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SA Health

# Policy

## Child Safe Environments (Child Protection)

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Government  
of South Australia

SA Health

## 1. Name of Policy

Child Safe Environments (Child Protection)

## 2. Policy statement

This policy provides the mandatory requirements for the protection and support of children and young people through the establishment and maintenance of child safe environments across SA Health, in accordance with:

- > [National Principles for Child Safe Organisations](#)
- > Sections 114 – 115 of the [Children and Young People \(Safety\) Act 2017](#) (CYPS Act)
- > Sections 64 – 65 of the [Criminal Law Consolidation Act 1935](#) (CLC Act)
- > Sections 50E and 50F of the [Civil Liability Act 1936](#) (CL Act).

## 3. Applicability

This policy applies to all employees, students, volunteers, and contractors of SA Health of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those LHNs, and SA Ambulance Service (SAAS) and relates specifically to their contact with children and young people.

## 4. Policy principles

SA Health's approach to child safe environments is underpinned by the following principles:

- > We ensure all staff take responsibility to support and protect children and young people.
- > We are responsive to the feedback and concerns of children, young people, and their families/carers.
- > We ensure staff understand that children and young people have a right to feel safe and protected when accessing health services.
- > We ensure staff have a preventative, proactive and participatory stance on child protection issues.
- > We ensure systems are in place to supervise, train and support staff to ensure they understand and adhere to their legal obligations to protect children from harm.
- > We ensure that children, young people, and their families/carers are given the opportunity to actively participate in their treatment and care.
- > We recognise and ensure the right to self-determination for Aboriginal peoples to meet their social, cultural, and economic needs as the First Peoples of Australia.
- > We ensure that to mitigate risks to children and young people we have effective clinical and corporate governance frameworks in place to facilitate the provision of child safe environments.
- > We ensure accurate and up-to-date records regarding all measures undertaken to ensure child safe environments are established and maintained.

## 5. Policy requirements

### Establishing and maintaining child safe environments

- > The establishment and maintenance of a child safe environment must be in accordance with this policy, [Appendix 1: Children and Young People in Adult Health Services Mandatory Instruction](#), and the associated [mandatory related documents](#) encompassing human resources, physical assets, information management and reporting obligations.

### Supervision, training, and support for staff

- > All staff must successfully complete the Foundation Level 1 Course, Protecting Children is Everyone's Business, within 3 months of commencement and with any updates to the course in line with changes to legislation.
- > All clinical staff and their managers who provide services to children and young people and/or pregnant women or have access to their health records, must complete the 3 modules of the Child Safe Environment Level 2 Training Course within three months of commencement, and every three years thereafter.
- > DHW, LHNs and SAAS must:
  - o Ensure relevant staff develop and maintain the necessary skills and understanding to make and submit a report/notification to Department for Child Protection's child abuse report line CARL or eCARL, and relevant to any unlawful conduct of a sexual nature committed by another employee to, or in relation to a child or young person, make a report to SAPOL.
  - o All staff must be provided with information to ensure accurate and up-to-date medical records and capture the CARL report/notification and SAPOL report using the Record of Mandatory Notification for Suspected Child Abuse or Neglect (MR MNR).
  - o Ensure volunteers and students are directed to comply with this policy through their agreement/contract of engagement.
  - o Develop and implement local strategies to supervise, train and support staff to understand and execute their mandatory responsibilities to protect children from harm, and to report when they know, suspect, or should suspect a child has been harmed or is at risk, as articulated in Sections 30-31 of the *CYPS Act*, and Section 64A of the *CLC Act*.
  - o Ensure staff are aware and have confirmed understanding of their relevant legal obligations.
  - o Ensure accurate and up-to-date records are maintained relevant to staff training program completion and ongoing compliance requirements.

### Reporting suspected risk of sexual abuse of children and young people

- > Staff must comply with mandatory reporting requirements under the *CYPS Act*, *CLC Act*, and the [Mandatory Reporting of Suspicion that a Child or Young Person is or may be at Risk Policy](#) where they suspect that a child or young person is, or may be, at risk of sexual abuse by another employee.
- > Staff must report to South Australia Police (SAPOL) if they know or suspect that another employee of their LHN/SAAS is, has, or is likely to sexually abuse a child. Failure to report suspected child sex abuse, where an employee knows, suspects, or should reasonably have suspected child sex abuse, may result in the employee being found guilty of an offence under section 64A of the *CLC Act*.
- > To make a report to SAPOL, staff must attend and report to their local police station and arrange to give a formal statement, and then keep a record of the resulting police report number.
- > If an incident requires immediate police attendance, staff must contact 131 444 or, in the case of an emergency or life-threatening situations, 000.

### Duty to prevent child abuse

- > SA Health has a duty to prevent child abuse by persons associated with the provision of SA Health services and must take all reasonable steps to prevent the abuse of a child under the care, supervision, control, or authority of SA Health. This includes a duty to protect a child from sexual abuse.
- > If staff consider that SA Health could take additional steps to prevent the likelihood of the abuse of a child under its care, supervision, control or authority, staff must raise this with their line manager as soon as practicable.
- > For the purposes of the above paragraphs:
  - o a 'person associated' with SA Health includes an officer, office holder, representative, leader, owner, employee, agent, volunteer, or contractor of SA Health.
- > Staff must take reasonable steps to reduce or remove substantial risk of child sexual abuse being perpetrated by other staff. Failure to report or take appropriate action may result in being found guilty of an offence under section 65 of the *CLC Act*.
- > The provision of child safe environments for the treatment of children and young people in adult health services must be conducted by a risk management approach and comply with this policy and its mandatory instruction.

### Reporting and responding to complaints or feedback

- > Staff must ensure that children and young people are aware of their rights and are enabled to provide feedback, raise any concerns, or make a complaint.
- > Staff must ensure that parents and guardians/carers are aware of their rights, how to access the complaints process and information including [Your Rights and Responsibilities - A Charter for Consumers of the South Australian Public Health System](#) and the [SA Health Consumer, Carer and Community Feedback and Complaints Management Strategic Framework](#).
- > LHNs and other SA Health agencies must immediately respond to concerns raised by children, young people, and their families about any unwelcome or uncomfortable attention, and inappropriate or grooming behaviours.

### Risk management

- > LHNs and other SA Health agencies must develop processes to mitigate, identify, assess, and monitor any risks within the environment, consistent with Section 114 of the *CYPS Act* and the [Risk Management, Integrated Compliance and Internal Audit Policy](#).
- > All sites and services within SA Health must comply with the [Risk Management, Integrated Compliance and Internal Audit Policy](#) and are responsible for developing and implementing their own child-focused risk management plans and mitigation strategies.
- > LHNs must ensure that effective clinical and corporate governance frameworks are in place to facilitate the provision of child safe environments, for the local development of operational procedures that include identification of risks for children and young people and risk management and mitigation strategies, and for monitoring compliance by identifying and reviewing incident reports concerning children and young people and identifying any consequential required action.
- > When undertaking a risk assessment and implementing measures to ensure the safety and protection of an individual child or young person, staff must consult with their local security unit and seek further advice from the DHW Deputy Agency Security Executive and/or Agency Security Advisor.

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- > When undertaking risk assessments to ensure sites and facilities have optimal security arrangements to ensure the safety and protection of children and young people, LHNs must consult with the DHW Deputy Agency Security Executive and/or Agency Security Advisor as outlined in the [Protective Security Policy](#) and the [South Australian Protective Security Framework](#).

### Implementation and monitoring

- > LHNs, DHW and SAAS must review existing and/or develop procedures to support local implementation of this policy.
- > All LHNs and other SA Health agencies must keep accurate and up-to-date medical records and be able to demonstrate that they have undertaken actions that contributes to safety and wellbeing of the relevant child, young person, or the mother of an unborn child.
- > SA Health staff must keep accurate and up-to-date records that demonstrate that staff have been provided with information to ensure that the following information is captured in the child or young person's medical record where applicable.
  - Alerts relating to child protection or wellbeing concerns.
  - Capture of risk assessments and management processes
    - Capture of Child at Risk Assessment in the Emergency Department (ED).
    - Capture of CARL notifications using the MR-MNR.
    - Capture of Ask, Assess and Respond (AAR).
    - Capture of Domestic Violence Risk Assessment.

## 6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [Charter on the Rights of Children & Young People in Healthcare Services in Australia \(awch.org.au\)](#).
- > [Mandatory Reporting of Suspicion that a Child or Young Person is or may be at Risk Policy](#)
- > [Child Safety \(Prohibited Persons\) Act 2016](#)
- > [Children and Young People \(Oversight and Advocacy Bodies\) Act 2016](#)
- > [Children and Young People \(Safety\) Act 2017](#)
- > [Civil Liability Act 1936](#)
- > [Clinical Incident Management Policy](#)
- > [Code of Ethics for the South Australian Public Sector](#)
- > [Collaborative Case Management of High-Risk Infants in Hospitals Policy](#)
- > [Consent Guideline](#)
- > [Consent to Medical Treatment and Health Care Policy](#)
- > [Consent to Medical Treatment and Palliative Care Act 1995](#)
- > [Convention on the Rights of the Child](#)
- > [Criminal and Relevant History Screening Policy](#)
- > [Criminal Law Consolidation Act 1935](#)
- > [Equity of Access, Interpreting and Translating Policy](#)
- > [Fabricated or Induced Illness in a Child Policy](#)

- > [Health Record Management Policy](#)
- > [Mental Health Act 2009](#)
- > [National Principles for Child Safe Organisations.](#)
- > [National Strategy to Prevent and Respond to Child Sexual Abuse](#)
- > [Protective Security Policy](#)
- > [Respectful Behaviour Policy](#)
- > [Responding to Suspected or Alleged Offences against a Child Occurring at a SA Health Facility or Service Guideline](#)
- > [Risk Management, Integrated Compliance and Internal Audit Policy](#)
- > [South Australian Protective Security Framework](#)
- > [Surveillance Devices Act 2016](#)
- > [Workplace Surveillance Policy](#)

## 7. Supporting information

- > [Child-Friendly-Complaints-Leaflet-national-office-of-child-safety-2020.pdf](#)
- > <https://Bravehearts.org.au/about-child-sexual-abuse/what-is-grooming/>
- > <https://www.childabuseroyalcommission.gov.au/>
- > [Keeping our kids safe: Cultural Safety and the National Principles for Child Safe Organisations \(chidsafety.gov.au\)](#)
- > [National Plan to End Violence against Women and Children 2022-2032](#)
- > [National Safety and Quality Health Service Standards User Guide for Acute and Community Health Service Organisations that Provide Care for Children](#)
- > [Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan 2023-2026](#)
- > [Safe Environments for Children and Young People: Mandatory Notification Information Booklet \(Department for Human Services\)](#)
- > [Speak up and make a complaint \(chidsafety.gov.au\)](#)
- > [The National Framework for Protecting Australia's Children 2021 2031](#)

## 8. Definitions

- > **Child or young person** means, for the purposes of the *CYPS Act* and the *CLC Act*, a person who is under 18 years of age.
- > **Fabricated or induced illness** means when a caregiver elicits health care on the child or young person's behalf in an unjustified way. Fabricated or induced illness takes a variety of forms and occurs on a continuum.
- > **Grooming** means the preparatory stage of *child sexual abuse* and exploitation, often undertaken to gain the trust and/or compliance of the child or young person and to establish secrecy and silence to avoid disclosure. A child or young person's parents, guardians/carers may also be groomed by someone intending to harm a child or young person.
- > **Grooming behaviours** means actions or behaviours that may be used to groom a child or young person. Grooming behaviours may include:
  - persuading a child or young person that they have a special relationship.

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- discouraging other staff from being involved in the child or young person's treatment or care.
- using presents, treats and playing games not related to the child or young person's health care.
- > **Guardian** means the guardian(s) of the child or young person pursuant to an order of the Court under the CYPS Act.
- > **Harm** as defined under section 17 of the *CYPS Act* a reference to harm will be taken to be a reference to physical or psychological harm (whether caused by an act or omission) and, without limiting the generality of this subsection, includes such harm caused by sexual, physical, mental, or emotional abuse or neglect.
- > **Institution** means, under the *CLC Act*:
  - an entity (whether private or public) that operates facilities or provides services to children who are in the care, or under the supervision or control, of the institution and includes (without limitation) medical and religious institutions and any services or functions provided by persons as part of the duties of a medical practitioner or of a religious or spiritual vocation, or
  - an entity of a class prescribed by the *Criminal Law Consolidation (General) Regulations 2021*.
- > **Mandated reporter** means individuals who are required to report suspicions of harm or risk of harm under Section 31 of the *CYPS Act* and a prescribed person under Section 64A of the *CLC Act*.
- > **Mobility** means whether the child or young person can be independently mobile (able to crawl, cruise or walk unaided), or whether they are unable to physically move themselves away from a harmful situation and therefore have an increased vulnerability to the risk of harm.
- > **Other persons** mean other persons including staff, other patients, their relatives, visitors, friends and/or care givers who have access to the immediate or surrounding environment of the child or young person pose a potential risk.
- > **Prescribed person** means, under the *CLC Act*, an adult who is an employee of an institution, including a person who:
  - is a self-employed person who constitutes, or who carries out work for, an institution, or
  - carries out work for an institution under a contract for services, or
  - carries out work as a minister of religion or as part of the duties of a religious or spiritual vocation, or
  - undertakes practical training with an institution as part of an educational or vocational course, or
  - carries out work as a volunteer for an institution; or
  - is of a class prescribed by the *Criminal Law Consolidation (General) Regulations 2021*; or
  - provides out of home care.
- > **Protective parent/guardian/carer** means the child's or young person's parent/carer/guardian who is acting protectively in meeting the child's or young person's protective needs. The parent/guardian/carer is able and willing to protect the child or young person when they are aware of the suspected or alleged offence and are capable and willing to take action to ensure the child's or young person's safety.
- > **Risk** as defined under Section 18 of the [Children and Young People Safety Act 2017](#) which states a child or young person will be taken to be at risk if:
  - The child or young person has suffered harm (being harm of a kind against which a young person is ordinarily protected).
  - There is likelihood that the child or young person will suffer harm (being harm of a kind against which a young person is ordinarily protected).

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- There is likelihood that a child or young person will be removed from the State (whether by their parent or guardian or by some other person) for the purpose of:
  - being subjected to a medical or other procedure that would be unlawful if performed in this state (including, to avoid doubt, female genital mutilation),
  - taking part in a marriage ceremony (however described) that would be a void marriage, or would otherwise be an invalid marriage, under the *Marriage Act 1972* of the Commonwealth, or
  - enabling the child or young person to take part in any activity, or an action to be taken in respect of the child or young person, that if it occurred in this State, constitute an offence against the [Criminal Law Consolidation Act](#) of the Criminal Code of the Commonwealth.
- The parents or guardians of the child or young person:
  - are unable or unwilling to care for the child or young person.
  - have abandoned the child or young person, or cannot, after reasonable inquiry, be found, or
  - are dead or
  - the child or young person is of compulsory school age but has been persistently absent from school without satisfactory explanation of the absence; or
  - the child or young person is of no fixed address.
- > **Screening** means child-related employment screening. It is an essential mechanism in protecting South Australia's children and young people from harm. SA Health must ensure that an assessment of the person's relevant history has been conducted, before a person is appointed to or engaged to act in a 'prescribed position' (whether an employee, volunteer, agent, contractor, or subcontractor). Within the South Australian Government, the Department of Human Services is mandated to conduct child-related employment screening on behalf of organisations that are engaging employees and/or volunteers as per the *Child Safety (Prohibited Persons) Act 2016*.
- > **Sexual abuse of a child** under the *CLC Act*, includes any unlawful conduct of a sexual nature committed to, or in relation to a child.
- > **Should reasonably have suspected** means that a reasonable person in the same circumstances would have suspected that another person has engaged, is engaging, or is likely to engage in sexual abuse of a child, in accordance with Section 64A (2) of the *CLC Act*.
- > **Staff** means all SA Health employees, volunteers, students, contractors, consultants and 'prescribed persons' (as defined above) that provide health services to the population or who have access to children's and young people's health records and other government employees working at SA Health sites and non-government organisations.
- > **Statewide services** include Statewide Clinical Support Services, SA Prison Health, SA Dental Service, BreastScreen SA and any other statewide services that fall under the governance of the Local Health Networks.

## 9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Risk Management, Integrated Compliance and Internal Audit Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Children's Policy Domain and the Custodian for the Risk, Compliance and Audit Policy Domain.

## 10. Document ownership

Policy owner: Domain Custodian for the Children's Policy Domain

Title: Child Safe Environments (Child Protection) Policy

Objective reference number: A385340

Review date: 18 March 2029

Contact for enquiries: Staff should contact their local policy unit for advice on implementation of this Policy.

Policy leaders across SA Health are welcome to contact the Child Protection and Policy Unit, DHW by email: [Health.ChiefChildProtectionOfficer@sa.gov.au](mailto:Health.ChiefChildProtectionOfficer@sa.gov.au)

## 11. Document history

Version	Date approved	Approved by	Amendment notes
5.0	18/03/2024	Chief Executive, DHW	Formatted into new policy template. Material Amendments Amalgamated Children and Young People in Adult Health Services Policy Guideline.
4.0	04/11/2020	CEO Women's and Children's Health Network	Added extra information about security
3.1	16/05/2019	Director Corporate Governance and Policy WCHN	Minor amendments
3.0	15/10/2018	Interim Director Health Informatics WCHN	Reviewed and updated in line with Legislation
2.0	01/05/2018	SA Health Policy Committee	Formally reviewed in line with 1–5-year scheduled timeline for review
1.1	24/02/2012	Policy and Inter-government Relations	Minor modifications
1.0	18/02/2011	Portfolio Executive	Original Portfolio Executive approved version

## 12. Appendices

Appendix 1: Children and Young People in Adult Health Services Mandatory Instruction.

## Appendix 1: Children and Young People in Adult Health Services Mandatory Instruction

The following Instruction must be complied with when treating children and young people in adult health services, to meet the requirements of this policy.

### 1. Treating children and young people in adult health services

LHNs and SAAS must:

- > Apply a risk assessment to determine the safe and secure treatment, care and accommodation to each individual presentation and document it in the patient's health record.
- > Ensure children and young people are kept separate from adult patients, and wherever possible, in specific dedicated areas within the health service.
- > Ensure all areas, including but not limited to emergency departments, medical imaging, outpatient areas, inpatient units, demonstrate a child safe environment.
- > Be sensitive to differing expectations regarding children and young people's race, culture, ethnicity, age, gender, and sexual orientation, and must consider the level of vulnerability, anxiety, embarrassment, or physical discomfort.
- > Ensure the needs and preferences of children and young people are sought, respected, and documented in the patient's health record.

### 2. Determining a safe environment for a child or young person

LHNs and SAAS must:

- > Assess the child safe environment using the following criteria:
  - Local risk management processes and procedures.
  - Clinical judgment of the individual circumstances and vulnerabilities of the child or young person in the adult health service, including availability of social support.
  - The safety of the physical environment and clinical setting patient cohort.
- > Assess the risks to the child or young person's safety, considering the following:
  - Mobility.
  - Other persons.
  - Access and throughfares.
    - Consideration must be given to where the child or young person is receiving care, and if security controls are in place, such as authorised identification card access.
  - Suspicion of, or actual, abuse or neglect.
  - A proceeding child protection assessment investigation and order.
  - Suspicion of fabricated or induced illness and a formal assessment and diagnosis of the parent/carer is yet to be made.
  - Concerns raised regarding the parent, guardian, carer, or other person connected to the child or young person, including the effects of drugs, acute mental health episode or aggressive behaviour or threat.
    - Where applicable, notification of security incidents must be made to management and progressed through the Safety Learning System (SLS).
- > Assess the control measures to manage the risks, considering:
  - Placing the child or young person near the nurse's station.

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- Constant employee supervision/observation.
- Whether parents, guardian or carers can stay at the bedside or be nearby.
  - If so, facilities such as a lounge chair or folding bed must be provided.
- Provision of separate accommodation and bathroom facilities. This must be considered in the context of supervision and observation requirements; and
- Security measures and safeguards.

### 3. Documentation

LHNs and SAAS must:

- > Document any risk assessment undertaken, and controls implemented, copies of legal orders or other authorities in the child or young person's health record in accordance with this policy.
- > Ensure accurate and up to date patient records are maintained by recording:
  - the informed child or young person's assent/consent (child's voice) or parental, guardian or carer consent.
  - why they have either given or withheld their consent.
  - what they understand will happen if they do or do not provide consent.
  - the questions an Aboriginal child or young person has been asked in the presence of a cultural support person.

### 4. Child protection and court orders

LHNs and SAAS must:

- > Where a child or young person is identified as being under a legal order or other authority, obtain a copy of the relevant documentation on admission, and file in the child or young person's health record.
- > Comply with any legal orders, including orders concerning child protection, guardianship, and/or Family Court matters setting out who has authority to make decisions, give consent on behalf of, and who may have access to the child and young person.
- > Be vigilant in ensuring entry of persons, other than the current legal guardian or prescribed visitors (as identified by the parent, guardian, or Department for Child Protection (DCP)) does not contravene an order.
- > Discuss with the child or young person's protective parent, legal guardian or their DCP case worker on security and safety needs to determine if access must be restricted to named individuals only.

### 5. When a child safe environment is not available

In circumstances where, despite the requirements listed above, a child safe environment is not available or cannot be established, the health service must:

- > Refer the child or young person to a health service with a child safe environment; or
- > Appoint an appropriate support person in consultation with the child or young person.
  - The support person must understand the role that they are performing is on behalf of the child or young person (this must be managed after all other options have been exhausted).

## **6. Emergency presentations**

LHNs and SAAS must:

- > Ensure the immediate medical needs of the patient are managed in the case of a child or young person presenting in emergency to a health service where designated paediatric care or a child safe environment designated area is not available, before transfer to a health service where a child safe environment is facilitated.
- > Ensure any transfer of the child or young person continues to maintain a child safe environment.

## **7. Movements within and discharge from Health Services**

When a child or young person is required to move to another area of the health service, systems must be in place to ensure:

- > The child or young person is also accompanied by an appropriate parent, guardian, carer, or support person.
- > The child or young person's whereabouts (including time of departure from the child safe environment and return) is known and documented.
- > That a child or young person who is being discharged from a health service is in the care of an appropriate parent, guardian, carer, or support person.

## **8. Complaints or feedback**

In compliance with this policy, children and young people must be made aware of and understand their rights and can access information should they wish to make a complaint or provide feedback.