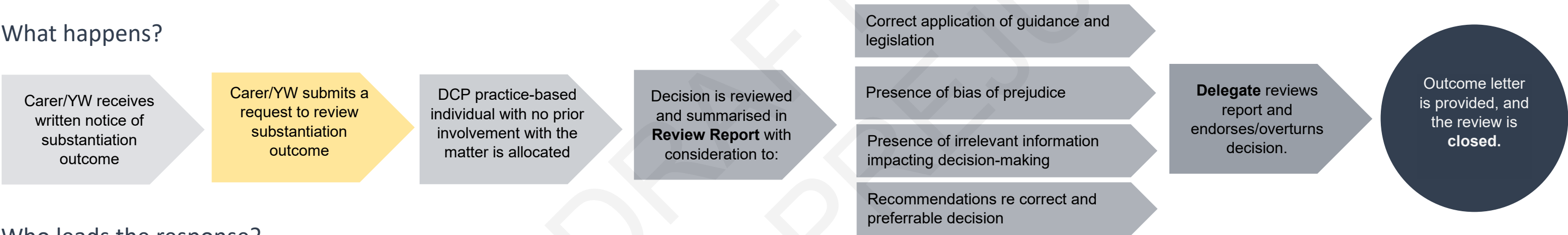
Review mechanism

When does this apply?

The proposed Quality of Care Response Model introduces a mechanism by which Quality of Care Report substantiation decisions may be reviewed. The review mechanism is applied in cases where:

- A Quality of Care response has resulted in DCP issuing a substantiation outcome against the person subject of the report; and
- The person subject of the report submits a request for review upon receipt of the substantiation outcome within a defined timeframe (TBD).

What happens?



Who leads the response?

Reviews of Quality of Care Report substantiation outcomes are proposed to be led independently to case management and the Quality of Care Response Unit. This ensures that the decision is reviewed by an individual with no prior knowledge of the matter, who has not been involved in the initial decision. The specific workforce is still being finalised.

Who else is involved?

Requests for Quality of Care Report Reviews are proposed to be processed by the Complaints and Feedback Management Unit within the Office of the Chief Executive.

The Delegated decision-maker with respect to the review outcomes outcome is proposed to be the **Executive Director, Child and Young Person Services**.

List of Abbreviations and Acronyms

Acronym	Description
CARL	Child Abuse Report Line
CIMS	Client Incident Management System
DCP	Department for Child Protection
IMU	Incident Management Unit
NGO	Non-government Organisation
OPI	Office of Public Integrity
P&C	People and Culture
QCRO	Quality of Care Response Officer
QCRU	Quality of Care Response Unit
YW	Youth Worker