

# Care concerns: Convene a Serious Care Concern Planning Discussion 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 the Care Concern Management Unit (CCMU) staff when convening and conducting a Serious Care Concern Planning Discussion (SCCPD). This procedure is comprised of the following subsections:

- convene a SCCPD
- identify participants
- conduct a SCCPD
- record the SCCPD.

A SCCPD is a compulsory step in planning the initial interagency response to all Serious Care Concerns. It is a formalised and documented discussion which forms the start of a child centred case management and investigatory response and occurs within the context of ongoing interagency collaboration and consultation.

The SCCPD establishes the roles and responsibilities of all parties involved in the initial response within two business days of the endorsement of a Serious Care Concern by the Care Concern Assessment Panel (CCAP).

Relevant DCP staff and other involved government and non-government agencies must meet prior to the commencement of an investigation, to exchange relevant information and to plan and coordinate the most timely and effective response to investigate the allegations, safeguard the children and young people and discuss support for the person(s) subject of concern (PSOC).

The overall purpose of the SCCPD is to:

- assess and determine whether any further forensic or medical follow-up is required (refer to the [Interagency Code of Practice](#) for additional guidance)
- assess the risk of future harm to the child or young person and determine any short and long term action or intervention required to mitigate the risk
- share known information and perceived risks with all relevant parties
- confirm the roles and responsibilities of all agencies and services responsible for responding to the Serious Care Concern
- consider the coordinated and timely advice to the PSOC that a condition of “no new placements” has been applied to their carer approval and to advise them of the Serious Care Concern
- develop a coordinated Response Plan which identifies what action is to be taken both short and long term, by whom and associated timeframes to ensure the continued safety of the child or young person, support to the carer and the process of investigation

- determine whether any additional referral pathways are required to support the needs of the child or young person
- determine what supports are required for the carer throughout and following the process.

## 2. Scope

This procedure applies to staff within the DCP CCMU and participants of a SCCPD. Those with specific roles and responsibilities related to this procedure include the Manager CCMU, Principal Care Concern Officer (PCCO) and Senior Care Concern Officer (SCCO).

## 3. Authority

### 3.1 Legislative context

- *Criminal Law Consolidation Act 1935*

Section 64A and 65 of the *Criminal Law Consolidation Act 1935* outline 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](#)
- [Interagency Code of Practice](#).

## 4. Procedural requirements

### 4.1 Interagency Code of Practice - Strategy Discussions

Where an immediate safety threat has been identified, there is an injury requiring medical attention or an urgent need to preserve evidence, a strategy discussion may be convened by DCP supervisors, senior practitioners or case workers in response to care concerns raised, in line with the Interagency Code of Practice (ICOP). It is the responsibility of the DCP worker who convened the strategy discussion to document any agreed actions arising from strategy discussions for care concerns on the Care Concern Referral on C3MS.

The ICOP strategy discussion differs from the SCCPD as the latter forms the basis for holistically investigating a Serious Care Concern in addition to responding to the safety and wellbeing needs of the child or young person in both the short and long term. Additional information on ICOP strategy discussions can be found under the [Interagency Code of Practice](#).

When an ICOP strategy discussion is convened as a result of a care concern, the DCP worker coordinating the strategy discussion will invite the CCMU to attend. The SCCO in attendance will record relevant information in the Care Concern Referral on C3MS. Where possible, this information will be provided to the CCAP for consideration when reviewing a care concern.

## 4.2 Convene a SCCPD

A SCCPD will be convened following determination and endorsement by the CCAP of a Serious Care Concern.

The CCMU is responsible for convening and conducting a SCCPD within two business days of this endorsement.

A SCCO will convene a SCCPD and is responsible for:

- establishing the meeting (time, date, venue)
- inviting participants
- ensuring participants understand the process and their role
- providing details of the Serious Care Concern to all participants prior to the SCCPD
- completing the SCCPD Response Plan Template including the documentation of agreed actions
- ensuring a copy of the Response Plan is saved within and across all relevant care concern cases for the children/young people involved on C3MS
- providing a copy of the Response Plan to all parties that do not have C3MS access (for example SA Police, Child Protection Services)
- convening any follow up discussions as required.

## 4.3 Identify participants

Participants of a SCCPD must be of sufficient seniority to be able to make the necessary planning decisions and commitments including any resource decisions that may arise. Participants will receive an invitation to attend via email. Attendees will vary based on the circumstances of the allegation however will usually include:

- Chair (Practice leader position or similar).
- Team Leader, Investigations Unit, HR Directorate, DCP.
- Supervisor/senior practitioner or case worker regional office, DCP (based on location of child/carer. Where multiple children or young people are managed by different regional offices, a representative from each office should be in attendance), this includes offices allocated for intra-familial matters associated with the contents of the care concern.
- Manager/Principal Care Concern Officer (PCCO), CCMU.
- Manager, Employee Relations, HR Directorate, DCP (when relating to DCP staff member and potential staff misconduct has been identified).
- Practice leader.
- Principal Aboriginal consultant (PAC).
- SAPOL (when criminal investigation likely to occur).
- Child Protection Services (CPS), Local Health Network.
- Service providers including any relevant external body.
- Representation of relevant DCP business unit, such as residential care, as deemed appropriate.
- Disability Support Team clinician (when relating to child with a disability).

- Office of the Guardian for Children and Young People (care concerns that are sexual in nature).
- SCCO, CCMU, DCP (minute taker and development of the Response Plan).

Where an ICOP strategy discussion has occurred, an update following this is to be provided to all attendees by the allocated regional office, DCP.

During and following the SCCPD, all parties involved must ensure cultural issues are taken into consideration in planning the investigation and all other actions associated with responding to the concern.

Of note, the Guardian for Children and Young People (GCYP) reserves the right to request written records of the SCCPD where the matter for discussion is sexual in nature. The GCYP will determine this on a case-by-case basis and should be given prior notification of when such a SCCPD will convene.

#### 4.4 Conduct a SCCPD

The extent of the SCCPD will depend on the complexity of the matter but should cover the following:

- introductions and reminders about process
- clarification about what is known about the safety and wellbeing of the child or young person
- discussion and clarification of the Serious Care Concern and associated allegations (noting that the identity of the notifier must not be disclosed; refer to [Important considerations when responding to care concerns](#) in the Raising and responding to care concerns chapter of the Manual of Practice for further guidance)
- consideration of any forensic or medical assessment required
- identify any significant gaps in information
- consideration of any cultural, language or communication issues
- consensus regarding safeguarding, support, therapeutic and investigations tasks to be undertaken, assign tasks and timeframes for completion, these are to be documented within the Response Plan
- clinical advice provided including whether any additional referral pathways are required to support the needs of the child or young person or the carer
- clarification of what can occur whilst criminal proceedings and investigations are underway
- assessing whether the concern meets the threshold of a significant incident and, if so, whether all reporting requirements have been met
- identify what information can be communicated to the PSOC, how and when, this includes exploration of any potential impacts this advice will have on the child and/or young person and/or process of investigation
- placement and safety decisions
- support to the PSOC throughout the care concern process
- any concurrent infra-familial investigation or extra-familial matters and the process for coordinating these alongside a care concern process.

In circumstances where the care concern involves information that a current or former DCP employee (including students, volunteers and agency carers) is the alleged perpetrator of sexual harm toward the child or young person (even if they are now an adult), all DCP staff involved in the SCCPD 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](#).

## 4.5 Record the SCCPD

A [Serious Care Concern Planning Discussion Response Plan Template](#) is to be completed for every SCCPD held. The SCCO participating in the SCCSD is responsible for recording the SCCPD on the Response Plan template and should ensure the following is accurately documented:

- details of participants (name, job title, employing agency)
- details of the meeting (date, time, venue)
- details of allocated Chair
- brief summary of key issues (minutes of discussion)
- Response Plan actions, assigned tasks and timeframes for completion
- clear instructions for investigation.

Following the SCCPD, the SCCO is to add a copy of the Response Plan documented at the SCCPD outlining proposed actions, agreed roles and responsibilities, timeframes and an agreed mechanism for reviewing completion of the action points to the 'action plan' tab of C3MS and circulate to all those present within one business day. Additionally, the SCCO is to add the record of the SCCPD meeting to the 'meeting' tab of the serious care concern on C3MS as a 'Care Concern Strategy Discussion'.

## 5. Compliance, monitoring and evaluation

The SCCO allocated to the care concern(s) is responsible for ensuring that a SCCPD is convened within the established timeframes and for follow up regarding any outstanding agreed actions as recorded on the SCCPD Response Plan.

## 6. Related documents

Related documents, forms and templates
<a href="#">Manual of Practice – Raising and Responding to Care Concerns</a>
<a href="#">Interagency Code of Practice</a>
Serious Care Concern Planning Discussion Response Plan Template
<a href="#">Significant Incident Reporting Procedure</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
CCMU	Care Concern Management Unit
CPS	Child Protection Service
DCP	Department for Child Protection
GCYP	Guardian for Children and Young People
ICOP	Interagency Code of Practice
PSOC	Person Subject of Concern
SAPOL	South Australia Police
SCCPD	Serious Care Concern Planning Discussion

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28 March 2023	1.2	Minor amendment to reflect retirement of Standards of Alternative Care
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5 August 2024	2.1	Minor amendment to clarify requirements regarding the participation of practice leaders in serious care concern planning discussions.
6 August 2025	2.2	Minor amendment to clarify requirements to not disclose notifier information pursuant to section 163 of the CYPS Act.