

# Care concerns: Assess and assign a care concern referral Procedure

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## 1. Purpose

This procedure has been developed to support the aims and objectives of the Department for Child Protection (DCP) [Manual of Practice – Raising and Responding to Care Concerns chapter](#). It is intended to be read in conjunction with other established procedures relating to the management of care concerns.

This procedure describes the process for Care Concern Management Unit (CCMU) staff when assessing and assigning a care concern Referral (CCR).

## 2. Scope

This procedure applies to staff within the DCP CCMU and the DCP Call Centre. Those with specific roles and responsibilities related to this procedure include the Manager CCMU, Principal Care Concern Officer (PCCO), Senior Care Concern Officer (SCCO) and Program Support Officer (PSO).

## 3. Authority

### 3.1 Legislative context

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

The purpose of the *Children and Young People (Safety) Act* and Regulations is to protect children and young people from harm. It includes a framework for reporting suspicions that a child or young person is at risk of harm, responding to concerns when a child or young person has been harmed (or is at risk of harm) and providing the safe and appropriate care of children and young people under custody or guardianship of the Chief Executive.

Section 32 of the *Children and Young People (Safety) Act 2017* requires the assessment and action on each report indicating that a child or young person may be at risk.

*Criminal Law Consolidation Act 1935*

Section 64A and 65 of the *Criminal Law Consolidation Act 1935* outlines additional responsibilities for DCP employees (including students, volunteers and agency carers) in responding to allegations of sexual harm perpetrated by another DCP employee.

### 3.2 Whole of Government requirements

- The [National Standards for out-of-home care 2011](#)
- [Charter of Rights for Children and Young People in Care](#).

### 3.3 DCP requirements

- [Assessment framework for DCP Staff](#)
- [The DCP Practice Approach](#)
- [Quality and Safeguarding Framework \(2020\)](#)
- [DCP Call Centre Manual of Practice chapter.](#)

## 4. Procedure requirements

### 4.1 Receive a new care concern

Staff from the DCP Call Centre will consider the information and determine if the information meets the criteria for a care concern as per the definition. The Call Centre will then review and undertake initial quality assurance for each new CCR and allocate the CCR on C3MS to the CCMU for assessment via the provider group 'CCMU Intake Supervisor'.

### 4.2 Immediate safety

The PCCO or the Manager CCMU will review each new CCR to identify any immediate unaddressed safety threats for the child or young person or others in the same placement. Unaddressed safety threats may include, but are not limited to:

- suspected sexual abuse where the information available indicates that the person subject of concern may pose an immediate threat to the child or young person's safety
- the child or young person requires same day medical, forensic or mental health attention
- the carer's explanation for the injury to the child or young person is inconsistent with the type of injury and the nature of the injury indicates immediate threat to the child or young person's safety
- the care environment is hazardous and immediately threatens a child or young person's health or safety
- the carer is unable or unwilling to meet the child or young person's immediate needs for supervision, shelter, food and or medical care and as a result the child or young person's safety is at immediate risk
- the carer is unable or unwilling to protect the child or young person from serious harm or threatened harm by others.

Where there are unaddressed safety threats, the PCCO/Manager CCMU will consult with the manager (or other appropriate person) of the office allocated the child or young person and/or the service provider to determine the immediate action required. Consultation and discussions between the allocated office and CCMU may include, but are not limited to:

- requests to sight the child or young person and confirm safety
- requests for the office to seek medical, forensic or mental health attention for the child or young person
- requests for the Person/s Subject of Concern to be removed from shift while the care concern is being assessed
- convening an [Interagency Code of Practice](#) strategy discussion (where it is agreed that a strategy discussion is to occur, CCMU will request to be a participant in this discussion).

Action taken by the PCCO/Manager CCMU in response to section 4.2 is to be documented in the notes section of the CCR on C3MS.

Additional information on addressing safety threats can be found at [assessing safety](#).

Should the notification be raised outside of business hours, the DCP Call Centre may consider any further action as outlined within section 4.2 for follow up to ensure the safety and wellbeing of the child or young person. This remains at the discretion of the DCP Call Centre. However all relevant information regarding follow up action undertaken will be recorded within the notes and documents for the relevant care concern case. The DCP Call Centre staff will also email the CCMU via [DCPCareConcernManagementUnit@sa.gov.au](mailto:DCPCareConcernManagementUnit@sa.gov.au) to advise of any urgent matters for action the next business day.

### 4.3 Reporting

On reviewing the CCR, the PCCO/Manager CCMU will determine if any additional action is required in line with the [Significant Incident Reporting Procedure](#).

The CCMU will also consider any additional internal and external reporting requirements as per the [Care concerns: Reporting to external agencies](#) or Care Concern Assessment Panel, Terms of Reference.

The CCMU will also consider whether the matter meets the criteria for a referral to Adverse Events as per the [Adverse Events Procedure](#). Where this criteria is met the PCCO/ Manager CCMU will email the Adverse Events mailbox.

All actions undertaken in response to section 4.3 will be recorded by the PCCO/Manager CCMU in the notes sections of the CCR on C3MS.

### 4.4 Allocate the CCR for assessment

The PCCO/Manager CCMU will record the CCR and details of the SCCO assessing the CCR on the CCMU tracking register.

The PCCO/Manager CCMU will primarily assign the new CCR (within 24 hours of receipt of the CCR by CCMU) to a SCCO for assessment. The SCCO will receive a C3MS workflow in their 'My Worklist' which will read 'You have been allocated to a case'.

### 4.5 Initial quality assurance

The PCCO/Manager CCMU will determine if the CCR requires an urgent assessment and allocate a timeframe for the assessment, once allocated to an SCCO.

The SCCO will then undertake an initial quality assurance (QA) of the CCR to:

- review of the care concern and confirm it meets the definition of a care concern
- review the Person Subject of Concern (PSOC) and confirm the details are correct
- confirm that the CCR has been raised on all required children and young people in care within the placement
- confirm that familial intakes have been raised on the biological children
- confirm any extra-familial intakes (EXF) intakes have been raised (where relevant)
- confirm that abuse types are recorded correctly on the CCR.

Where initial QA issues are identified the SCCO will make changes to the CCR to reflect the correct information. Where it is identified that a care concern needs to be raised on other children or young people within the placement, or familial intakes or extra-familial intakes have not been raised, the SCCO will contact the DCP Call Centre and request the additional intakes are raised.

QA activities must be undertaken prior to a determination note being uploaded to the CCR.

#### 4.5.1 New CCRs involving DCP staff

If the PSOC is identified as DCP staff, the CCMU will alert the Group Manager, Employee Relations and the Manager, HR Operations, via email, including an attached PDF copy of the allegations.

CCMU will also additionally assign the relevant residential care manager to any CCRs where the PSOC is identified as a DCP residential care worker. A mud map of current residential care management allocations will be provided to the CCMU by residential care for these purposes.

In circumstances where the care concern involves information that a current or former DCP employee is the alleged perpetrator of sexual harm toward the child or young person (even if they are now an adult), CCMU or DCP Call Centre staff must refer to the [Reporting a suspicion a child or young person is at risk procedure](#). In accordance with section 64A of the *Criminal Law Consolidation Act 1935*, it is an offence for a DCP employee not to report to SAPOL if they know or suspect sexual harm of a child perpetrated by another DCP employee. Failure to report to SAPOL suspected child sexual abuse in accordance with section 64A has a maximum penalty of imprisonment for three years. In accordance with section 65 of the *Criminal Law Consolidation Act 1935*, it is also an offence for a DCP employee to negligently fail to reduce or remove a substantial risk of sexual harm of the child or young person allegedly perpetrated by a current DCP employee and has a maximum penalty of imprisonment for 15 years.

Consideration should also be given to whether the situation needs to be managed in accordance with the [Significant Incident Reporting Procedure](#).

#### 4.6 Assess the CCR

##### Guiding framework

[The Manual of Practice chapter - Raising and Responding to Care Concerns](#) provides procedural and operational guidance for all care concerns.

The guiding framework for determining response pathway decisions for care concerns will be the [Structured Decision Making® \(SDM®\) Care Concern Screening Criteria, 2014](#), the [National Standards for out-of-home care 2011](#), the [Quality and Safeguarding Framework \(2020\)](#) and this procedure.

[The DCP Assessment Framework](#) provides guidance in relation to the domains of assessment for children and young people in long term care. In accordance with the framework, CCMU will consider the following when making an assessment determination:

- Does the CCR meet the definition and threshold of a care concern for recording purposes?
- What disclosure has been made by the child or young person and what are their views?
- What is the child or young person's child protection history (relevant to the current allegations and consideration of cumulative harm)?
- What is the PSOC care concern and child protection history?
- Are there incident reports specific to the content of the allegations which require consideration?
- Has an intra-familial intake been raised? What was the assessment for such matters?

The CCMU will consider the above and then apply the Structured Decision Making® (SDM®) Care Concern Screening Criteria, to determine if the matter meets a screening criteria (Physical, Sexual, Emotional Abuse and Neglect) and will then determine the Screening Decision (No Action, Minor, Moderate or Serious).

For each new CCR, the SCCO will complete a Care Concern Determination Note Template after gathering information relating to the child or young person and PSOC via C3MS, CIS, Objective and Digital Workspace.

The SCCO should also consider all available information required to inform the assessment of the CCR, such as:

- action taken to date to ensure the safety of the child or young person
- details of medical assessments of the child or young person
- relevant photos of any injuries to the child or young person
- whether the child or young person is still in the placement.

The SCCO will assess the actions/inactions of the carer (rather than the incident itself) and identify the response pathway for the CCR recommended by the [SDM Care Concern Screening Criteria](#).

From time to time the SCCO will identify circumstances or risk factors which indicate that the SDM Care Concern Screening Criteria should be overridden, such as:

- patterns in the care concern history of the carer
- family risk factors indicated by the history (substance use, family and domestic violence, etc)
- the child or young person is particularly vulnerable (due to age, disability or other factors)
- there is a likely cumulative impact on the child or young person
- cultural considerations
- systemic issues present that impacted on the carers ability to safeguard
- gaps in the carers training.

Further information on assessing cumulative harm can be found in the [DCP Call Centre Manual of Practice chapter](#).

The SCCO/ will assess the care concern and determine the response decision as either No Action, Minor, Moderate or Serious. The SCCO is to adequately document the rationale for the recommended category decision on the determination note, including consultation and rationale for overriding the SDM, where relevant. The SCCO must consider the actions/inactions of the carer to determine the final assessment.

The SCCO is to complete the gathering of all information and the initial assessment of the CCR within 26 hours (one business day plus two hours) of allocation. If the CCR requires an urgent assessment, the Manager CCMU will nominate the timeframe in which the assessment is to be completed.

#### **4.7 Record the assessment on C3MS**

The SCCO will record the assessment information against the CCR on C3MS by creating an assessment note, within the 'Care Concern' tab of C3MS. The same assessment determination note is copied across for all children and young people the CCR has been raised on.

#### **4.8 Submit the assessment note for review**

Once the SCCO has saved the completed assessment to the CCR on C3MS, the assessment note is to be submitted for review to the PCCO/Manager CCMU.

The PCCO/Manager CCMU will undertake QA of the assessment. Where additional action is identified following QA, the PCCO/Manager CCMU will inform the SCCO of the required action/s.

The SCCO will undertake any action required following the QA and update the assessment note on C3MS.

The PCCO/Manager CCMU will approve the assessment note if satisfied that it contains the necessary information and the recommended response pathway is appropriate.

#### **4.9 Merge the CCR and assessment note**

The SCCO will create a merged document in C3MS containing the CCR and the assessment note.

Additional information on printing notes and documents can be found at [C3MS Guide Notes and Documents - Printing](#).

#### **4.10 Refer serious or CCRs of a sexual nature to the Care Concern Assessment Panel (CCAP)**

If, following assessment, the recommended assessment for the CCR is Serious, or the CCR contained any allegations of a sexual nature, the CCR is to be referred to the Care Concern Assessment Panel (CCAP). The SCCO will email the merged document (refer to section 4.9) to the PSO advising the matter is to be referred to CCAP.

Any matter finalised as Serious must be reviewed by the Manager CCMU prior to being tabled for the CCAP.

Consideration will also need to be given by the Manager CCMU or PCCO as to whether an out of session CCAP should be held, this will be determined by any safeguarding and/or medical priorities.

#### **4.11 Table the CCR for CCAP**

Following receipt of the email containing the merged document, the PSO will table the care concern as an agenda item at the next available CCAP meeting. The SCCO will provide the PSO with the CCAP agenda items to be addressed.

The PSO will:

- create the agenda and agenda item attachments in the Digital Workspace and email the items to the CCAP members prior to the meeting
- print out the current agenda and all agenda item attachments; and provide these to the Manager CCMU and PCCO prior to the CCAP meeting.

#### **4.12 Record the CCAP decision**

Following the CCR being finalised at the CCAP, the Manager CCMU/PCCO will provide the SCCO (where possible the SCCO that initially assessed the CCR) with the details of the CCAP's decisions, in particular:

- the final determination decision (for example, whether Serious determination is upheld and if not a rationale for reassessment)
- any additional action required in relation to the matter.

The PCCO/Manager CCMU will update the 'Care Concern Determination Note' on C3MS with details of the CCAP's decisions regarding the CCR.

The PCCO/ Manager CCMU will update the CCMU tracking register with the determination of the CCR, following CCAP's decision.

#### 4.13 Finalise determination on C3MS

After CCAP or following the quality assurance process by the PCCO/Manager CCMU, the SCCO will record the determination type against the CCR on C3MS.

The SCCO will create a new merged document in C3MS for all matters that were reviewed at CCAP, containing the CCR and the updated assessment rationale (as per the process detailed at paragraph 4.7).

#### 4.14 Advise stakeholders of the determination

Within one business day following finalisation of the determination, the PSO will send the merged document created to the manager of the office allocated the child or young person, the regional director where the CCR is determined as Serious, the service provider and any other additional recipients identified using relevant wording from the [Determination Email to Stakeholders Template](#). Refer to [Care concerns: CCMU reporting to external agencies Procedure](#).

The determination advice will be sent to additional recipients in the following circumstances:

Approved carers	Carer Approval and Review Unit (CARU)
NGO Staff and Foster Carers	Service Contracts and Licensing
Criminal offences SAPOL	Serious Matters: <a href="mailto:SAPOL.SCAC@police.sa.gov.au">SAPOL.SCAC@police.sa.gov.au</a> All other determinations: Child and Family Investigation Unit (CIFU) (where the child resides)
DCP residential care	Relevant residential care manager (as per residential care mud map)
DCP staff	DCP Human Resources
Child/young person has formally diagnosed disability	Manager, Regional Disability Team (all care concerns) Manager, Disability Support (moderate and serious care concerns)
Child/young person in an NDIS funded placement	NDIS Quality and Safeguards Commission
Child/young person residing interstate	Interstate Liaison Officer
Public officers suspected of corruption	Office for Public Integrity (OPI)
Public officers suspected of intentional and serious misconduct and//or maladministration	OPI or Ombudsman SA
Serious Care Concern	Investigations Unit: <a href="mailto:DCPInvestigations@sa.gov.au">DCPInvestigations@sa.gov.au</a> <a href="#">DCP Regional Director</a>
Sexual abuse	Guardian for Children and Young People
Complex Case Review Meeting Client	

The SCCO/CCP will identify the stakeholders that are required to be advised of the CCR at the bottom of the [Care Concern Determination Note Template](#). The SCCO will consider whether additional stakeholders should be advised in addition to those listed above, such as:

- Interstate Liaison Officer
- Manager, Commonwealth Guardianship Team.

## 4.15 Create an electronic file

The PSO will create an electronic file for the CCR in the name of the PSOC in the Digital Workspace. The PSO will save the merged CCR and assessment note to the electronic file and the email received (refer to section 4.10), where relevant.

In circumstances where a CCR raised for multiple children or young people in the placement, the CCRs are to be uploaded in the one electronic file in the name of the PSOC.

## 4.16 Re-assign the CCR

The SCCO/CCP will re-assign the care concern case for actioning as per the below criteria:

Determination category/role	CCR re-assigned to
Serious	Primarily assign Team Leader Investigations Unit and additionally assign office manager responsible for the child or young person
Moderate	Primarily assign office manager responsible for the child or young person and additionally assign the SCCO responsible for monitoring the Moderate CCR
Minor	Primarily assign office manager responsible for the child or young person
No Action	Nil
Incident involved kinship carer	Additionally assign Kinship Care Manager (regardless of the determination)
DCP Residential Care placement	Additionally assign relevant residential care manager, as per mud map

Further information on assigning the care concern case can be found at [C3MS Guide Case allocation & de-allocation](#).

## 5. Compliance, monitoring and evaluation

The PCCO/or the Manager CCMU are responsible for ensuring that each care concern is assigned and appropriately assessed within the established timeframes using the data captured within the CCMU tracking register.

## 6. Related documents

Related documents, forms and templates
<a href="#">Manual of Practice: Raising and Responding to Care Concerns</a>
<a href="#">Significant Incident Reporting Procedure</a>
Manual of Practice: Investigation and assessment - <a href="#">Assessing Safety</a>
<a href="#">Adverse Events Procedure</a>
<a href="#">Quality and Safeguarding Framework</a>
<a href="#">National Standards for out-of-home care</a>
<a href="#">The DCP Assessment framework</a>

<a href="#">DCP Call Centre Manual of Practice chapter.</a>
<a href="#">SDM Care Concern Screening Criteria</a>
<a href="#">C3MS Guide Notes and Documents – Printing</a>
<a href="#">C3MS Guide Case Allocation and De-allocation</a>
Determination Email to Stakeholders Template
<a href="#">Care concerns: CCMU reporting to external agencies</a>
<a href="#">Reporting a suspicion a child or young person is at risk procedure</a>

## 7. Glossary

Term	Meaning
C3MS	Connected Client and Case Management System
CARU	Carer Approval and Review Unit
CCAP	Care Concern Assessment Panel
CCMU	Care Concern Management Unit
CCR	Care Concern Referral
DCP	Department for Child Protection
IU	Investigations Unit
OPI	Office for Public Integrity
PCCO	Principal Care Concern Officer
PSO	Program Support Officer
PSOC	Person Subject of Concern
SAPOL	South Australia Police
Safety Threat	Any behaviours or conditions that may be associated with a significant possibility that a child or young person will be in danger of serious harm or has suffered serious harm.
SCCO	Senior Care Concern Officer
SCCSD	Serious Care Concern Strategy Discussion
SDM	Structured Decision Making

## Document control

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