



Manual of Practice: Raising and responding to care concerns chapter

The Department for Child Protection (DCP) Manual of Practice has been developed to support and guide DCP staff to undertake child protection practice. The Manual of Practice is reviewed and updated regularly to ensure it provides best practice guidance to staff based on research and in alignment with relevant legislation. DCP practitioners are encouraged to apply professional judgment to each individual child protection case in its specific context.

The DCP Manual of Practice contains links to websites that are external to DCP. DCP takes reasonable care in linking to websites but has no direct control over the content of the linked sites, or the changes that may occur to the content on those sites. It is the responsibility of users to make decisions about the accuracy, currency, reliability and correctness of information contained in linked external websites.

Purpose

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.

All carers, DCP and Non-Government Organisation (NGO) staff members and volunteers are expected to adhere to standards of care and to adhere 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 out-of-home care 2011](#), and the [Charter of rights for Children and Young People in Care](#).

This chapter sets out the process for ensuring care concerns are raised and responded to in a coordinated, consistent and timely manner with a primary focus on ensuring the safety and wellbeing of children and young people in care.

Scope

This chapter applies to all DCP staff involved in raising and responding to care concerns.

A care concern is a notification to the Child Abuse Report Line (CARL) where the following criteria have been met:

- a. The child or young person was or is in care, pursuant to the *Children and Young People (Safety) Act 2017* (CYPS Act) at the time of the allegation; AND
- b. The concerns relate to the care provided by:
 - i. an approved carer and/or
 - ii. registered or approved household member; or
 - iii. temporary carer (pursuant to section 77 of the CYPS Act); or
 - iv. Department of Human Services, custodial staff; or
 - v. Department for Child Protection (DCP) employee and/or DCP volunteer, providing direct care and/or contracted carer; AND
- c. There is a reasonable suspicion that:
 - i. a child or young person has been harmed; or
 - ii. there is a risk that the child or young person will suffer harm.



This chapter does not address the investigation processes followed by DCP Human Resources or DCP Investigations Unit when responding to a care concern.

The term 'DCP case worker' is used throughout the Manual of Practice to refer to the range of roles held by DCP staff with case management responsibility. Certain powers and functions prescribed by the *Children and Young People (Safety) Act 2017* can only be exercised by DCP staff in specified roles. DCP staff must refer to both the [Guide to authorisations and delegation of powers and functions - by legislative provision](#) and the [Authorised child protection officers – list of positions eligible for authorisation](#) for guidance about what powers can be exercised within their role. It is the decision maker's responsibility to ensure they have the appropriate delegation so that decisions are lawfully made.

'Aboriginal and Torres Strait Islander' is used throughout the Manual of Practice to refer to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. In practice, it is preferable to identify Aboriginal and Torres Strait Islander people, where possible, by their specific Language group or Nation, acknowledging that a family may not hold this information due to experiences of cultural dispossession.

The term 'culturally and linguistically diverse (CALD) background' is used throughout the Manual of Practice to refer to all children and young people, families and communities from culturally and linguistically diverse backgrounds, inclusive of those who identify as belonging to new and emerging Communities (NECs).

Principles

- The safety of children and young people is the paramount consideration.
- Decision making is child and young person centred.
- Responses and decision making occurs in a timely manner.
- Children and young people have a voice in decisions made about them.
- Responses to care concerns are culturally safe, respectful and responsive to the needs of Aboriginal and Torres Strait Islander infants, children, young people, families and communities in line with the Aboriginal and Torres Strait Islander Child Placement Principle (ACPP).
- The management of care concerns is responsive to the needs of children and young people from culturally and linguistically diverse (CALD) communities.
- The management of care concerns will be responsive to the developmental and disability needs of children and young people.
- Responses to care concerns consider the needs of children and young people who identify as LGBTIQ+.
- The management of care concerns provides procedural fairness by ensuring timely advice for those subject to a care concern and ensuring that they will be afforded the opportunity to hear and respond to allegations raised about the care they have provided.
- Interagency collaboration leads to better outcomes.

Authority

Sections 30-31, 77, and 152 of the *Children and Young People (Safety) Act 2017* (CYPS Act).

Regulation 10 of the *Children and Young People (Safety) Regulations 2017* (CYPS Regulations).

Section 19 of the *Child Safety (Prohibited Person) Act 2016*.



Significant decision making with Aboriginal and Torres Strait Islander infants, children and young people

When a care concern is raised and requires a response, the following decisions are considered significant for Aboriginal and Torres Strait Islander infants, children and young people:

- decisions regarding the continuation or cessation of a placement
- where a placement ends, decisions regarding the child or young person's subsequent placement
- where care concerns relate to cultural issues, decisions about what cultural supports are required for the child or young person or carers/placement.

[Family led decision making](#) is enabled when Aboriginal and Torres Strait Islander infants, children, young people and their families and carers are supported to participate in these significant decisions. For further practice support when working with Aboriginal and Torres Strait Islander infants, children, young people and families, refer to the Aboriginal Child Placement Principle (ACPP) active effort prompts throughout this chapter and the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

Flowchart

[Raising and responding to care concerns flowchart](#)

Key steps

1. Raise a care concern referral
2. Determine the care concern assessment
3. Allocate the care concern
4. Important considerations when responding to care concerns
5. Respond to a minor or moderate care concern
6. Respond to a serious care concern
7. Respond to grievances and complaints

1. Raise a care concern referral

In addition to the obligations of DCP staff as mandated notifiers, it is a requirement that all DCP staff report to the Child Abuse Report Line on 131 478 any new suspicion that a child or young person in care is, or may be, at risk of harm.

For further guidance, refer to the [Reporting a suspicion a child or young person is at risk Procedure](#).

If the DCP staff member forms a reasonable suspicion of sexual harm to a child or young person under 18 years (including incidents alleged to have occurred within the previous 10 years) or risk of sexual harm perpetrated by a person providing out of home care, DCP employee, volunteer, or contracted service provider staff, the DCP staff member must also report the matter to SAPOL. For further guidance about recognising and responding to sexual harm or exploitation in the care environment, refer to the [Safeguarding children and young people Practice Paper](#).

It is an offence for a DCP staff member not to report if they know, suspect, or should suspect sexual harm of a child or young person under the age of 18 years to police (maximum penalty imprisonment for three years).

This requirement applies whether or not the DCP staff member is a mandatory notifier as outlined by sections 30 and 31 of the CYPs Act.



However, consistent with section 31 of the CYPS Act and regulation 10 of the CYPS regulations, DCP staff are not required to report a suspicion that a child or young person is at risk if any of the following apply:

- they believe on reasonable grounds that another person has reported the matter
- the suspicion was due solely to information provided by a police officer or child protection officer acting in the course of their official duties
- they believe on reasonable grounds that DCP are already aware of all of the information that forms the basis of their suspicion.

To report a care concern, the DCP staff member must complete the following steps.

Ensure the child or young person's immediate safety

If a DCP staff member identifies a care concern, their first responsibility is to ensure the immediate safety of the child or young person concerned (and that of any other child or young person residing in the same placement). In circumstances where there is immediate or life-threatening danger, the DCP staff member must contact SAPOL or Emergency Services (000) immediately and request assistance.

If the care concern requires an urgent DCP response (for example, if there are unaddressed safety threats identified), the DCP staff member must consult with the supervisor (or above) to determine what immediate action can be taken to ensure the child or young person's immediate safety prior to responding to other elements of the care concern. It is an offence for a DCP staff member to negligently fail to reduce or remove a substantial risk of sexual harm of a child or young person under 17 years of age perpetrated by a person providing out of home care, DCP staff member, volunteer or contracted service provider who is in a position of authority over the child or young person (maximum penalty imprisonment for 15 years).

Unaddressed safety threats may include, but are not limited to:

- suspected sexual harm where the information available indicates that the person subject of concern (PSOC) 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 or a prescribed interview may need to be conducted by SAPOL or Child Protection Services (CPS)
- the type and the nature of the injury indicates that there are immediate threats to the child or young person's and/or it appears the carer's explanation for the injury to the child or young person may not be plausible
- the care environment is hazardous and immediately threatens the child or young person's safety
- the carer is unable or unwilling to meet the child or young person's immediate need for medical care, shelter, food or supervision 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.



DCP After-Hours, DCP office or residential care staff **should not wait** for a care concern assessment decision or planning discussion to be held before responding to the immediate safety needs of the child or young person.

DCP After-Hours or DCP office staff should consider whether the following actions are required to respond to immediate safety concerns:

- holding a [strategy discussion](#) (and considering inviting CCMU to participate)*
- [Responding to the child or young person](#) to confirm safety and wellbeing and/or sight injuries

- removing the child or young person from the placement (if required)
- seeking medical, forensic or mental health attention for the child or young person
- considering and deciding whether the PSOC be removed from shift
- developing a [safety plan](#) in partnership with the carer to mitigate any identified risks for the child or young person
- practice consultation (for example, with a practice leader or Principal Aboriginal Consultant) to discuss placement suitability and options.

* If the DCP staff member assesses that the response to the care concern may require the involvement of CPS or SAPOL (for example, if a prescribed interview or forensic medical assessment may be required), a [strategy discussion](#) should be convened as soon as practicable. It is recommended that the DCP staff member holding the strategy discussion invite CCMU to participate. For further guidance about holding a strategy discussion, refer to [Plan an investigation](#) in the Intake, investigation and assessment chapter of the Manual of Practice.

	<p>Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt</p> <p>Consider how cultural perspectives can inform decisions relating to the immediate safety and wellbeing of the child or young person. This may include consulting with a Principal Aboriginal Consultant when making decisions about removing and/or placing the child or young person. Consider inviting an Aboriginal practitioner to attend the strategy discussion.</p>
	<p>Consulting with Aboriginal and Torres Strait Islander practitioners about cultural safety, and regarding family finding and mapping is an active effort to seek safe and connected care in a placement for Aboriginal children and young people.</p>
<p>Partnership</p>	
<p>Placement</p>	

Refer to [Conduct the investigation: Consider and establish immediate safety](#) in the Intake, investigation and assessment chapter of the Manual of Practice for further information.

Raise a care concern referral (notification)

Care concerns can be raised by DCP staff with a C3MS role of CP case manager or above, or Call Centre staff.

DCP staff with a C3MS role of CP case manager or above

DCP staff with a C3MS role of CP case manager or above should record a care concern notification by raising a care concern referral in C3MS. DCP staff without this level of authorisation must contact the DCP Call Centre on [REDACTED] to enable DCP Call Centre staff to raise a care concern referral on their behalf.

Before raising a care concern referral in C3MS, it is important that DCP staff review the care concern definition to consider whether the information should be raised as a care concern, general practice, extra-familial or intra-familial, or whether the matter should be reported as an [incident](#) and/or [complaint](#). Some



concerns may result in several concurrent notifications. DCP staff should contact the CCMU or the DCP Call Centre to seek advice if necessary.

If there are concerns for more than one child or young person, a care concern referral must be created in C3MS for each child or young person. Where harm has allegedly occurred, consideration should also be given to the risk posed to other children and young people in the placement or household, including the carer's biological children.

A care concern referral can only be raised listing a DCP staff member or volunteer as a PSOC where the staff member has provided direct care to the child or young person and the concern relates to the direct care provided. General concerns regarding performance, case management services or decisions, or service quality should be addressed through other processes such as complaints and/or supervision.

Forward a care concern referral to the DCP Call Centre

Once the DCP staff member has raised a care concern in C3MS, the care concern must be referred to the DCP Call Centre for review and quality assurance. The DCP staff member must contact the DCP Call Centre directly by telephone on [REDACTED] and provide the C3MS client ID of the child or young person to whom the care concern relates.

The DCP Call Centre will review the information recorded within the care concern referral to ensure the information conforms to the standardised recording format and to ensure that the allegations reported meet the criteria for a care concern. The DCP Call Centre worker will also consider whether other notifications should be raised for other children or young people in the placement or the household, including a carer's biological children (refer to the 'Raise a care concern referral' section in this key step).

DCP Call Centre staff will not finalise or approve the care concern referral. The DCP Call Centre worker will assign the care concern in C3MS to the CCMU for assessment via the provider group 'Care Concern Intake Supervisor'.

DCP Call Centre staff

The DCP Call Centre may also raise a care concern referral on receipt of information that meets the definition of a care concern. The DCP Call Centre worker recording the notification is responsible for considering whether notifications for other children and young people should be recorded.

The DCP Call Centre may add to an open care concern where all of the following criteria have been met:

- the allegations relate to the same PSOC
- the open care concern has not been actioned by the DCP office or the Investigations Unit
- the matter has not been open for more than six weeks.

It is critical that, wherever possible, accurate identifying information for a PSOC, including full name and date of birth, is obtained. This ensures accurate records management and enables identification of relevant child protection history for a PSOC, which is considered by DCP and other external stakeholders such as the Department of Human Services Screening Unit.

Care concerns may be raised following a matter reported to the National Redress Scheme. In such cases the allegations must relate to a person who remains an approved carer, and/or has children or young people currently in their care.

When a matter has been assessed by the CCMU and an additional allegation is received, the DCP Call Centre will send an email to the [CCMU](#) advising of the additional information to ensure review of an assessment decision.



Refer to [C3MS Care Concern Guides and Videos](#) for further guidance about raising a care concern referral and the [Reporting a suspicion a child or young person is at risk Procedure](#).

The DCP Call Centre is responsible for undertaking quality assurance checks for care concern intakes prior to reallocating the care concern to the CCMU.

CCMU staff

The CCMU intake supervisor is responsible for reviewing and approving the care concern intake following reallocation by the DCP Call Centre. For further details on approval of care concern intakes, refer to [Care concerns: Assess and assign a care concern referral Procedure](#).

The CCMU may make the following additional changes to the care concern intake:

- changing or adding the person subject of concern as further information about the individuals alleged to be responsible for harm (for example, in circumstances where the alleged harm occurred in an NGO residential care facility and the alleged perpetrator was unknown at the time the care concern was raised); and
- adding or deleting harm grounds (physical, sexual or emotional harm or neglect).

CCMU staff must not change any other details recorded in the care concern intake.

Report sexual harm to SAPOL

If the DCP staff member forms a reasonable suspicion of sexual harm to a child or young person under 18 years (including incidents alleged to have occurred within the previous 10 years) or risk of sexual harm perpetrated by a person providing out of home care, DCP employee, volunteer, or contracted service provider, the DCP staff member must also report the matter to SAPOL.

It is an offence for a DCP staff member not to report if they know, suspect, or should suspect sexual harm of a child or young person under the age of 18 years to police (maximum penalty imprisonment for three years).

2. Determine the care concern assessment

CCMU conducts care concern assessment

Once a care concern has been assigned to the CCMU, the CCMU will:

- review the PSOC details and make any changes required to ensure accuracy in identifying and recording the PSOC
- review the grounds selected, and
- assess the care concern.

It is the role of CCMU to assess each care concern and determine the appropriate response pathway.

To determine the response pathway, CCMU staff must follow the [Care concerns: Assess and assign a care concern referral Procedure](#). CCMU staff must also:

- apply the [Structured Decision Making® \(SDM®\) Care Concern Screening Criteria](#) to determine whether the matter meets the care concern screening criteria (Physical, Sexual, Emotional Abuse and Neglect), and
- utilise relevant guiding documents, including the [National Standards for out-of-home care](#) as well as the [DCP Assessment Framework](#) and the [Quality and Safeguarding Framework](#), and



- gather additional information as required to ensure a thorough assessment of the information available, and
- consider the child or young person's history along with the carer's history both as a carer and a parent (including the carer's actions/inactions and the impact that this has had on the child or young person).

In circumstances where the matter was reported through the National Redress Scheme, CCMU will conduct no follow up with the redress recipient during the assessment process. However, the matter will be screened and assessed as per CCMU process.

Following the assessment, the CCMU will determine the assessment decision as either:

- no action
- minor care concern
- moderate care concern or
- serious care concern.

Refer to [Care concerns: Assess and assign a care concern referral Procedure](#) for further information.

Care Concern Assessment Panel (CCAP) conducts care concern assessment

The Care Concern Assessment Panel (CCAP) is responsible for finalising the care concern the assessment where:

- CCMU recommend the assessment is serious, and/or
- the referral contains concerns of a sexual nature (including harmful sexual behaviour between children or young people).

After CCMU has completed its assessment, CCMU will refer relevant assessments to the CCAP. The CCAP will:

- finalise the assessment for each care concern referral referred
- consider whether additional notification reports should be raised
- consider any additional referral pathways required to respond to the allegations reported within the care concern referral
- consider whether information can and should be shared with employers under section 152 of the CYPs Act to manage risk to a child or young person or class of children or young people that might arise in the recipient's capacity as an employer or provider of services (refer to the [Information gathering and sharing](#) chapter of the Manual of Practice)
- consider whether the allegations reach the criteria for reporting as assessable information as per section 19 of the *Child Safety (Prohibited Person) Act 2016*
- ensure escalation of referred care concern referrals in line with the [Significant incident reporting Procedure](#) and [Incident Management Framework](#) and consider all external reporting requirements.

CCMU advises CARU of care concern

CCMU will notify Carer Approval and Review Unit (CARU) in writing of all care concerns (except where the concerns relate to a DCP staff member).

When a matter is assessed as serious, CARU must place an automatic 'no new placements' on the carer's approval. CARU may also apply 'no new placements' where a carer is subject to more than one moderate care



concern and CARU assesses that there is a pattern of alleged actions or omissions that suggests a risk to children and young people's safety.

CARU is responsible for informing the service provider and carer when 'no new placements' has been applied to a carer's approval. Timeframes for informing the service provider and PSOC of the 'no new placements' condition will be agreed to during the Planning Discussion.

CCMU advises stakeholders of determination and response pathway

Once the care concern assessment is finalised, CCMU will advise relevant stakeholders via email of the assessment decision. Relevant stakeholders include (but are not limited to) the manager of the office responsible for the child or young person and the service provider (where appropriate).

The email will include the assessment rationale, insight into the history of concerns for the PSOC (where applicable) and any specific considerations that have been identified as requiring action. DCP office staff should use the email to note which internal and external stakeholders have also received the care concern referral.

Refer to the [Care concerns: Assess and assign a care concern referral Procedure](#) for further information.

Report a care concern to the NDIS Quality and Safeguards Commission

When a care concern is raised in relation to a service provider or care arrangement (regardless of whether this is a service provider or individual provider) eligible to be paid and funded via a child or young person's NDIS plan funding, a report must be made to the NDIS Quality and Safeguards Commission. In these circumstances, the DCP case worker should contact CCMU to ensure all reporting requirements have been met. DCP case management staff may also be required to provide additional information to the NDIS Quality and Safeguards Commission following a complaint being lodged. Refer to [Identify and respond to the child or young person's developmental and disability needs](#) in the Supporting children and young people in care chapter in the Manual of Practice for further information.

No action care concerns

DCP offices and service provider staff are not required to respond to a care concern assessed as requiring no action.

The CCMU may assess that a care concern requires no action where:

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

Where the CCMU assess a care concern as requiring no action, CCMU will close the care concern in C3MS at intake and notify the relevant office manager in writing that the care concern was assessed as requiring no action and closed at intake.



It is not a requirement that the PSOC be advised of the outcome of care concern assessed as no action. Where the PSOC is not a DCP staff member, it is up to the service provider to determine, in accordance with its own policies and procedures, whether it will advise the PSOC about a concern assessed as no action.

3. Allocate the care concern

Following quality assurance of a care concern by the DCP Call Centre, a C3MS workflow will be automatically sent to the manager of the office with case management responsibility for the child or young person and any other additional office delegates (based on the level of C3MS access within each location) to enable an immediate assessment of the child or young person's safety to occur while the CCMU determination process is underway.

Additionally, once the care concern determination process has been completed, the CCMU will:

- send written confirmation to the DCP office manager and other relevant stakeholders (along with any other specific considerations that have been identified by the CCAP as requiring action), and
- primarily re-assign the care concern in C3MS.

The care concern will be re-assigned according to the following criteria:

Determination category/role	Care concern re-assigned to
Serious	Primarily assign Team Leader, Investigations Unit and additionally assign the office manager responsible for the child or young person.
Moderate	Primarily assign both DCP office manager responsible for the child or young person.
Minor	Primarily assign office manager responsible for the child or young person.
No Action	Not applicable.
Incident involved kinship carer	Additionally assign kinship care manager (regardless of the determination).
DCP residential care worker	Additionally assign relevant residential care manager, as per mudmap.

The office manager is responsible for determining who within the DCP office is allocated to:

- address any immediate safety concerns
- document action taken
- coordinate the response to the care concern (including convening the planning discussion for minor and moderate care concerns)
- provide appropriate oversight (such as the practice leader, supervisor, senior practitioner and the DCP case worker).

For serious care concerns, the planning discussion will be convened by the CCMU. For further guidance, refer to [Respond to a serious care concern](#).

It should be noted that the planning, response, inquiry and outcome determination of a care concern must not be led by a DCP staff member who notified the care concern.



Allocation of care concerns raised about DCP staff

Where a PSOC is a residential care staff member, the CCMU is responsible for advising DCP Human Resources and additionally allocating the DCP Residential Care manager to the care concern.

The care concern case must only be allocated to the supervisor and/or office manager with case management responsibility to coordinate the response. When convening a planning discussion, DCP Human Resources and the DCP Residential Care manager should be invited to the meeting to coordinate the response to the care concern.

It is imperative that where the care concern lists a DCP residential care staff member as the PSOC, the planning discussion **must** be convened and attended by staff at supervisor level or above only.

Where a PSOC is the child or young persons allocated DCP case worker or another DCP staff member (but not a residential care staff member), the care concern must be allocated to the manager of the office or unit where the staff member works to coordinate a response. DCP Human Resources must be included as part of the coordination of the response.

In some cases, DCP Human Resources may determine that it will lead coordination of a response to allegations raised within a care concern referral. In these cases, the DCP office with case management responsibility for the child or young person will take no further action to address the care concern with the PSOC. In coordinating the response, DCP Human Resources will adhere to the key principles that the voice of the child or young person should be sought and considered (where safe and appropriate) and appropriate action taken to ensure their safety and wellbeing. DCP Human Resources will advise case management of the outcome of the care concern to enable them to complete the administrative closure in C3MS.

For guidance about recording allocation of care concerns in C3MS refer to [C3MS Care Concern Guides and Videos](#).

4. Important considerations when responding to care concerns

The following guidance sets out important considerations for DCP case workers and other DCP staff who are responsible for responding to care concerns.

Where DCP Human Resources and/or DCP Investigations Unit is leading a response to a care concern, DCP staff should consult with DCP Human Resources and/or DCP Investigations Unit before taking any action (unless the delay may place the child or young person at further risk of harm).

Protect the notifier's confidentiality

When responding to a care concern, information that identifies or could be used to easily identify the notifier must not be shared in accordance with section 163 CYPs Act.

Notifier details must not be shared when:

- participating in a care concern planning discussion
- discussing the concerns with the child or young person
- discussing the concerns with the PSOC.

For further guidance about assessing whether it is appropriate to share information, refer to [Determine whether to share information](#) in the Information gathering and sharing chapter of the Manual of Practice.



Understand the responsibilities of service providers in the management of care concerns

When planning a response to care concerns, it is important that DCP staff are familiar with the responsible agency's contractual obligations in addressing safety, reporting, and recording and coordinating a response to care concerns and supporting staff or carers. DCP staff should refer to [Service provider responsibilities in the management of care concerns](#) for detailed information about the role of service providers in the management of care concerns.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

Where the PSOC is Aboriginal or Torres Strait Islander, consider whether cultural consultation is required and whether cultural supports are required as part of the care concern response.

Consider the needs of children and young people

It is important to obtain the views of the child or young person in relation to the care concern and/or their care environment wherever it is safe and possible to do so.

For children and young people in residential care, this should include considering the child or young person's [Reflection form](#) (where applicable).

Refer to the [Conducting interviews with children and young people to assess their safety Practice Paper](#) and the [Conduct the investigation: Engage with and assess the child or young person](#) key step of the Intake, investigation and assessment chapter of the Manual of Practice for more information about engaging and planning a discussion with children and young people. For children and young people who identify as LGBTIQ+, refer to the [Supporting children and young people who identify as LGBTIQ+ Practice Paper](#).

Aboriginal and Torres Strait Islander infants, children and young people

When speaking with the Aboriginal or Torres Strait Islander infant, child or young person to obtain their views regarding the concerns and/or placement, it is recommended that DCP staff consider consulting with a Principal Aboriginal Consultant or an Aboriginal practitioner. Consultation may include advice about safe and appropriate environments for a discussion and strategies to support the child or young person's participation.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

Consider consulting with a DCP Principal Aboriginal Consultant to support best engagement with Aboriginal children and young people in discussing the care concern. Consult for advice about where discussions should occur and how to increase participation when seeking the views of the child or young person.

DCP staff should also consider whether an interpreter is required. For information about Aboriginal languages interpreters, refer to the [South Australian Aboriginal Languages Interpreters and Translators Guide](#).



Children and young people from culturally and linguistically diverse backgrounds

When speaking with the child or young person to obtain their views regarding the concerns and/or placement, it is recommended that DCP staff consider consulting with DCP Multicultural Services as required.

If English is not the child or young person's first language, additional time and/or a more flexible approach may be needed to support their participation in discussions. Consideration should also be given to whether an interpreter is required. For information about interpreter services for culturally and linguistically diverse families, refer to the [Interpreting and translating procedure for people from a culturally and linguistically diverse](#).

Children and young people with disabilities

Where a child or young person has a disability that impacts their ability to understand or communicate, the DCP case worker should consult with their supervisor and a disability and development program consultant.

Consideration should be given to:

- providing information that is accessible for the particular child or young person (for example, ensuring materials are easy to read, using visual prompts and pictures, and avoiding jargon)
- ensuring a comfortable and familiar environment is used for discussions
- meeting with the child or young person face to face to enable observations of body language and non-verbal cues to occur
- keeping sessions short and scheduling multiple sessions to maximise the child or young person's capacity to concentrate
- engaging an interpreter or someone who understands the child or young person's communication needs
- arranging the support of an advocate
- using augmentative or alternative communication methods (such as electronic devices that provide voice or paper outputs or non-electronic systems such as books, boards, photographs and signing)
- allowing sufficient time for the child or young person to process and respond to information.

5. Respond to a minor or moderate care concern

The response to a minor or moderate care concern is usually managed by the DCP office with case management responsibility for the child or young person. The response must be tailored to ensure the specific needs of the child or young person are adequately met.

The response should commence as soon possible following allocation of the care concern to ensure that the planning discussion is convened in a timely manner. Where there are circumstances preventing a timely response to an allocated care concern, the DCP case worker and supervisor should make contact with the CCMU to discuss and to seek further support.

If during the response to a care concern it becomes evident that the concerns are more significant than first reported, a new care concern must be raised. Refer to [Raise a Care Concern Referral](#) for further guidance.

For a summary of the process of responding to a minor moderate care concern, refer to the [Raising and responding to care concerns flowchart](#).

Assess and establish immediate safety

It is essential that the DCP case worker (or other DCP staff member) responsible for responding to the care concern conducts an assessment of the child or young person's immediate safety and responds to any



immediate safety threats that are identified. This safety assessment is in addition to any initial safety assessments already conducted by DCP Call Centre staff and CCMU. It is an offence for a DCP staff member to negligently fail to reduce or remove a substantial risk of sexual harm of a child or young person under 17 years of age perpetrated by a person providing out of home care, DCP staff member, volunteer or contracted service provider who is in a position of authority over the child or young person (maximum penalty imprisonment for 15 years).

If there are any unaddressed safety concerns, the DCP case worker must consult with the supervisor to develop and implement a plan to address these concerns as a priority. The DCP case worker should continue to monitor and assess the child or young person's safety (and that of other children and young people in the placement/household) throughout the care concerns process, particularly as new information emerges or as circumstances change. For further guidance about assessing safety, refer to the [DCP Assessment Framework](#) and [Conduct the investigation: Consider and establish immediate safety](#) in the Intake, investigation and assessment chapter of the Manual of Practice.

If there are concerns about the child or young person's immediate safety, the DCP case worker should discuss these with their supervisor or manager and determine whether an urgent [strategy discussion](#) should be held and/or consider whether the child or young person may require [removal from their placement](#). CCMU processes should not delay the strategy discussion, particularly where a prescribed interview or forensic/medical assessment may be required. If a strategy discussion is convened while the care concern is being assessed by CCMU, the supervisor should invite CCMU to attend the strategy discussion if it is to occur within business hours to inform the assessment of the care concern. CCMU can be contacted via telephone on 8226 8441.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

Include relevant DCP Aboriginal or Torres Strait Islander infant, practitioners such as a Principal Aboriginal Consultant as a key stakeholder in strategy discussions involving an Aboriginal child or young person. Where unable to attend discussions, consider undertaking consultation prior to the strategy discussion.

For more information about holding a strategy discussion, refer to the 'Hold a strategy discussion' section of the [Plan an investigation](#) – Hold a strategy discussion key step of the Intake, investigation and assessment chapter of the Manual of Practice.

Gather and review information

Once the immediate safety of the child or young person has been addressed, the DCP case worker must review:

- all information relating to the current concern (including the referral, CCMU assessment, rationale and notes) and any related incident reports or e-logs, and
- the C3MS history for the child or young person and the PSOC (including care concern history for the child or young person and the PSOC and the PSOC's history of child protection concerns regarding their biological children), and
- any other relevant C3MS history.



The DCP case worker must also identify and contact any other people who may have information about the care concern or the placement. This may include the child or young person's school, regular visitors, and/or other children or young people in the placement.

When gathering and reviewing information, the DCP case worker must give particular attention to:

- the impact of the concerns on the child or young person
- the likelihood of cumulative harm for the child or young person (refer to 'Review child protection history and assess cumulative harm' in [Assess a notification](#) in the DCP Call Centre chapter for further guidance)
- additional stressors for the PSOC or the child or young person that may be impacting on the placement
- past interventions and the effectiveness of those interventions
- others who may hold information relevant to the care concern, such as a service provider or a kinship care worker
- any cultural, language, or communication considerations for engaging with the carer or the child or young person
- the child or young person's current case plan (inclusive of cultural care planning for Aboriginal and Torres Strait Islander and culturally and linguistically diverse children and young people)
- care team meeting minutes.

Where the allegations relate to DCP staff member, any follow up regarding the planning of the care concern response, actions required to ensure the child or young person's immediate safety, and any other outstanding actions must be coordinated by the DCP supervisor and/or office manager, the DCP Residential Care manager and DCP Human Resources.



Identity

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

Review the existing information about the infant, child or young person's Aboriginal or Torres Strait Islander identity to understand the active efforts and actions that have been taken to support their identity and sense of belonging in their placement.

Consider the important connections and cultural information identified in case plan including the Aboriginal Cultural Identity Support Tool (ACIST) to support engaging with the child or young person and PSOC.

For further information about gathering information, see the '[Gather information](#)' key step of the Information gathering and sharing chapter of the Manual of Practice.

Hold a planning discussion

A planning discussion is a compulsory step in planning the initial interagency response to all minor and moderate care concerns. It is a formal and documented discussion between DCP and other relevant government and non-government agencies to exchange information and plan the response to the care concern referral. This will include strategies to ensure the safety of the child or young person and to support the person(s) subject of concern (PSOC).

The DCP office leading the response to the care concern is responsible for convening the planning discussion (the exception to this is where DCP Human Resources is leading the response). The planning discussion can be convened either face to face or via telephone, teleconference or videoconference.

For moderate care concerns, the planning discussion should be held within **five business days** of allocation of the care concern to the DCP case worker.



For minor care concerns, the planning discussion should be held within **15 business days** of allocation of the care concern to the DCP case worker.

The overall purpose of the planning discussion is to coordinate the response to the care concern. This includes:

- assessing and determining whether any further forensic or medical follow-up is required (refer to [Plan an investigation](#) in the Intake, investigation and assessment chapter of the Manual of Practice and the [Interagency Code of Practice](#) for additional guidance)
- assessing 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
- sharing known information and perceived risks with all relevant parties
- confirming the roles and responsibilities of all agencies and services responsible for responding to the care concern
- planning the approach to the discussion with the PSOC, including who will speak to the PSOC and when
- considering how the PSOC will be advised of the care concern and when a condition of 'no new placements' has been applied to their carer approval, ensuring a timely and coordinated approach
- determining what supports are required for the PSOC throughout and following the process
- developing a coordinated response plan which identifies what action is to be taken both short and long-term and by whom and the associated timeframes, ensuring the continued safety of the child or young person and that appropriate support is provided to the PSOC
- determining whether any additional referral pathways are required to support the needs of the child or young person.

Wherever possible, the supervisor should chair the planning discussion. If the supervisor is not available, a senior practitioner should chair the discussion. If a supervisor or senior practitioner are not available, the DCP case worker assigned to the case may chair the discussion. Where a planning discussion is held by the DCP case worker and decisions are made regarding case direction and actions, these decisions must be endorsed by the supervisor.

While a planning discussion must follow the principles set out in the [Interagency Code of Practice](#), there are key differences in the planning discussion process (such as who must attend the discussion) and different templates for recording actions and outcomes.

Identify and invite participants

Participants in the planning discussion must have the appropriate level of delegation to make the necessary planning decisions, including any financial delegations to enable decision making about resourcing.


Consideration should also be given to whether any other government agencies (such as SAPOL or CPS) should attend the planning discussion and/or if there are any other stakeholders who may be able to provide important information (refer to the 'Gather and review information' section above).

If the care concern relates to multiple children or young people involved across multiple DCP offices, consideration should be given to whether a single planning discussion should be convened.

If the care concern relates to a DCP residential care staff member, ensure that only a supervisor and/or above attends and contributes to the planning discussion (noting that a DCP case worker or senior practitioner may not manage the response due to the level of delegation required for decision making in these circumstances).



Consideration	Stakeholders to be consulted or included in the planning discussion
PSOC is a DCP staff member	DCP Human Resources must be invited to attend the planning discussion. Contact the manager HR Operations on (08) 8226 2960 to arrange HR representation at the planning discussion prior to discussing the concern with the PSOC.
PSOC is a DCP residential care worker	Relevant DCP residential care manager (as listed on the care concern determination email sent by the CCMU) must be invited to attend the planning discussion.
PSOC is a service provider staff member	The director of the service provider or other appropriate person must be invited to attend the planning discussion.
PSOC is a service provider staff member at a DCP residential care site	Relevant DCP residential care manager (as listed on the care concern determination email sent by the CCMU) must be invited to attend the planning discussion. The director of the service provider or other appropriate person (such as a manager or DCP case worker).
PSOC is a kinship carer	The Manager or supervisor, Kinship Care Program must be invited to attend the planning discussion.
PSOC is a foster carer	A service provider representative must be invited to attend the planning discussion.
Child or young person has a diagnosed disability	Disability and Development Program Consultant.
Child or young person, or the carer is from a culturally and linguistically diverse background	DCP Multicultural Services.
Child or young person or the carer identifies as Aboriginal and Torres Strait Islander	Principal Aboriginal Consultant or Aboriginal practitioner.



Partnership

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

Where possible, include a PAC in the planning discussion to ensure decisions consider the cultural needs of the infant, child or young person and supports their cultural safety. Where a PAC is unable to attend, consider undertaking consultation before the discussion occurs.



Convene the planning discussion

The matters discussed at the planning discussion will vary depending on the complexity of the matter, but should include:


<p>Details of care concern/s</p>	<ul style="list-style-type: none"> • The specific concerns raised, the timeframe in which they occurred and other contextual information (noting that the notifier's identity must not be disclosed; refer to Important considerations when responding to care concerns in this chapter of the Manual of Practice for further guidance). • The outcome of the initial safety assessment. • Actions taken to date. • Whether or not the concerns are specific and/or relate to a cluster of issues or other care concerns. • Whether there are any further concerns (noting that where further concerns are identified that have not previously been reported, another care concern must be raised).
<p>Considerations relating to the child or young person</p>	<ul style="list-style-type: none"> • Concerns for the safety of the child or young person. • Any injuries to the child or young person, medical treatment received or required, and assessment of injuries completed where relevant. • Views expressed by the child or young person about the concerns or alternatively how and when their views will be obtained (including where it is not appropriate or possible to directly seek the views of the child or young person). • Consideration of whether it is necessary to remove the child or young person from the placement. • Therapeutic support for the child or young person. • Ongoing support required.
<p>Considerations relating to the PSOC*</p>	<ul style="list-style-type: none"> • Changes to the capacity or willingness of the PSOC to provide appropriate care. • Concerns relating to the PSOC's state of mental and physical health. • Assessment of the needs of the child or young person versus the capacity and performance of the PSOC. • Planning the approach to the discussion with the PSOC, including who will lead the discussion with the PSOC (such as the DCP case worker, residential care manager or DCP Human Resources), who will attend to support the PSOC during the discussion, and where and when the discussion will take place*. • Ongoing support required.
<p>Information about the placement</p>	<ul style="list-style-type: none"> • Details of past interventions and whether they have been successful. • The level of support provided to the placement by the DCP case worker, kinship care worker or service provider if applicable, including: <ul style="list-style-type: none"> ○ the frequency and quality of contact with the child or young person (including contact separate from the PSOC) ○ the frequency and quality of contact with the PSOC ○ observations of the placement ○ training provided to the PSOC ○ discussions with the PSOC about the ongoing needs of the child or young person. • Whether or not the PSOC has been provided with sufficient information about the child or young person, such as their: <ul style="list-style-type: none"> ○ experiences of trauma, grief and loss ○ health and disability needs (including NDIS plan information)



	<ul style="list-style-type: none"> ○ developmental needs ○ complex needs and behaviours of concern ○ cultural background, identity, and needs. <ul style="list-style-type: none"> ● Changes to the capacity or willingness of the PSOC to provide appropriate care.
Possibility of risk to others	<ul style="list-style-type: none"> ● Concerns for the safety of any other children or young people who may have contact with the PSOC. ● Consideration of worker safety.
Have/how will stakeholders be informed?	<ul style="list-style-type: none"> ● Whether the matter has been referred to SAPOL, the action taken and any guidance required to avoid compromising any police investigation. ● Any other external reporting requirements (such as the Office of Public Integrity) and who is responsible for ensuring this is undertaken. ● Considerations for informing the family or other parties, including timeframes.
Other considerations	<ul style="list-style-type: none"> ● Is additional information required? Who holds it and how will it be obtained? ● Does the child, young person or carer require a translator?

*When determining who will conduct the discussion, planning discussion participants should refer to the following guide. However, it must be noted that the decision about who will conduct the discussion with the PSOC must be determined on a case by case basis and will depend on a number of factors, including whether DCP Human resources or another agency such as SAPOL is involved in the response.

Person Subject of Concern	Person who will usually conduct the discussion with the PSOC <i>*Note this may differ depending on decisions made at the planning discussion about who is the appropriate person to undertake this role</i>
Family based carer	DCP case worker and the kinship or placement support worker (where possible).
DCP staff member (including DCP residential care staff)	DCP direct line manager or residential care manager responsible for the staff member (consultation must first occur with DCP Human Resources).
Service provider staff member (including NGO residential care staff)	Service provider manager (following consultation with the DCP case worker and supervisor regarding the scope and nature of the discussion). All follow up, including conversations, must be fully documented and provided to DCP to record within the response to the care concern.
Volunteer	DCP office manager in collaboration with the Volunteer Coordinator.



Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

Consult with a DCP Principal Aboriginal Consultant or Aboriginal practitioner to understand considerations to informing the family including key extended family about the care concern. Partnering with a Principal Aboriginal Consultant supports engagement and promotes participation with Aboriginal and Torres Strait Islander families.

Participation



Where families are informed, be clear on the purpose of engagement and what views or information are needed from the family, any significant decisions needing to be made and how they can participate in [family led decision making](#).

Prepare the response plan

The response plan documents the actions agreed to at the planning discussion and records who is responsible for each of the actions.

When a planning discussion has been held for a minor care concern, the development of a response plan is not mandatory. However, it may be appropriate to develop one, particularly for care concerns involving multiple children or young people, DCP offices and/or stakeholders or where the response required is complex.

Where a planning discussion has been held for a moderate care concern, a response plan must be completed by the DCP case worker (or other DCP staff member as applicable) using the [Planning discussion response plan Template](#).

The response plan should include a decision about how the concerns will be raised with the PSOC as part of general case management and provide details of support, supervision, development and training to be provided to the PSOC as required.

The DCP case worker must provide the completed [Planning discussion response plan Template](#) for moderate care concerns and, where applicable, minor care concerns to all planning discussion participants within 24 hours of the discussion. All participants are responsible for completing assigned actions to ensure a timely and effective response to protect the child or young person from harm, prevent further harm and establish support mechanisms for the child or young person and carer where applicable.

Document the planning discussion

A written record of the planning discussion meeting, including the decisions made, must be saved in the 'Care Concern Meetings' tab in the care concern case in C3MS. The record of the planning discussion must include the subject title 'Planning Discussion Meeting and Decisions'. All stakeholders in attendance are to be documented along with the actions assigned to them and the timeframes for completion. The response plan must also be uploaded (where applicable) under the 'Action Plan tab' of the care concern.

Discuss the care concern with the child or young person

When responding to a care concern, a discussion should be held with the child or young person to seek their views about the care concern and their experiences in the care environment.

Decisions about how and when to discuss the concerns with the child or young person will usually be determined at the planning discussion. Wherever possible, the discussion with the child or young person should be held before the care concerns are raised with the PSOC. In all cases, the PSOC **must not** be present during the discussion with the child or young person.

Discussions with the child or young person must be conducted in a way that is supportive and minimises the likelihood of causing further distress. In some circumstances, it may not be appropriate to conduct a discussion with the child or young person, particularly if they have been interviewed repeatedly or are likely to be traumatised by the process. If it is decided during the planning discussion that it is not appropriate to speak directly with the child or young person about the specific concerns, consideration should be given to speaking with the child or young person more generally about the care environment.



If it is decided at the planning discussion that a discussion with the child or young person will not occur, the rationale for not discussing the care concern with the child or young person must be clearly documented as part of the response plan.

If it is decided that the concerns will not be discussed with the child or young person, other ways of seeking their views should be considered, such as:

- previous interviews conducted with the child or young person about the concerns or the care environment
- other children or young people in the placement (while ensuring confidentiality for the child or young person who is the subject of the concern is maintained as far as possible)
- professionals working with the child or young person, such as a therapist or trusted teacher
- psychological or other expert assessment reports
- child surveys
- [Reflection forms](#)
- observations of the child or young person.

The information must be accurately documented and saved in the 'Notes and Documents' tab of the care concern in C3MS and should be given the subject title 'Voice of the child or young person'.

Refer to the [Conducting interviews with children and young people to assess their safety Practice Paper](#) for further guidance about interviewing children and young people.

Refer to [Important considerations when responding to care concerns](#) for specific considerations relating to conducting discussions with Aboriginal and Torres Strait Islander and culturally and linguistically diverse children and young people and children and young people with disabilities.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompts

Consult with a DCP Principal Aboriginal Consultant or an Aboriginal or Torres Strait Islander staff member to support best engagement with Aboriginal and Torres Strait Islander children and young people when discussing the care concern. Request advice about safe and appropriate environments to conduct the discussion and for strategies to increase participation when seeking the views of the child or young person or informing them of any action that will affect them.

Discuss the concerns with the PSOC

It is essential that the PSOC is advised of the minor or moderate care concern and is provided with an opportunity to provide their views and discuss the concerns. For moderate care concerns, a formal meeting with the PSOC must be convened to discuss the concerns within 15 days of the care concern being allocated.

Advise the PSOC that a care concern has been raised and invite them to discuss the concerns

Responsibility for advising the PSOC of the concerns and holding the discussion should be determined at the care concern planning discussion. Refer to the 'Hold a planning discussion' section above for more information.

The person holding the discussion with the PSOC must verbally advise the PSOC of the concerns and invite them to attend a meeting to discuss the concerns and provide their views.



For moderate care concerns, the discussion must be in the format of a formal meeting. The meeting should be held within 15 days of the care concern being allocated. The person holding the meeting must complete and send the [Letter advising the PSOC of moderate care concern](#) to the PSOC confirming the meeting details.

The PSOC must also be provided with a copy of the [Care concern information sheet](#) prior to the meeting. The PSOC should also be advised that they are entitled to bring a support person to the meeting.

Where the PSOC has circumstances that impact their ability to understand the information communicated due to language differences or other factors, the DCP case worker should consult with the supervisor to determine the most appropriate way to communicate the concerns raised.

Consideration should be given to:

- engaging an interpreter, and/or the translation of written advice related to care concerns where appropriate
- arranging the support of an advocate
- allowing additional time for the carer to process and respond to information
- ensuring a comfortable and familiar environment is used for discussions.

Where required, the DCP case worker should consult with a person who holds specialist advice or information (such as a cultural consultant) prior to the meeting to ensure all relevant information is considered and presented. All consultations must be recorded in the 'Care Concern' tab in C3MS as an assessment note with the subject title 'Consultation with [title and name of person consulted]'.

There may be circumstances where speaking with the PSOC regarding the concerns within these timeframes is not recommended (for example, due to possible interference with SAPOL investigations, Human Resources staff misconduct proceedings or in circumstances where speaking with the PSOC may place the child or young person at further risk). In these situations, the DCP case worker must document a clear rationale for not raising the concern with the PSOC in C3MS and seek further advice sought from SAPOL and/or Human Resources as to when it is appropriate to proceed.



Participation

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

Consult with a DCP Principal Aboriginal Consultant to support best engagement with Aboriginal and Torres Strait Islander carers when discussing the care concern. Request advice about safe and appropriate environments and how to increase participation when seeking the views of Aboriginal and Torres Strait Islander carers and informing them of any action that will affect them.

Conduct the discussion with the PSOC

Wherever possible, the discussion with the PSOC should occur via a face to face meeting in a safe and appropriate environment.

The discussion should include:

- an explanation of the purpose and format of the meeting
- presentation of the specific concerns and related issues
- the views of the child or young person (where appropriate)
- an opportunity for the PSOC to respond to the concerns
- an opportunity for the PSOC to discuss their experience of supporting the child or young person, including both the challenges and positives



- identification and discussion of additional stressors for the PSOC and/or child or young person that may be impacting on the placement
- discussion of any prior concerns and the success of past interventions
- an invitation for all participants to provide their views about the action/s required to better support the placement
- a discussion of expectations of the carers and standards of care
- identification of additional training, support or advice about specific aspects of care provision or practice required by the PSOC
- discussion of actions to address the care concerns and related issues including strategies that must be implemented to prevent future care concerns (agreed actions and strategies should be documented within an Action Plan and saved under the 'Action Plan' tab in C3MS)
- informing the PSOC of the processes following the meeting, including:
 - for minor care concerns, they will receive a written copy of the agreed actions (to be provided using the [Letter to PSOC providing summary of minor care concern](#) template)
 - for moderate care concerns, they will receive a letter informing them of the outcome and what this means for them (to be provided to them using the [Letter advising PSOC of moderate care concern outcome](#) template)
 - they will be provided with further opportunity to respond to the concern(s) raised (for moderate care concerns only); written advice should be provided using the [Letter providing PSOC with an opportunity to respond to a moderate care concern](#) template.

If during the discussion additional concerns are identified, the person holding the discussion with the PSOC must raise a new care concern. Refer [Raise a Care Concern Referral](#) for further guidance.

Document the discussion and action plan

The person facilitating the discussion with the PSOC must document the discussion, including details of:

- time, date and location
- the participants
- the concerns discussed
- the PSOC's response to the concerns
- actions to be undertaken, by whom and timeframes.

The details of the discussion must be documented in the 'Discussion and response note' under the 'Care Concern' tab of the care concern in C3MS with actions (if required) documented under the 'Action Plan' tab. The Action Plan may include actions required by the carer, child or young person, DCP case worker and/or service provider and support staff to manage or mitigate future risk and/or enhance the quality of care. The DCP case worker should ensure that all actions are explicitly stated in the plan and are understood by all participants. Service providers are contractually obligated to report against actions assigned following care concerns. The service provider may offer to provide additional support and training for carers.

Where the same care concern is raised for multiple children or young people who are being case managed by multiple DCP offices, it is important for the DCP case worker to ensure that consultation occurs and the outcomes of all discussions are documented consistently across all of the care concerns.

In circumstances where the discussion with the PSOC is conducted by the service provider or by a residential care manager, a documented copy of the discussion must be provided to the DCP case worker (if the PSOC is a DCP staff member, this must be provided to the supervisor). The DCP case worker must upload the documented copy of the discussion to the 'Discussion and Response note' under the 'Care Concern' tab of the care concern in C3MS.



Refer to C3MS Guide: [Responding to a Care Concern](#) for further guidance about recording the discussion with the PSOC in the care concern.

Provide PSOC with an opportunity to respond to the care concern (moderate care concerns only)

For all moderate care concerns, the PSOC must be given an opportunity to further respond to the allegations raised after the discussion has been held.

Following the discussion with the PSOC, the DCP case worker must complete the [Letter providing PSOC an opportunity to respond to a moderate care concern](#) template and provide it to the PSOC. The letter provides the moderate care concern information discussed including:

- the nature of the concerns
- the processes to be undertaken
- any agreed actions arising from the discussion
- the potential impact for them, and
- their opportunity respond to the allegations.

The DCP case worker must also provide a copy of the letter to the service provider.

The PSOC must be provided with at least seven calendar days following receipt of the letter to respond to the concerns raised. The timeframe for the PSOC to respond should be adjusted where the letter is going to be posted, to account for delays in delivery.

Where English is the PSOC's second language, consideration should be given to engaging an accredited interpreting and translating service to provide a translation of the letter. Refer to the [Interpreting and Translating procedure for people from a culturally and linguistically diverse \(CALD\) background](#) or [Aboriginal Languages Interpreters and Translators Guide](#) for more information.

In circumstances where the PSOC is a DCP staff member, the PSOC's manager or the relevant residential care manager is responsible for providing the letter to the PSOC (following consultation with the DCP supervisor and DCP Human Resources).

Copies of the letters provided to the PSOC and stakeholders must be recorded in the 'Notes and Documents' tab of the care concern in C3MS with the subject title 'Letter to PSOC'. Refer to the C3MS Guide: [Creating a note](#).

Determine the care concern outcome (moderate care concerns only)

All moderate care concerns must have an outcome recorded.

While service providers and other relevant stakeholders are required to cooperate with care concern processes, it is the role of the DCP case worker to determine the care concern outcome by following the below process.

Following the meeting with the PSOC, the DCP case worker, in consultation with the supervisor or senior practitioner, must:

- seek any further information required including the views of any witnesses involved, where appropriate



- consider any additional information provided in writing to/by the PSOC (refer to the 'Advise the PSOC of the care concern in writing' section above)
- conduct an assessment.

Assess the evidence

When determining the outcome for a moderate care concern, the DCP case worker must determine if there is a reasonable belief that the child or young person has been harmed or the child or young person is at risk of harm (including cumulative harm).

The burden of proof for this determination is that allegations of harm or risk of harm must be proven on the balance of probabilities. It must be more probable than not that the allegations are accurate. This is a lower standard than is required in criminal matters, where allegations must be proven beyond reasonable doubt (for further guidance assessing allegations of harm, refer to [Determine investigation substantiation decision](#) in the Intake, investigation and assessment chapter of the Manual of Practice.

Determine the outcome decision

After assessing the evidence, the DCP case worker must determine whether harm or risk of harm has or has not occurred. The DCP case worker must first determine that either:

- the concern occurred as reported, or
- there is an alternative explanation for what occurred, or
- there is insufficient evidence to determine what occurred.

Due regard should also be given to other considerations such as:

- duty of care
- specific plans that detail the care requirements for the child or young person (such as case plans, care plans or positive behavioural support plans)
- relevant DCP or service provider policies or procedures, or other standards or requirements that a person might be held to in line with their professional status
- any learnings and opportunities for improvement identified, and
- any mitigating or aggravating circumstances.

The DCP case worker must apply one of the following outcomes for each care concern raised. The outcome decision must be approved by the supervisor.

Outcome	When
Substantiated	Where it is assessed that: <ul style="list-style-type: none"> • on the balance of probabilities there is sufficient evidence to establish that the allegations were accurate, and • what occurred reached the threshold of harm or risk of harm.
Not substantiated	Where it is assessed that the threshold of harm or risk of harm.
Undetermined	Where it is assessed that there is insufficient evidence to determine what occurred and/or corroborate the accounts given by the child or young person and the PSOC.

The **definitions and thresholds** documented in the [SDM® Care Concern Screening Criteria](#) should be considered when making substantiation determinations. It should be noted that these definitions and thresholds are different from those documented in the SDM Screening and Response Priority Assessment.



For further guidance, refer to [Determine investigation substantiation decision](#) in the Intake, investigation and assessment chapter in the Manual of Practice.

The outcome should be quality assured by the senior practitioner and must be approved by the supervisor.

Record the outcome decision

For each moderate care concern raised, the outcome of whether or not harm has been substantiated, the rationale for the decision, the person found responsible for harm, and any identified risks with mitigating actions and/or systemic issues must be recorded under the 'Moderate Care Concern Summary' tab of the care concern in C3MS.

CCMU staff can be contacted if further support or guidance in regards to documenting care concern outcomes in C3MS is required.

It is critical that outcomes reflect an identified PSOC so that outcomes are recorded accurately against an individual and considers all allegations within the scope of the care concern.

Actions following determination of outcome decision

Where the PSOC is a DCP staff member

In circumstances where a DCP staff member is listed as a PSOC, it may be appropriate to convene a meeting between the supervisor or office manager and the DCP Residential Care manager to:

- discuss the final outcome and rationale, and
- ensure all parties have given due consideration to the information obtained following formal inquiry, and have been provided with a rationale for the outcome.

Where the PSOC is a family based carer

In line with the [DCP Practice Approach](#) and the [DCP Assessment framework](#), it is critical that action is taken where risk and/or harm has been identified. This may include undertaking safety assessments and actions to address harm and risk. It is an offence for a DCP staff member to negligently fail to reduce or remove a substantial risk of sexual harm of a child or young person under 17 years of age perpetrated by a person providing out of home care, DCP staff member, volunteer or contracted service provider who is in a position of authority over the child or young person (maximum penalty imprisonment for 15 years). Following a substantiated outcome decision, it may be necessary to review the child or young person's case plan, including a review of the care environment and actions required to mitigate risk.

Inform the PSOC of the outcome

It is usually the responsibility of the DCP case worker to advise the PSOC when the minor or moderate care concern has been finalised. For moderate care concerns, this advice must include the formal care concern outcome.

This is usually the responsibility of the DCP case worker. In circumstances where the PSOC is a DCP staff member, the PSOC's manager or the relevant DCP Residential Care manager is responsible for advising the PSOC of the outcome following consultation with the supervisor and/or office manager and DCP Human Resources.

The PSOC should be advised in writing using the appropriate letter template:

- [Letter to PSOC providing summary of minor care concern](#) template (this letter template documents the care concern information discussed with the PSOC and any agreed actions – a formal care concern outcome is not required).



- [Letter advising PSOC of moderate care concern outcome](#) template (this letter template includes a formal care concern outcome).

The letter template should be adapted to meet the particular circumstances of the matter.

It is important to ensure that the PSOC receives appropriate support when being provided with information about the finalised care concern. Verbal advice should be provided to the PSOC, either in person or by telephone (or video conference) prior to or at the time of providing written advice. The PSOC should also be encouraged to reach out to their supports if required.

For moderate care concerns, the written outcome should, where reasonably practicable, be delivered in person to the PSOC (for example, by the DCP case worker or service provider). If the written outcome cannot be delivered in person, the DCP case worker or service provider should ensure that they discuss the outcome with the PSOC prior to delivery of the written outcome. While delivering the letter in person is not a requirement for a minor care concern, it may be assessed as appropriate in some circumstances.

It may be appropriate to hold a meeting with stakeholders identified within the planning discussion to coordinate how the PSOC will be informed. In these cases, the meeting will also afford an opportunity to consider the ongoing safety of the child or young person who may remain in the placement and repair the relationship between the carer, child or young person and the DCP case worker if required.

Where applicable, the PSOC's manager or the relevant residential care manager must also provide a copy of the letter to the service provider for the PSOC.

Copies of the letters provided to the PSOC and stakeholders must be recorded in the 'Notes and Documents' tab of the care concern in C3MS with the subject title 'Outcome letter to PSOC'.

Inform the child or young person of the outcome

The DCP case worker or other appropriate person should inform the child or young person of the outcome of the care concern and/or any action that will be taken that may affect them (unless it is considered it would not be in their best interests to do so).

In situations where a decision has been made to delay or limit the information provided to the child or young person, the decision and rationale must be clearly documented in the 'Notes and Documents' tab of the care concern in C3MS, along with records of any discussions held with the child or young person in relation to the outcome of the care concern.

It is important that where it is anticipated that the child or young person will have a continuing relationship with the PSOC, the DCP case worker or other appropriate person ensures that action is taken to repair the relationship between the child or young person and the PSOC. Refer to [the Iceberg Model Practice Approach: Trauma lens for children and young people](#) and [the Sanctuary Model](#) for further guidance.

Close the care concern

Close a minor care concern

The supervisor is responsible for approving the closure of a minor care concern. The supervisor must be allocated to the case in order to close the care concern.

A formal outcome is not recorded for a minor care concern (for example, a substantiation of harm or risk of harm) but the supervisor must review, approve and close the care concern referral in C3MS once all requirements have been adequately addressed.



It is not a requirement for all actions within the documented response plans (if applicable) or action plans to be complete prior to closing the concern but the supervisor must be satisfied that a planned response has been developed and is in progress.

Refer to the C3MS Guide: [Responding to a Care Concern –](#) for further guidance about closing a minor care concern.

Close a moderate care concern

The manager is responsible for approving the closure of a moderate care concern.

When the supervisor is satisfied that all necessary tasks have been completed, the care concern must be submitted in C3MS for approval by the manager and for closure. The manager will receive a workflow and, when satisfied, will approve the page which will close the care concern. Before closing the care concern, the supervisor and manager must be satisfied that a planned response has been developed which adequately responds to the concerns and ensures that the child or young person is safe and not at risk of further harm or that such efforts are in progress.

Refer to the C3MS Guide: [Responding to a Care Concern –](#) for further guidance about closing a minor care concern.

Advise SAPOL and CPS of case closure

Where SAPOL and/or CPS attended the planning discussion, the DCP staff member who attended or held the discussion must send a case closure email to the SAPOL and/or CPS representative that provides:

- a summary of the discussions that have been conducted with SAPOL and/or CPS (including any feedback or opinions regarding interviews or enquiries that were conducted by SAPOL and/or CPS) and
- a statement that DCP is satisfied that no further enquiries are necessary.

Monitoring and evaluation

CCMU staff will liaise with the DCP case worker to monitor the status of all care concerns to ensure that key steps have been undertaken within appropriate timeframes and to evaluate outcomes including progress of the actions documented in the response plan.

6. Respond to a serious care concern

Responding to serious care concerns is the primary responsibility of the CCMU and the DCP Investigations Unit with support from DCP office staff.

CCMU are responsible for ensuring all internal and external reporting requirements are met for each care concern. All serious care concerns must be reported to the DCP Significant Incident Reporting Unit (SIRU). For guidance about reporting a significant incident, refer to the [Significant incident reporting Procedure](#).

For a summary of the process of responding to a serious care concern, refer to the [Raising and responding to care concerns flowchart](#).

Assess and establish immediate safety

It is essential that the DCP case worker (or other DCP staff member) conducts an immediate assessment of the child or young person's safety and responds to any immediate safety threats that are identified (including



whether the child or young person can remain safely in their placement during the response to the care concern). This safety assessment should be undertaken in addition to any initial safety assessments already conducted by DCP Call Centre staff and CCMU/CCAP. It is an offence for a DCP staff member to negligently fail to reduce or remove a substantial risk of sexual harm of a child or young person under 17 years of age perpetrated by a person providing out of home care, DCP staff member, volunteer or contracted service provider who is in a position of authority over the child or young person (maximum penalty imprisonment for 15 years).

Refer to 'Manage risks during the care concerns process' below and 'Assess and establish immediate safety' in [Respond to a minor or moderate care concern](#) for further guidance.

Participate in a serious care concern planning discussion

A serious care concern planning discussion (SCCPD) must be held within two business days of the endorsement of a serious care concern by the Care Concern Assessment Panel (CCAP). It is a mandatory and formal documented discussion that acts to commence the response to the serious care concern and occurs within the context of ongoing interagency collaboration and consultation.

The SCCPD provides an opportunity for relevant DCP staff and other involved government and non-government agencies to:

- establish the roles and responsibilities of all parties involved in the initial response
- exchange relevant information
- plan and coordinate a timely and effective response to investigate the allegations
- safeguard children and young people
- discuss support for the person(s) subject of concern (PSOC).

The SCCPD is chaired by a nominated DCP staff member from a pool of senior practice positions. A SCCPD must be held even if an urgent [strategy discussion](#) (with CPS and/or SAPOL) has previously occurred in relation to the care concern.

The CCMU will determine the participants of the SCCPD. This will generally include:

- the DCP case worker, the senior practitioner or supervisor and/or the practice leader (noting where the matter relates to a DCP residential care staff member, only a supervisor and/or manager and/or practice leader may be invited to attend)
- representatives from Kinship Care, Carer Approval and Registration Unit (CARU) and DCP Disability and Development Services, as required
- SIRU (for matters meeting the criteria outlined under DCP Reportable Significant Incidents within the [Significant incident reporting Procedure](#))
- DCP Human Resources representative (for serious care concerns relating to a PSOC who is a DCP staff member).

Attending the SCCPD supports the DCP case worker to effectively support and case manage the child or young person subject to the care concern. It also supports staff to:

- gather information about the concerns raised in order to assess the safety and wellbeing of the child or young person in a timely way
- identify what information can be shared with the child or young person and the PSOC about the concerns and the investigation



- discuss how strategies to ensure safety (such as a safety plan) or address risk can be implemented without adversely impacting the investigation or other processes (including any investigation being conducted by SAPOL or DCP Human Resources).

Within 24 hours of the SCCPD, a serious care concern planning discussion response plan documenting all actions, persons responsible and timeframes determined at the SCCPD will be completed by CCMU and distributed to all participants.

The CCMU will save the response plan under the 'Action Plan' tab of the care concern in C3MS. Refer to [C3MS Care Concern Guides and Videos](#).

For further guidance about SCCPDs, refer to the [Care Concerns: Convene a Serious Care Concern Planning Discussion Procedure](#).

Manage risks during the serious care concern process

The safety of the child or young person must be continually assessed during the response to the serious care concern.

While the serious care concern is under investigation by the DCP Investigation Team (or external investigator), the DCP case worker, in consultation with the supervisor, will continue to:

- undertake ongoing assessment of the child or young person's safety and wellbeing including observations of and discussions with the child or young person
- consider the suitability of the placement
- provide support to the placement including completing any assigned actions following the SCCPD
- consider the needs of the child or young person and the ability of the PSOC to meet those needs
- provide regular updates to all relevant parties.

In some cases, it may be agreed at the planning discussion that the DCP case worker, senior practitioner, supervisor or manager will meet with the PSOC to address risk to the child or young person. In these cases, DCP staff must comply with any considerations agreed to at the SCCPD and/or advised by DCP Human Resources and clearly document the meeting held with the PSOC, including all actions and outcomes. It is an offence for a DCP staff member to negligently fail to reduce or remove a substantial risk of sexual harm of a child or young person under 17 years of age perpetrated by a person providing out of home care, DCP staff member, volunteer or contracted service provider who is in a position of authority over the child or young person (maximum penalty imprisonment for 15 years).

Consider the suitability of the placement

Where immediate safety concerns for children and young people are identified which require an immediate response, the DCP case worker must consider and make decisions in consultation with the supervisor regarding the suitability of the child or young person remaining in the placement.

See [Remove the child or young person from a placement](#) in the Supporting children and young people in care chapter of the Manual of Practice for further guidance.



Placement

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

Where a new placement is required, consult with DCP Aboriginal Practitioners such as a Principal Aboriginal Consultant or Aboriginal Family, Finding and Mapping worker to discuss placement options. Partner with Aboriginal Practitioners to ensure cultural safety and to identify potential placements. This is an active effort to seek safe and connected care for Aboriginal and Torres Strait Islander children and young people.

Where the child or young person remains in the placement and a threat to the safety of the child or young person is identified, the DCP case worker in consultation with the supervisor must develop a plan to respond to any immediate safety threats to the child or young person and to establish conditional safety.

Where deemed reasonable to do so, a meeting in a safe and appropriate environment should be held with the PSOC to address the safety threats and develop a [safety plan](#). Timelines and responsibilities for holding this meeting must have been agreed to at the serious care concern planning discussion or with the DCP Investigations Team before proceeding (to ensure that such a meeting will not adversely impact the investigation process).

Additional information can be found at in the [Complete the SDM Initial Risk Assessment](#) key step of the Intake, investigation and assessment chapter of the Manual of Practice.

Receive the serious care concern outcome and identify follow up actions required

Once the serious care concern investigation has been completed, the DCP Investigations Unit will complete an investigation report, including any findings, and forward it to the CCMU. The CCMU will then schedule the matter to be discussed at the next Care Concern Outcome Panel (CCOP) for consideration. The CCOP will review the information obtained during the investigation and the action taken to date in response to the care concern. The CCOP will make recommendations in relation to any proposed follow up actions and whether, on the balance of probabilities, it is more probable than not that harm and/or risk of harm has occurred as a result of the action or inaction of the PSOC. The Director, Quality and Safeguarding will review and endorse the care concern outcome and rationale as determined by CCOP.

The CCMU will record the rationale and the outcome for each serious care concern (as determined by the Director, Quality and Safeguarding) in C3MS. If further actions or considerations have been noted in relation to the outcome, the CCMU will contact the relevant service provider office manager and note the discussion/email within the care concern 'Notes and Document's tab in C3MS.

It is imperative that actions to address the risks are identified to mitigate any adverse findings where the child or young person remains in the care of the carer.

The CCMU may convene a meeting with service provider and the DCP case worker and supervisor to discuss the outcome, specific actions to be undertaken by the office, how and when the outcome will be delivered and the support to be provided to both carer and child or young person, including revisiting safety and the relationship between the carer and child or young person within the placement.

Provide the PSOC with a written outcome

Prior to finalising the outcome of the serious care concern, the CCMU may convene a meeting with the allocated case management team and/or support agency for the carer. This will provide an opportunity to provide advice regarding the outcome, including the rationale and discussion regarding the most appropriate manner in which to deliver the outcome.



The CCMU will provide written advice of the outcome to the PSOC, the service provider and any other relevant stakeholders. The written advice will be provided to the PSOC via the method agreed between the service provider, the CCMU and case management.

The written advice of the outcome to the PSOC should be saved by CCMU as a document in the 'Notes and Documents' tab of the care concern in C3MS with the subject title 'Care Concern Outcome to PSOC'.

If the PSOC is a DCP employee, any written advice to the PSOC regarding potential staff misconduct identified during the care concern process will be provided by DCP Employee Relations in consultation with the PSOC's manager.

Inform the child or young person of the outcome

Once the PSOC has been provided with a written outcome, the DCP case worker or other appropriate person should inform the child or young person of any action that will be taken that may affect them and the outcome (unless it is considered it would not be in their best interests to do so).



Participation

Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) active effort prompt

Consult with a DCP Principal Aboriginal Consultant or an Aboriginal staff member to support best engagement with Aboriginal and Torres Strait Islander infants, children and young people when discussing the care concern. Request advice about safe and appropriate environments to conduct the discussion and for strategies to increase participation when seeking the views of the infant, child or young person or informing them of any action that will affect them.

In circumstances where a decision has been made to delay or limit the information provided to the child or young person, the decision and rationale must be clearly documented in the 'Notes and Documents' tab of the care concern in C3MS, along with records of any discussions held with the child or young person in relation to the outcome of the care concern.

It is important that where it is anticipated that the child or young person will have a continuing relationship with the PSOC, the DCP case worker or other appropriate person ensures that action is taken to repair the relationship between the child or young person and the PSOC. Refer to [the Iceberg Model](#) Practice Approach: Trauma lens for children and young people and [the Sanctuary Model](#) for further guidance.

Inform other stakeholders of the outcome

The CCMU will send an outcome email to relevant stakeholders.

In all cases, if SAPOL and/or CPS attended the SCCPD, the DCP staff member who attended or held the SCCPD must send a case closure email to the SAPOL and/or CPS representative that provides:

- a summary of the discussions that have been had with SAPOL and/or CPS (including any feedback or opinions regarding interviews or enquiries that were conducted by SAPOL and/or CPS) and
- a statement that DCP is satisfied that no further enquires are necessary.

The advice to stakeholders must be saved as a document in the 'Notes and Documents' tab of the care concern in C3MS.

Close the serious care concern

Once finalised, the Principal Care Concern Officer or Manager of the CCMU should undertake a quality assurance check to ensure all steps have been undertaken and all relevant documents have been recorded in C3MS. Following this, the matter is closed.



7. Respond to grievances and complaints

All carers and DCP staff are entitled to raise a complaint provide feedback about the care concern process via the following avenues:

- completing an [online complaints form](#)
- in writing to GPO Box 1072 ADELAIDE SA 5001
- by email to DCPComplaintsandFeedback@sa.gov.au
- by telephoning 1800 003 305.

Alternatively, carers and staff may contact the [Ombudsman](#) SA or seek their own legal advice.

DCP staff members who would like to raise a grievance or complaint regarding outcomes following a staff misconduct process associated with a care concern are advised to follow the DCP Human Resources grievance procedure or to contact DCP Human Resources directly. For further information, refer to [Resolving complaints..](#)

Document control

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Accountable Director: Chief Practitioner			
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6/03/2020	2.0	Changes to reflect improvements in the model of responding to care concerns.	
24/09/2020	2.1	Minor changes to provide greater clarity to the field	
14/12/2020	2.2	Hyperlinks updated	
20/01/2021	2.3	Minor changes made for consistency in language across all Manual chapters and formatting of the Word version of the Chapter	
16/01/2021	2.4	Revised Care Concern Definition	
05/08/2022	3.0	Review of chapter as part of the DCP policy review cycle.	
05/09/2022	3.1	Minor amendment to remove reference to e-CARL in guidance on reporting care concerns.	
27/09/2022	3.2	Minor amendment to clarify roles and responsibilities of DCP Call Centre and Care Concerns Management Unit staff in recording care concerns.	



REVISION RECORD		
Approval Date	Version	Revision description
22/11/2022	3.3	Minor amendment to remove references to Viewpoint and replace with the generic term 'child survey' to futureproof the development of a bespoke survey tool for children and young people in care.
03/02/2023	3.4	Minor amendment to insert a reference to the Raising and responding to care concerns flowchart and to update hyperlinks.
15/03/2023	3.5	Minor amendment to clarify practice requirements for informing the person subject of the concern of the outcome of a moderate care concern.
28/03/2023	3.6	Minor amendments to remove reference to retired standards of care
02/05/2023	3.7	Minor amendment to Scope section to include reference to authorisations and delegations.
21/07/2023	3.8	Minor amendment to update title of Letter to PSOC providing summary of minor care concern.
21/06/2023	3.9	Minor amendments to remove reference to deficit in care outcome and change 'unsubstantiated' terminology.
15/11/2023	3.10	Minor amendment to guidance regarding allocation of care concerns.
10/01/2024	3.11	Minor amendment to update references to C3MS Guides.
27/03/2024	3.12	Minor amendment to guidance about minor care concerns include reference to care team meetings.
05/07/2024	3.13	Minor amendments to update scope and references to C3MS roles.
05/08/2024	3.14	Minor amendment to reflect the role of practice leaders in responding to serious care concerns.
06/08/2025	3.15	Minor amendment to clarify requirements to not disclose notifier information pursuant to section 163 of the CYPS Act.
05/09/2025	3.16	Review in the interim of the Care Concern reform project updates.