Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual

This Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual has been produced by the Refocused SCAN Team System working group. The working group comprises representatives from each of the SCAN team core member agencies, which are the Department of Communities – Child Safety, the Queensland Police Service, the Department of Education and Training, Queensland Health and the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited.
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INTRODUCTION

Keeping children safe and providing opportunities for them to reach their full potential cannot be achieved by one government agency. Responsive service provision to young Queenslanders relies on solid, respectful and trusting partnerships within and across government, non government agencies and local communities. These partnerships are critical to an effective system for protecting children.

In October 2008, Partnership in Action: a shared vision for the SCAN Team system, was endorsed by the chief executive of each SCAN team core member agency which includes the Department of Communities – Child Safety (Child Safety), the Queensland Police Service, Queensland Health, the Department of Education and Training and the Aboriginal and Torres Strait Islander Child Protection Peak.

Partnership in Action: a shared vision for the SCAN Team system outlines the agreement and commitment made by each agency to a refocused model of service delivery for the SCAN team system, as well as the introduction of information coordination meetings to provide a separate mechanism for coordinated multi-agency discussion.

The Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual provides procedures to guide the operation of SCAN teams and information coordination meetings and was developed by an interagency working group comprising members of all SCAN team core member agencies.

The SCAN team system and information coordination meetings operate within the following governance arrangements.

External monitoring

The Commission for Children and Young People and Child Guardian (CCYPCG) is responsible for independently monitoring the Queensland child protection system.

To do this, it is mandated to proactively audit, investigate and review the systems, policies and practices of service providers within the child protection system, including the SCAN team system. On an ongoing basis, the performance of the SCAN team system is reported on in the annual Child Guardian Report – child protection system.

The CCYPCG is a member of the Child Safety Directors’ Network (CSDN) and is represented on the CSDN SCAN subcommittee.

Child Safety Directors’ Network

The Child Safety Directors’ Network (CSDN) supports the Queensland Government’s child protection system across the continuum from prevention and early intervention to statutory intervention and ensures child protection is a whole-of-Government responsibility. The CSDN leads coordination, communication and strategic planning in the child protection system and has a key role in facilitating service responses, identifying emerging issues and gaps in service delivery and enhancing multi-agency collaboration.

The CSDN includes all appointed Child Safety Directors as well as representatives from Child Safety (Chair), the CCYPCG, and the Department of the Premier and Cabinet. The CSDN reviews information in relation to the SCAN team system.
Child Safety Directors’ Network SCAN subcommittee

The CSDN SCAN subcommittee facilitates the operational role of the SCAN team system and comprises key agencies involved in the SCAN team system, including Child Safety, the Queensland Police Service, Queensland Health, the Department of Education and Training, Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited and the CCYPCG. Other Child Safety Directors may also attend subcommittee meetings where appropriate.
CHAPTER ONE

Reporting to Child Safety intake

1.1 Child Safety intake

The Department of Communities – Child Safety (Child Safety) has a legislative responsibility to respond to information received about harm or risk of harm to a child, or an unborn child who may be at risk of harm after he or she is born. The purpose of intake is to:

- receive information about child protection concerns from community members and other agencies
- provide a response to the information in accordance with the responsibilities of Child Safety
- inform the community about the role of Child Safety and provide information about child protection services.

1.2 Reporting child protection concerns to Child Safety

Any person may contact Child Safety as a notifier. All notifiers are subject to the confidentiality provisions of the Child Protection Act 1999, section 186.

Information is gathered from the notifier at intake to assess whether a child has been harmed, is being harmed or is at risk of being harmed, and whether they have a parent able and willing to protect them from the harm. When the information relates to an unborn child, the intake decision is whether the unborn child will be at risk of harm after he or she is born.

Completion of the screening criteria assists the decision about whether reported child protection concerns are recorded as a child concern report (CCR) or meet the threshold for recording a notification.

Harm refers to any detrimental effect of a significant nature on the child's physical, psychological or emotional well-being. It is immaterial how the harm is caused. Harm can be caused by physical, psychological or emotional abuse, neglect, sexual abuse or exploitation (Child Protection Act 1999, section 9). The threshold for recording a notification requires that there is an allegation of harm or risk of harm to a child, and a reasonable suspicion that the child is in need of protection (Child Protection Act 1999, section 14).

Refer to Appendix 1 for related definitions.

1.3 Child Safety feedback to SCAN team core member agencies

When the notifier is from a SCAN team core member agency, Child Safety must provide feedback to SCAN team core member agencies through SCAN team core member representatives or approved delegates, of the intended response to the reported child protection concerns, specifically:

- whether a notification or a child concern report has been recorded, and
- the rationale for the decision

within five business days of the information being received.

If requested by the SCAN team core member representative, Child Safety will provide written advice of the decision and rationale for the decision, to the SCAN team core member representative or approved delegate.
To inform the decision regarding whether a matter constitutes a notification or a child concern report, Child Safety may initiate a pre-notification check with one or more SCAN team core member agencies. Pre-notification checks will not be undertaken if the initial information received indicates the matter meets the legislative threshold for a notification.

Where a pre-notification check is to occur, it must be initiated as soon as possible and within 24 hours of receiving the child protection concerns, to allow as much time as possible for SCAN team core member agencies to respond. The decision regarding whether a notification will be recorded must be made by Child Safety within 48 hours of receiving the initial information. The timeliness of provision of information by SCAN team core member agencies in relation to pre-notification checks may impact the ability of Child Safety to meet the five day feedback timeframe.

If feedback from Child Safety, both verbal and written where requested, about the decision is not received, the SCAN team core member representative may choose to progress the matter through existing line management processes by contacting the regional intake team leader for further discussion and action if required.

Where a notification has been recorded and coordination of multi-agency actions is required to assess and respond to the protection needs of the child, the SCAN team core member representative may then progress a SCAN team referral via the Request for multi-agency meeting form. Refer to chapter three for further information.

Where a child concern report has been recorded and the SCAN team core member representative requires the opportunity for multi-agency discussion, an information coordination meeting referral may be progressed via the Request for multi-agency meeting form. Refer to chapter two for further information.

This process is represented diagrammatically in Figure 1 Information coordination meetings and SCAN team process flowchart.
SCAN team core member agency notifies of a child protection concern

Child Safety intake

Feedback to SCAN team core member representative or approved delegate regarding intake decision and rationale

Child concern report

Further information required by SCAN team core member representative regarding decision and rationale

Discussion with regional intake team leader by SCAN team core member representative

Child concern report and multi-agency discussion required

Information coordination meeting

Information discussed relating to child protection concerns referred back to intake by regional intake team leader

Closed to information coordination meeting

Notification

Notification and coordination of multi-agency actions required

SCAN team referral

SCAN team meeting

No referral to information coordination meeting or SCAN team

No referral of information back to Child Safety intake

No recommendations relating to coordination of multi-agency actions

Closed to SCAN team as per section 3.21

Recommendations relating to coordination of multi-agency actions

SCAN team case review as per section 3.17

Child concern report agreed and multi-agency discussion not required

Feedback to SCAN team core member representative or approved delegate regarding intake decision and rationale
CHAPTER TWO

Information coordination meetings (ICM)

2.1 Purpose of an ICM

An ICM provides a forum for discussion of a matter where a SCAN team core member representative seeks further information regarding the rationale for a child safety intake decision and requires the opportunity for multi-agency discussion.

2.2 Referral to an ICM

An ICM referral must meet all the following criteria:

- the matter has been assessed by Child Safety as a child concern report (CCR)
- the SCAN team core member representative has contacted the Child Safety regional intake team leader for further discussion regarding the decision and rationale
- the matter remains a CCR and the SCAN team core member representative requires the opportunity for multi-agency discussion.

Providing these criteria have been met, an ICM referral may be progressed by the SCAN team core member representative. For administrative efficiency, an ICM referral is submitted via the Request for multi-agency meeting form, which is utilised for both ICM and SCAN team referrals.

The SCAN team coordinator must ensure the matter is listed on the ICM agenda for discussion within ten business days of receipt of the ICM referral or as otherwise negotiated where urgent discussion is required.

The relevant SCAN team core member representative must advise the SCAN team coordinator of any matter where an ICM is requested and submit the Request for multi-agency meeting form within three business days of the proposed ICM or as otherwise negotiated.

Once the Request for multi-agency meeting form has been submitted, any SCAN team core member representative who becomes aware of additional information significant to the ICM referral must ensure this information is discussed at the ICM.

2.3 Attendance and quorum for an ICM

If required, an ICM must be scheduled adjacent to a SCAN team meeting. It will be attended by representatives from SCAN team core member agencies only. A quorum is required for the ICM to proceed. An ICM quorum comprises a representative from Child Safety, the Queensland Police Service, Queensland Health and the Department of Education and Training. In all instances, discussion must not delay agency responses or impede a criminal investigation.

The recognised entity representative is considered a SCAN team core member only when an Aboriginal or Torres Strait Islander child is being discussed and, therefore, does not comprise part of the ICM quorum. If the recognised entity is unable to attend, the ICM can proceed.

A regional intake team leader will attend in person or, where the ICM is being held in a different geographical location to the regional intake service, may participate via
telephone conference link. The regional intake team leader attends with the requisite
decision making authority in relation to the CCR decision.

Inability to attend an ICM

If a representative from any SCAN team core member agency is unable to attend the
meeting in person, they may participate via telephone or video conference. In these
situations a quorum is still formed and those linking via telephone or video
conference must ensure compliance with privacy and confidentiality requirements.

2.4 Decisions and Documentation for an ICM

There are two decisions that can occur as part of an ICM. If following discussions at
an ICM, the RIS team leader believes the matter should be reassessed, the team
leader will refer the matter back to the regional intake service. Otherwise the matter
will remain a CCR.

When deciding what information can be brought to an ICM as part of the discussion
and what information must be immediately reported to the regional intake service,
each core member agency must adhere to their own internal policies, procedures
and/or legislation.

The documentation for an ICM will be prepared and distributed by the SCAN team
coordinator and will comprise an ICM agenda and ICM record of decision.

The ICM agenda will be distributed to all SCAN team core member representatives
prior to the ICM and list in relation to each matter:
- the full name and date of birth for each child
- indigenous status
- school and/or doctor if known
- the referring officer and SCAN team core member agency.

Further contextual information regarding the child and family will be available via the
Request for multi-agency meeting form which will be distributed to all SCAN team
core member representatives by the SCAN team coordinator prior to the ICM.

The ICM record of decision will document:
- key information from each agency
- a summary of the issues discussed
- decisions made in relation to each matter including referral back to Child Safety
  intake or no further action.

Following the ICM, the SCAN team coordinator must ensure a copy of the ICM
record of decision is distributed to all meeting participants within five business days.

Providing the matter remains a CCR, the ICM record of decision will also be attached
to the intake event within the Child Safety Integrated Client Management System
(ICMS). Other SCAN team core member agency representatives will record the
information in accordance with respective agency guidelines and requirements.

The escalation process (section 3.20) outlined for the SCAN team does not apply to
an ICM. If a core member agency representative has concerns about the decision
from an ICM, the standard complaints process is to be applied (refer to section 4.3).
2.5 SCAN team referral following an ICM

Following an ICM discussion which results in the matter being referred back to Child Safety intake by the regional intake team leader and a notification being recorded, Child Safety will advise the SCAN team core member representative of the decision within three business days and attach the ICM record of decision to the intake event within ICMS.

When the SCAN team core member representative progresses a SCAN team referral, the ICM record of decision must be attached by the referring officer to the Request for multi-agency meeting form.
CHAPTER THREE

SCAN team system and operational procedures

3.1 Purpose of the SCAN team system

The purpose of the SCAN team system is to enable a coordinated, multi-agency response to children where statutory intervention is required to assess and meet their protection needs. This will be achieved by:

- timely information sharing between SCAN team core members
- planning and coordination of actions to assess and respond to the protection needs of children who have experienced harm or risk of harm
- holistic and culturally responsive assessment of children’s protection needs.

3.2 Core members of the SCAN team system

Child Safety is recognised within legislation as the lead agency for the SCAN team system. Core member agencies are the Queensland Police Service, Queensland Health, the Department of Education and Training and the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited representing recognised entities when an Aboriginal or Torres Strait Islander child is being discussed.

Refer to Appendix 6 for more detailed information regarding the role of SCAN team system core member agencies.

3.3 Legislative framework

The Child Protection Act 1999 provides Child Safety with the mandate to investigate allegations of harm or risk of harm to a child where it is assessed the child does not have a parent able and willing to protect the child from the harm and there is a reasonable suspicion the child is in need of protection, and to intervene to ensure the child’s ongoing protection.

The Child Protection Act 1999, chapter 5A, sections 159I–159L, provides the legislative basis for the establishment of the SCAN team system and activities undertaken by the SCAN team system.

In accordance with the Child Protection Act 1999, section 159L, SCAN team core members have a legislative responsibility to “contribute to the operation of the SCAN system through representatives who have appropriate knowledge and experience in child protection; use their best endeavours to agree on recommendations about assessing and responding to the protection needs of children; share relevant information about the children, their families and other relevant persons; identify relevant resources of members or other entities; take action as required under the recommendations, monitor the implementation of recommendations and review their effectiveness; invite and facilitate contributions from other service providers with knowledge, experience or resources that would help achieve the purpose of the SCAN system.”

SCAN teams will operate in accordance with other relevant legislation as detailed in Appendix 2.

3.4 SCAN team system principles

The following principles inform the operation of the SCAN team system:
• All business conducted through SCAN teams will prioritise consideration of the safety and wellbeing of the child, including the cultural context for the child.
• A coordinated, multi-agency approach results in quality planning, assessment and response to the protection needs of the child.
• Individual SCAN team core member agencies are accountable and retain responsibility for their actions in accordance with their respective legislative authorities.
• SCAN teams do not have distinct decision making authority.
• Recommendations will be developed based on consensus following a critical analysis of the information available to the SCAN team, and will be evidence based.
• SCAN team processes will occur in a timely way and all actions will be consistent with legislative and policy guidelines.
• SCAN teams will attempt to resolve complaints or issues locally through existing agency specific line management or complaints mechanisms, with the particular mechanism utilised dependent upon the issue for resolution.
• SCAN team business meetings are the appropriate forum for concerns to be addressed in relation to SCAN team functioning and systemic issues (refer to 4.4 Convening business meetings)
• All participants will:
  - share relevant information to assess and respond to the protection needs of the child in accordance with information sharing provisions
  - ensure relevant information is provided to staff within their own agency in accordance with confidentiality and privacy requirements in a timely way
  - facilitate, as far as possible, access to available resources to assess and respond to the protection needs of the child
  - provide an appropriate level of professional expertise and knowledge
  - support collaboration across agencies by demonstrating professional respect at all times.

3.5 SCAN teams

A SCAN team comprises:
• a SCAN team coordinator (Child Safety)
• a SCAN team administration officer (Child Safety)
• a representative from the SCAN team core member agencies:
  - Child Safety
  - Queensland Police Service
  - Queensland Health
  - Department of Education and Training
  - the recognised entity when an Aboriginal or Torres Strait Islander child is the subject of discussion.

When required, a SCAN team may also comprise relevant stakeholders from SCAN team core member agencies or other agencies who can provide expertise and/or resources to inform discussion and deliberations by the SCAN team core member representatives.

The frequency and duration of SCAN team meetings will be agreed by SCAN team core member representatives in response to operational need and will occur at least once per fortnight. The business of the meeting will focus on case discussions regarding SCAN team referrals, reviews and transfers, formulating recommendations, and decisions regarding closure of cases to the SCAN team.
Refer to Appendix 7 for the current configuration of SCAN teams across Queensland.

### 3.6 SCAN team referral criteria

All SCAN team core member agencies are able to make a SCAN team referral via their SCAN team core member representative. In accordance with *Partnership in Action: a shared vision for the SCAN Team system*, SCAN team referrals must meet the following mandatory criteria:

- the matter has been assessed by Child Safety as meeting the threshold for recording a notification and/or
- Child Safety is responsible for ongoing intervention with the child through a support service case, intervention with parental agreement or a child protection order and
- coordination of multi-agency actions is required to effectively assess and respond to the protection needs of the child.

### 3.7 Referring a matter to the SCAN team

Where a matter meets the threshold for a notification and the mandatory criteria for a SCAN team referral, an officer from any of the SCAN team core member agencies intending to refer a matter to SCAN must progress the referral through their agency’s SCAN team core member representative. Matters which have not been through the Child Safety intake process and a notification recorded, cannot be referred to the SCAN team, unless the child is subject to ongoing intervention through a support service case, intervention with parental agreement or a child protection order.

To make a referral to the SCAN team, the following steps must be undertaken:

- the referring officer completes the *Request for multi-agency meeting* form for each family where relevant
- the SCAN team core member representative forwards the *Request for multi-agency meeting* form (hard copy or electronic) to the SCAN team coordinator for inclusion of the matter on the SCAN team meeting agenda
- the SCAN team coordinator ensures the matter is listed on the SCAN team meeting agenda for discussion within ten business days of receipt of the SCAN team referral
- the SCAN team coordinator ensures SCAN team core member representatives receive copies of all *Request for multi-agency meeting* forms no later than three business days prior to the meeting unless otherwise negotiated
- the SCAN team coordinator ensures a hard copy of the *Request for multi-agency meeting* form is signed by the referring agency’s SCAN team core member representative at the SCAN team meeting for filing
- the referring agency’s SCAN team core member representative is well briefed on the case before the SCAN team meeting and has all relevant information to participate fully in the discussion
- if considered necessary prior to the scheduled SCAN team meeting, the SCAN team core member representative may request an emergency SCAN team meeting (Refer to 3.10 Requesting and convening an emergency SCAN team meeting).

### 3.8 Providing additional information for a SCAN team referral

Once the *Request for multi-agency meeting* form has been submitted, any SCAN team core member representative who becomes aware of additional information significant to the SCAN team referral, must provide this via the SCAN team additional information form to the SCAN team coordinator prior to the SCAN team meeting unless otherwise negotiated. The SCAN team coordinator will ensure SCAN
team core member representatives receive copies of all SCAN team additional information forms no later than three business days prior to the meeting. If an emergency SCAN team meeting is convened, the SCAN team additional information form should be provided as soon as practicable.

3.9 Convening a SCAN team meeting

Each SCAN team core member agency will have only one designated SCAN team core member representative who, wherever possible, should attend every SCAN team meeting. Child Safety will have the SCAN team coordinator and SCAN team administration officer in attendance at each SCAN team meeting as well as the designated SCAN team core member representative. The SCAN team core member representative will have the skills, knowledge and experience to appropriately represent their agency in SCAN team discussions and sufficient authority to commit their agency to SCAN team recommendations relating to the coordination of multi-agency actions.

Each SCAN team core member agency will provide the SCAN team coordinator with contact details of their SCAN team core member representative, including name, position, email address and contact numbers, and details of an appropriate proxy who will attend when the SCAN team core member representative is unavailable. Prior to a SCAN team meeting, details of any additional agency officers attending will also be provided to the SCAN team coordinator by each core member agency.

Ensuring a SCAN team quorum

SCAN team recommendations are valid only if a quorum is formed for both scheduled and emergency SCAN team meetings. A SCAN team quorum comprises a representative from Child Safety who is not the SCAN team coordinator or SCAN team administration officer, the Queensland Police Service, Queensland Health and the Department of Education and Training. The recognised entity representative is considered a SCAN team core member only when an Aboriginal or Torres Strait Islander child is being discussed and, therefore, does not comprise part of the SCAN team quorum.

The immediate safety of a child must never be compromised by an inability to form a SCAN team quorum. In some circumstances intervention by one or more agencies may occur prior to or during a SCAN team meeting. Intervention may be required to ensure the immediate safety of a child and/or to meet other legislative requirements. In all instances, discussion and planning for cases by the SCAN team must not delay statutory responses or impede a criminal investigation.

3.10 Requesting and convening an emergency SCAN team meeting

Emergency SCAN team meetings can only be convened on business days and will not be convened outside business hours. Information can be shared between SCAN team core member agencies outside business hours to ensure the immediate safety of a child and coordinate a response to the protection needs of the child without the need to convene an emergency SCAN team meeting.

Any SCAN team core member representative can request an emergency SCAN team meeting if the matter has been assessed by Child Safety as meeting the threshold for recording a notification and coordination of multi-agency actions is required between scheduled SCAN team meetings. While unanimous agreement from all SCAN team core member representatives to convene an emergency SCAN team meeting is not required, all SCAN team core member representatives who comprise the quorum
must attend for the emergency SCAN team meeting to proceed. If the SCAN team core member representative is unavailable, an appropriate proxy nominated by the agency for SCAN team meetings must attend.

The SCAN team core member representative requesting the emergency SCAN team meeting will inform the SCAN team coordinator of the reason for seeking the meeting and arrange for the appropriate Request for multi-agency meeting or SCAN team review form to be completed and submitted as soon as practicable prior to the meeting. A copy of the Request for multi-agency meeting or SCAN team review forms will be distributed to all SCAN team core member representatives by the SCAN team coordinator at the meeting or sooner if possible.

The minutes of an emergency SCAN team meeting will be recorded in accordance with SCAN team procedures.

3.11 Representation by the recognised entity

When an Aboriginal or Torres Strait Islander child is being discussed by a SCAN team, every effort must be made by the SCAN team coordinator to ensure the nominated representative or proxy from the recognised entity is given sufficient advance notice, to allow for participation in case discussion.

When participating in a SCAN team discussion, the recognised entity representative or proxy has the same status as other SCAN team core member representatives, including receiving copies of all documents in relation to an Aboriginal or Torres Strait Islander child discussed during the meeting. Where necessary, such documents should be forwarded by a secure electronic storage device or secure fax machine if email communication is not secure.

3.12 Inability to attend a scheduled or emergency SCAN team meeting

When the SCAN team coordinator or administration officer is unable to attend the SCAN team meeting, another officer from Child Safety who is not the SCAN team core member representative will chair or minute the meeting (whichever applies). When these substantive officers are on leave or secondment, the CSSC manager will ensure the responsibilities of the officer continue to be fulfilled by an officer who is not the Child Safety SCAN team core member representative.

When any SCAN team core member representative is unable to attend a scheduled or an emergency SCAN team meeting, the relevant agency is responsible for organising an appropriate proxy.

If a representative from any SCAN team core member agency is unable to attend the meeting in person, they may participate via telephone or video conference. In these situations a quorum is still formed and those linking via telephone or video conference must ensure compliance with privacy and confidentiality requirements. This method should not become the standard for participation in SCAN team meetings.

When the recognised entity representative or proxy is not able to participate, the SCAN team coordinator will provide the SCAN team meeting minutes and copies of all documents in relation to an Aboriginal or Torres Strait Islander child discussed, to the representative or proxy as soon as possible after the meeting.

If the recognised entity representative or proxy is unable to attend in person, arrangements can be made for telephone or video conferencing. Although this is not
to occur on a regular basis, an exception exists when a recognised entity is located in
a remote community or a significant geographical distance from the SCAN team
meeting location and cannot physically attend the meeting. Recognised entities can
also indirectly contribute to the discussion by providing information through a SCAN
team review form or other document. (Refer to 3.17 Conducting SCAN team case
reviews.)

3.13 Providing SCAN team information to a child and parents
Prior to or following discussion of a referral or review by the SCAN team, an officer
from a core member agency may, in consultation with other SCAN team core
member representatives and depending on the circumstances of the case, take
action to inform the child and at least one parent of the:
- referral to a SCAN team
- purpose and operation of the SCAN team
- review of the case by a SCAN team
- recommendations made by the SCAN team.

If uncertain about whether the child and parents should be informed, the referring
officer will raise this as an issue for discussion at the next scheduled SCAN team
meeting.

Under no circumstances are SCAN team documents (referrals, case reviews or
minutes) to be provided or shown to a child, their parents, legal representative or an
advocate. Access to these documents can only occur if subpoenaed or applied for in
accordance with the Right to Information Act 2009.

Decision not to provide information to a child and parents
There may be situations when the SCAN team, following a thorough assessment of
risk, makes a decision that providing this information to a child and parents may:
- place the child at further risk
- place a member of staff at significant risk
- jeopardise a criminal investigation
- directly or indirectly identify a notifier.

In such situations, a child and parents will not be informed unless agreement to do
so has been reached by the SCAN team. The rationale for the decision not to inform
a child and parents will be documented in the SCAN team minutes.

When the referring officer recommends that a child and parents should not be
informed, the officer will record this and a rationale for the recommendation on the
Request for multi-agency meeting or SCAN team review form.

Decision to provide information to a child and parents
When a decision is made to inform a child and parents, the officer must ensure the
information provided does not in any way disclose the identity of the notifier. When
the parents are separated and residing in different locations and retain joint parenting
responsibilities, the officer should, wherever possible, provide this information to both
parents.

A decision to provide the child with information must be based upon the protection
needs of the child, the child's ability to comprehend the information and an
assessment of potential emotional and psychological impacts of the nature of the
information upon the child.
The decision to inform a child and parents will be recorded by the referring officer on the Request for multi-agency meeting or SCAN team review form and be documented in the SCAN team minutes.

3.14 Identifying and arranging attendance by invited stakeholders

A key responsibility of SCAN team core member representatives is to invite and facilitate contributions from other service providers with knowledge, experience or resources to assist with coordination of multi-agency actions to assess and respond to the protection needs of children. For further information refer to 4.1 Managing occasional attendance by individuals at SCAN team meetings.

To ensure the most appropriate response to the child, SCAN team core member representatives will identify stakeholders who can:

- contribute to discussion in relation to the protection needs of the child
- offer services and/or resources to assist the child and family
- contribute additional expert knowledge to assist with the formulation of recommendations for action.

Invited stakeholders may include other service streams within the Department of Communities and a range of other government and non-government agencies, including Department of Community Safety, domestic and family violence services, drug and alcohol services, child care services, prevention and early intervention services such as Referral for Active Intervention, Family Intervention Service (FIS), family support and reunification services.

The referred child, family members, carers, legal representatives or advocates cannot be invited stakeholders. If necessary, these individuals may request information about SCAN team case discussions and recommendations from Child Safety. Refer to 3.13 Providing SCAN team information to a child and parents for further detail regarding access to SCAN team documents.

Notice of invited stakeholders must be provided to the SCAN team coordinator three business days prior to the scheduled case discussion unless otherwise negotiated. If the advice is received by the SCAN team coordinator after this time, the case may be discussed in the absence of the stakeholder. If the invited stakeholder involvement is critical, information can either be gathered outside the SCAN team scheduled meeting, or an emergency SCAN team meeting may be convened. The SCAN team will then determine if the stakeholder attends the next scheduled SCAN team case review.

The SCAN team coordinator will contact the manager of the relevant agency to arrange appropriate representation and obtain details of the invited stakeholder for inclusion on the SCAN team meeting agenda. The invited stakeholder will be advised by the SCAN team coordinator of their role and expectations relating to SCAN team discussions, including compliance with privacy and confidentiality requirements and completion of the SCAN information privacy deed prior to participation in the meeting.

3.15 Completing SCAN information privacy deeds

A SCAN information privacy deed is a contract between an agency or individual and Child Safety that ensures the privacy of personal information released to that agency or individual.

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A SCAN information privacy deed must be completed when an invited stakeholder or meeting participant:

- is from an agency that does not have a current service agreement compliant with the information privacy principles applicable to government agencies for collecting and managing personal information or
- is not affiliated with an agency.

The SCAN team coordinator will provide that individual or agency with a SCAN information privacy deed to be completed and returned via facsimile or in person to the SCAN team coordinator prior to the commencement of the SCAN team case discussion. An invited stakeholder who does not comply with this requirement will be unable to participate in the meeting.

The SCAN team coordinator will ensure SCAN information privacy deeds are filed in the SCAN team business file for SCAN team core member agreements and information privacy deeds.

### 3.16 Formulating and documenting SCAN team recommendations

SCAN team recommendations relate to the coordination of multi-agency actions to assess and respond to the protection needs of the child.

A SCAN team cannot make recommendations that seek to monitor the core business of an agency, such as complete an investigation and assessment, table a case plan or make application for a child protection order.

Once a recommendation has been made, the information will be recorded in the SCAN team minutes. There is one set of SCAN team minutes per case discussion, documented and agreed to during the SCAN team meeting, which will be a summary of discussion by SCAN team core member representatives not a verbatim record of discussion. The SCAN team coordinator will ensure dissemination of the SCAN team minutes to all SCAN team core member representatives within five business days.

SCAN team minutes are stored on the SCAN team case file by Child Safety in accordance with recordkeeping requirements.

SCAN team recommendations must be communicated as soon as practicable by the relevant SCAN team core member representative to the appropriate officers within their own agency for action. The timing of this communication will be dependent upon the immediacy of response required to the protection needs of the child.

Departing from SCAN team recommendations and initiating an escalation process are addressed in sections 3.19 and 3.20 respectively.

Closing a case to the SCAN team is addressed in section 3.21.

Refer to Appendix 3 for examples of appropriate SCAN team recommendations.

### 3.17 Conducting SCAN team case reviews

Within six weeks of the SCAN team recommendations being made, the SCAN team will review each case to:

- discuss progress on SCAN team recommendations
monitor the implementation and review the effectiveness of SCAN team recommendations

determine if a case should be closed to the SCAN team. (Refer to 3.21 Closing a case to the SCAN team)

SCAN team case reviews should include:

- a review of the original protection needs of the child and the impact of any changes on the original SCAN team recommendations
- identification and analysis of all outstanding SCAN team recommendations
- any current, updated information
- a review of the effectiveness of the SCAN team recommendations in responding to the protection needs of the child.

The case review date should balance the need to provide sufficient time for SCAN team recommendations to be actioned with the importance of reviewing progress for the child at the earliest possible opportunity.

When a case is reviewed and a SCAN team recommendation has not been actioned, the SCAN team must review current information to ensure the protection needs of the child continue to be addressed.

It may be necessary for officers from SCAN team core member agencies to share information outside the formal SCAN team meeting, particularly if available information and issues are changing frequently. This information should also form part of the case review discussion at the next SCAN team meeting.

When a case is scheduled for review, the SCAN team core member representative of the agency responsible for actioning SCAN team recommendations or providing information to the SCAN team must complete the SCAN team review form.

Information regarding agreed SCAN team recommendations unable to be actioned due to service availability and/or capacity issues must also be included on the SCAN team review form and relevant details recorded in the SCAN team minutes. The SCAN team coordinator will collate and maintain this data for inclusion in the SCAN team quarterly report and subsequent provision to the CSDN SCAN subcommittee.

The completed SCAN team review form will be forwarded by the relevant SCAN team core member representative to the SCAN team coordinator no later than three business days prior to the scheduled SCAN team meeting or as otherwise negotiated. The SCAN team coordinator will ensure SCAN team core member representatives receive copies of all SCAN team review forms no later than two business days prior to the SCAN team meeting, or as otherwise negotiated.

The SCAN team core member representative should be comprehensively briefed by their relevant agency officer in relation to the current status of the case to ensure full participation in discussion and planning.

Any discussion, decisions or recommendations made during a SCAN team case review will be recorded in the SCAN team minutes.

Responding to new concerns or additional information regarding an open SCAN team case

Any SCAN team core member representative who becomes aware of new concerns or additional information about harm or risk of harm to a child whose case is already

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open to the SCAN team, must report the concerns to Child Safety intake for determination of the appropriate response. The relevant SCAN team core member representative will be informed by Child Safety of the intended response to the child protection concerns received.

Additional information identified by any SCAN team core member agency in relation to a case already open to the SCAN team, may trigger the need for a review of the case by the SCAN team sooner than the scheduled review date. The relevant SCAN team core member representative must complete and submit the SCAN team review form, incorporating any additional information, to the SCAN team coordinator.

The SCAN team coordinator will ensure the case is listed for review at the next scheduled SCAN team meeting and the SCAN team review form distributed to SCAN team core member representatives prior to the meeting.

SCAN team outcomes resulting from case reviews

Following a review of information relating to the protection needs of the child as documented in the SCAN team review form, a SCAN team may:

- maintain the original recommendations
- modify the original recommendations
- formulate new recommendations
- transfer the case to another SCAN team
- close the case. (Refer to 3.21 Closing a case to the SCAN team.)

3.18 Negotiating and completing a case transfer to another SCAN team

SCAN team case transfers will:

- occur in a manner that prioritises the safety of the child
- demonstrate timely information sharing between SCAN teams and within SCAN team core member agencies
- ensure continuation of planned and coordinated service delivery to the child.

Prior to transferring a case, the SCAN team must first assess whether the case meets the criteria for closure. If closure criteria are met, the SCAN team will close the case rather than transfer it to another team. Refer to 3.21 Closing a case to the SCAN team.

Effecting SCAN team case transfer

To ensure the prompt transfer of a SCAN team case, relevant SCAN team core member representatives from the transferring SCAN team will make every effort to verify the child has moved and confirm the new address of the child’s primary residence.

The transferring and receiving SCAN team coordinators must discuss the details of the case and outstanding SCAN team recommendations to ensure smooth transfer of information and timely case review by the receiving SCAN team. The receiving SCAN team coordinator, and where possible, relevant SCAN team core member representatives from the receiving SCAN team, will participate in the transferring SCAN team meeting to ensure awareness of critical issues and recommendations.

During any transfer process the case is not closed to the SCAN team system and will remain on the transferring SCAN team caseload until the transfer has been confirmed by the receiving SCAN team coordinator. In all cases, transfer of case information via the SCAN system electronic database will not occur until CSSC case...
transfer has been confirmed by the SCAN team coordinator. Upon confirmation of theCSSC transfer, the transferring SCAN team coordinator will complete and forwardthe approved SCAN team transfer form immediately to the receiving SCAN teamcoordinator.

Ensuring access to SCAN team documentation following case transfer

The transferring SCAN team coordinator will ensure access for the receiving SCANteam coordinator, to all SCAN team case documentation either via email, the SCANdatabase or hard copy files, within three business days of confirmation of the CSSCcase transfer. The SCAN team transfer will be completed upon receipt of all SCANteam documents by the receiving SCAN team coordinator. The receiving SCAN teamcoordinator will ensure the case is listed on a SCAN team meeting agenda for reviewwithin ten business days of receiving the transfer, unless the need for an earlierresponse is indicated by the transferring SCAN team.

SCAN team case transfer when the case is subject to an open investigation andassessment by Child Safety

If the SCAN team case is subject to an open investigation and assessment by ChildSafety and the child moves residence to another CSSC area, transfer to anotherSCAN team should only occur if agreement has been reached between the CSSCs totransfer the investigation and assessment.

When CSSCs decide the CSSC that received the initial notified concerns is within arational distance to complete the investigation and assessment, the case will notbe transferred to another SCAN team and will continue to be discussed by the SCANteam that received the original referral.

SCAN team case transfer when the case is subject to ongoing intervention byChild Safety

Following completion of the investigation and assessment where a decision is madeby Child Safety to provide ongoing intervention, coordination of multi-agency actionsis required and the SCAN case closure criteria are not met, the SCAN team case is to be transferred to the relevant SCAN team. This transfer must occur in conjunction with relevant SCAN team core member agency case transfer processes.

If the SCAN team case is already subject to ongoing intervention by Child Safety and the child moves residence to another CSSC area, transfer to another SCAN team should only occur if agreement has been reached between the CSSCs to transfer case management responsibility.

Case transfer occurring without prior SCAN team knowledge

If a case is open to the SCAN team, but the Child Safety case transfer occurs withoutprior knowledge of the SCAN team, the SCAN team will determine how the case is tobe managed, including whether the case can be closed. If closure cannot occur, theSCAN team will determine the most effective way to engage all relevant stakeholders in the case discussion, which may be via telephone or video conference or transfer of the case to the appropriate SCAN team.

Managing issues impacting SCAN team case transfer

Where a case cannot be transferred within ten business days of SCAN teamagreement, the transferring SCAN team coordinator will list the case for review on the next available agenda and ensure:
• where possible, participation of appropriate stakeholders from the receiving SCAN team in the case review discussion
• formulation of actions to be undertaken by SCAN team core member agencies located within the area where the child is now residing to enable completion of outstanding recommendations and the protection needs of the child to be addressed.

Any disagreement in relation to the transfer of a SCAN team case, which cannot be resolved by the SCAN team coordinators, will be referred by the relevant SCAN team coordinator to the CSSC manager.

Managing SCAN team case transfer where a child is highly mobile
Where a child is highly mobile, the SCAN team case will be managed by the SCAN team that received the original referral. The Child Safety SCAN team core member representative will discuss the case with the CSSC team leader in the area where the child is currently residing to ensure casework continues. The SCAN team will ensure representatives from the relevant CSSCs, core member representatives from both SCAN teams and other agencies undertaking casework are invited to participate in the SCAN team discussion. Participants may attend in person or via telephone or video conference.

Managing SCAN team case transfer when a child is hospitalised
Where several siblings within one family are referred to a SCAN team, but one child is transferred to a hospital in another city, the case will continue to be managed by the SCAN team that received the original referral. This SCAN team will then facilitate the participation of representatives from the relevant hospital at the SCAN team discussion via telephone or video conference.

If a child is transferred to a hospital and there are no other siblings, ownership of the child’s case will remain with the SCAN team closest to the child’s primary residence. The Queensland Health SCAN team core member representative will liaise with the hospital staff treating the child and include them in the SCAN team discussion.

3.19 Departing from SCAN team recommendations
When departing from an agreed SCAN team recommendation following the SCAN team meeting:
• the officer taking the departure action will consult with an appropriate senior officer within their agency to seek approval for the departure and provide a clear rationale as to why it is in the best interests of the child
• when the departure action is not approved by the senior officer, the recommendation must be implemented as agreed upon by the SCAN team
• when the departure action is approved, the officer will inform their SCAN team core member representative and complete a SCAN team review form, detailing the rationale for departure
• the SCAN team core member representative will ensure the completed SCAN team review form is provided to the SCAN team coordinator for distribution to all SCAN team core member representatives and scheduled for the next SCAN team meeting
• when the protection needs for the child warrant more immediate discussion, the SCAN team core member representative will request an emergency SCAN team meeting be convened to discuss the departure
• the SCAN team must consider the information provided in relation to the departure and either, all SCAN team core member representatives agree to
• if one SCAN team core member representative does not agree to modify or reaffirm their commitment to the original recommendation, issues of disagreement must be recorded in the minutes and an escalation process initiated. Refer to 3.20 Initiating an escalation process and Appendix 4 Departure and escalation process flowchart.

3.20 Initiating an escalation process

When, after full and open discussion by a SCAN team, the SCAN team core member representatives are unable to reach consensus on a recommendation, issues of disagreement must be recorded in the SCAN team minutes. Where necessary, an escalation process is initiated to ensure timely outcomes for the child and the accountability and transparency of the SCAN team.

The escalation process can only proceed when there is clear disagreement by SCAN team core member representatives in relation to recommendations regarding the coordination of multi-agency actions to assess and respond to the protection needs of the child. Refer to Appendix 4 Departure and escalation process flowchart.

This does not include disagreement in relation to an action that is the core business of another SCAN team core member agency. Refer to 3.16 Formulating and documenting SCAN team recommendations. Issues in relation to these areas will be addressed outside the SCAN team forum in accordance with relevant agency complaints mechanisms.

Process for escalating a matter

• If the SCAN team cannot reach agreement:
  - each SCAN team core member representative articulates their assessment of the protection needs for the child and actions required to respond to these which are also recorded in the SCAN team minutes
  - issues where consensus cannot be reached are recorded in the SCAN team minutes
  - a SCAN team escalation report must be completed by the SCAN team coordinator.

Progressing a SCAN team escalation report

• A SCAN team escalation report must include:
  - a summary of each agency’s assessment of the protection needs for the child and actions required to respond to these
  - the potential impact on the child of not providing a service
  - possible alternative actions
  - a summary of any known future interventions to occur with the family
  - a summary of discussions held at the most recent SCAN team meeting
• SCAN team core member representatives will be available to clarify information during the preparation of the SCAN team escalation report
• the SCAN team coordinator will provide the draft SCAN team escalation report to all SCAN team core member representatives who will have five business days to provide feedback and consent for the report to be escalated to senior officers
• the SCAN team escalation report will then be provided to appropriate senior officers, as determined by the respective SCAN team core member agencies, for discussion and decision making
senior officers, as identified by the respective SCAN team core member agencies, will:
- determine the multi-agency actions required based on the information provided in the SCAN team escalation report where SCAN team consensus regarding recommendations cannot be reached
- uphold, amend or withdraw the original recommendation made by the SCAN team which is subject to departure action

the decision will be provided to the SCAN team coordinator by the relevant SCAN team core member representative to be tabled at the next SCAN team meeting for appropriate action by the SCAN team.

While the matter is being discussed, individual officers will, in consultation with the appropriate senior officer, continue to carry out their statutory responsibilities to ensure the ongoing protection of the child.

Each SCAN team core member representative will be responsible for ensuring the appropriate senior officers within their agency are briefed about each SCAN team escalation report.

The number and outcome of all SCAN team escalation reports will be reported by the SCAN team coordinator in the SCAN team quarterly report and each SCAN team escalation report included as an attachment to the quarterly report.

3.21 Closing a case to the SCAN team

If coordination of multi-agency actions to assess and respond to the protection needs of the child continues to be necessary, the case will remain open to the SCAN team.

If, during the first SCAN team discussion of a SCAN team referral, the SCAN team does not propose any recommendations, the case will be closed.

Where the SCAN team has formulated recommendations and at least one review has occurred to assess the progress of implementation, and the SCAN team agrees there has been no additional information provided to change the protection needs of the child and coordination of multi-agency actions is no longer required, the case will be closed.

If there remains only one relevant SCAN team core member agency to complete an action that forms part of a broader recommendation for multi-agency action/s or forms part of their core business, the following closure process applies:
- the case may be listed for two consecutive SCAN team reviews following the SCAN team meeting where it is identified that only one agency has an outstanding action (for example, a Child Safety investigation and assessment or QPS advises there is an ongoing criminal investigation in relation to the matter).
- if at the second SCAN team review, the relevant SCAN team core member agency action has not been completed, the case will be closed to the SCAN team, with a commitment by the relevant agency to advise the SCAN team of the outcome of the outstanding action following its completion.
- the minutes from the SCAN team review will be sent to the core member agency responsible for the completion of the outstanding action by the SCAN team coordinator to ensure awareness of the matter and the need for appropriate prioritisation
- the SCAN team coordinator will ensure any closed cases with an outstanding action continue to be listed on the SCAN team agenda, or attached to the agenda as may be appropriate, under the heading “Matters with an outstanding action"
These matters are closed to SCAN despite being listed on the SCAN agenda. The purpose of the listing is to ensure other core member agencies are aware of the conclusion of the action and any relevant outcomes or determinations. Should the outcome of the outstanding action indicate that the matter requires a multi-agency response and meets the referral criteria, the core member agencies must consider referral as a new SCAN team case. In relation to any closed cases to the SCAN team, where new information is received or identified by any core member agency, such information must be referred to the regional intake service.

If, following a referral to the SCAN team, a family moves residence and cannot be located, SCAN team core member representatives should attempt to locate the family in accordance with respective agency policies and procedures. If the family is still unable to be located, the case will be closed. Where a family has relocated interstate, the case will be closed to the SCAN team. The reason for case closure in either of these circumstances, including an overview of the actions taken to locate a family and a summary of any outstanding actions where relevant, will be noted in the SCAN team minutes.

Although a case may be closed to the SCAN team, each agency can continue to share information outside the SCAN team as required in accordance with their respective roles, responsibilities and information sharing guidelines.
CHAPTER FOUR

SCAN team governance and reporting

4.1 Managing occasional attendance by individuals at SCAN team meetings

In addition to invited stakeholders, other individuals may be required to attend or request attendance at SCAN team meetings who do not form part of the membership of the SCAN team including:

- a person participating in a support role to a SCAN team core member representative
- a tertiary student or new employee observing a SCAN team meeting for training purposes
- a person observing a SCAN team meeting for research, monitoring or auditing purposes.

Requests for one-off attendance at a SCAN team meeting by a support person, student, new employee, other individual or multiple one-off attendances by a group of individuals (e.g. medical students across a six month period) will be requested by the relevant SCAN team core member representative at a SCAN team meeting or business meeting prior to participation in the meeting. Refer to 3.25 Convening business meetings. If all SCAN team core member representatives agree to the request, the decision is recorded in the SCAN team minutes or SCAN team business meeting minutes.

SCAN team approval is not required for attendance by Child Safety Directors and CSDN SCAN subcommittee members at a SCAN team meeting, providing the relevant SCAN team core member representative has advised the SCAN team of the attendance.

The SCAN team may approve attendance by other individuals where this has not been requested at a prior meeting, providing the relevant SCAN team core member representative has sought and received agreement from each SCAN team core member representative prior to the SCAN team meeting.

If considered appropriate by the SCAN team, an individual requesting attendance at a SCAN team meeting as an observer for research, monitoring or auditing purposes, will submit a written application through the relevant SCAN team core member representative to the SCAN team. This submission will include information in relation to:

- their name, position and organisation
- the SCAN team to be observed
- the proposed date/s for attendance
- the reason for attendance
- how the information gathered will be used
- where the information will be stored
- their agreement with all relevant privacy and confidentiality requirements
- the status of ethical clearance where relevant.

The SCAN team coordinator will advise their line manager and Regional Service Delivery Operations of the outcome of the SCAN team’s decision for provision to the CSDN SCAN subcommittee. Any individual approved by the relevant SCAN team to
observe a SCAN team meeting **must** where required, complete and return the SCAN information privacy deed to the SCAN team coordinator **prior** to participation in the SCAN team meeting. Any individual who does not comply with this requirement will be unable to participate in the meeting.

### 4.2 Managing a potential conflict of interest

A potential conflict of interest may include situations when a SCAN team core member representative has a family, personal, professional or private business relationship with a person or child referred to the SCAN team.

When a SCAN team core member representative identifies a potential conflict of interest in relation to their participation as a member of a SCAN team, they **must** immediately advise the relevant SCAN team coordinator and determine if an appropriate agency proxy is necessary.

If a SCAN team core member representative identifies or suspects a potential conflict of interest exists in relation to the participation of another member of their SCAN team, they **must** immediately advise the SCAN team coordinator who will discuss the concerns with the SCAN team core member representative in question. If necessary, the SCAN team coordinator will contact a senior officer from the relevant agency and advise of the identified or potential conflict of interest for appropriate action by the senior officer.

### 4.3 Managing complaints or issues in relation to SCAN teams

SCAN teams will attempt to resolve complaints or issues **locally** with relevant officers and agencies.

Concerns in relation to SCAN team processes and functioning **must** be referred in the first instance to a SCAN team business meeting. If resolution cannot be reached, the concerns **must** then be referred by the relevant SCAN team core member representative to their SCAN team core member agency senior officers.

Concerns or complaints by a client or SCAN team core member representative in relation to the operations of SCAN team core member agencies, or the conduct or performance of individual agency officers, **must** be directed to the particular agency in accordance with their complaints management process.

In addition to established SCAN team core member agency complaints processes, agency officers with concerns about the actions or decisions of other agency officers, are entitled to use the Commission for Children and Young People and Child Guardian’s complaints process. The Commission is empowered to receive and resolve concerns about the services provided, or that should be provided, to children and young people in the child safety and youth justice systems.

In cases where resolution cannot be reached locally, the Commission’s complaints process may be appropriate. Officers may contact the Commission’s complaints team to discuss specific concerns if appropriate.

### 4.4 Convening business meetings

A SCAN team business meeting **must** be held quarterly and is a forum to discuss the functioning of a SCAN team and review issues and trends emerging from the draft quarterly report and to finalise the quarterly report. An emergency business meeting may be convened when a SCAN team core member representative believes it is
necessary to discuss a serious, ongoing issue directly impacting upon SCAN team functioning.

The SCAN team coordinator is responsible for scheduling the business meeting, preparation of the SCAN team business meeting agenda and distribution to SCAN team core member representatives prior to the meeting.

Wherever possible all SCAN team core member representatives will attend. Child Safety Directors and CSDN SCAN subcommittee members may also attend, providing the relevant SCAN team core member representative has advised the SCAN team of the attendance. Other additional officers from SCAN team core member agencies may be invited to attend the business meeting only if their participation will contribute significantly to the discussion and is agreed to by all SCAN team core member representatives. Names and positions of additional officers attending will be provided to the SCAN team coordinator prior to the business meeting.

Business meetings are chaired by the SCAN team coordinator and minutes of the meeting recorded in the SCAN team business meeting minutes and filed in the SCAN team business file. Copies of the minutes will be forwarded by the SCAN team coordinator to SCAN team core member representatives for distribution to senior officers as appropriate and Regional Service Delivery Operations for provision to the CSDN SCAN subcommittee.

Each SCAN team will have two business files as follows:
- Business file number one will contain all SCAN team core member agreements and information privacy deeds (A new file does not need to be created for each calendar year. This file can be used for the life of the SCAN team, with new file parts created as required.)
- Business file number two will contain all SCAN team meeting agendas, business meeting agendas and minutes, quarterly reports and teleconference/support information (A new file will be created at the beginning of each calendar year, with new file parts created as required throughout the year.)

4.5 Preparing and submitting quarterly reports

The purpose of the SCAN team quarterly report is to review and analyse the SCAN team’s workload during the previous three months utilising data from the SCAN System database. It is expected that SCAN team core member representatives will assist the SCAN team coordinator to analyse and provide comment in relation to any emerging trends or themes.

The SCAN team coordinator is required to prepare a SCAN team quarterly report in consultation with SCAN team core member representatives which will be tabled and discussed at a quarterly business meeting in accordance with the following schedule:

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<tr>
<th>Quarter</th>
<th>Reporting period</th>
<th>Month due</th>
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<tbody>
<tr>
<td>1st</td>
<td>January – March</td>
<td>April</td>
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<td>2nd</td>
<td>April – June</td>
<td>July</td>
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<td>July – September</td>
<td>October</td>
</tr>
<tr>
<td>4th</td>
<td>October – December</td>
<td>January</td>
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Following the quarterly business meeting, the SCAN team coordinator will distribute the finalised report to SCAN team core member representatives, the regional director, CSSC manager and other relevant regional staff. SCAN team core member representatives will be responsible for briefing appropriate senior officers within their respective agencies about each quarterly report.

A copy of the quarterly report will also be forwarded by the SCAN team coordinator to Regional Service Delivery Operations to inform service delivery review processes and for reporting to the CSDN SCAN subcommittee.

4.6 Conducting SCAN team annual planning days
SCAN teams may initiate annual planning days if SCAN team core member representatives agree it would be useful to enhance team functioning and SCAN team core member agency partnerships.

The planning day will, where possible, be facilitated by a person with appropriate facilitation skills and knowledge in relation to SCAN team operations and be independent of the SCAN team.

Issues discussed and outcomes from the planning day will be recorded and provided to SCAN team core member representatives by the SCAN team coordinator.

4.7 Reviewing the configuration of SCAN teams
A review of the number and configuration of SCAN teams across Queensland may be initiated by the CSDN SCAN subcommittee, or requested of the CSDN SCAN subcommittee by SCAN teams, to ensure the most effective use of resources in response to operational need.

The CSDN SCAN subcommittee will seek approval from the relevant Child Safety Directors and/or the CSDN as appropriate in relation to proposed changes to the configuration of SCAN teams.

4.8 Requesting establishment of a new SCAN team
The CSDN SCAN subcommittee is responsible for decisions about the establishment of any new SCAN teams. Refer to Appendix 7 for the current configuration of SCAN teams across Queensland.

A request for the establishment of a new SCAN team must be submitted to the CSDN SCAN subcommittee as follows:

- the relevant CSSC manager must prepare a written submission including:
  - details of the SCAN teams currently dealing with referrals
  - the targeted community, location and client population
  - projected volume of work to be managed by the proposed new SCAN team, including information about how this projection was calculated
  - SCAN team core member agency support for the application and availability of SCAN team core member representatives
  - relevant operational details, including the transfer of existing cases, frequency and proposed location of meetings
  - possible resource and training requirements
  - planning and consultation undertaken to produce the submission
the CSSC manager will forward the submission to the Child Safety regional director and to the local SCAN team core member representatives who will ensure provision to their respective agency senior officers

the Child Safety regional director will then forward the submission to Regional Service Delivery Operations

Regional Service Delivery Operations will forward copies of the submission to all members of the CSDN SCAN subcommittee and table the request for discussion at their next meeting

the CSDN SCAN subcommittee will review the submission and either endorse the submission, seek further information or reject the request

if the submission is endorsed, the CSDN SCAN subcommittee will seek approval from the relevant Child Safety Directors for the establishment of the new SCAN team

following advice of approval by Child Safety Directors, Regional Service Delivery Operations will then inform the relevant regional director and CSSC manager of the outcome of their submission and any future action.

4.9 Changing the frequency, duration or location of SCAN team meetings

Where an existing SCAN team, SCAN team core member representative or SCAN team coordinator determines the frequency, duration or location of meetings cannot effectively address the outstanding workload of the team, the SCAN team coordinator will refer the matter to the next SCAN team business meeting for discussion.

Information to be gathered and discussed by the SCAN team will include:
- current workload managed by the SCAN team, including the number of cases referred, reviewed and closed during the past six months and the number of cases currently open to the SCAN team
- current frequency, duration or location of meetings and volume of work
- impact of the SCAN team workload on service delivery to children referred to the SCAN team
- the proposed change in frequency, duration or location and implications for service delivery, including additional resources, if required, i.e. travel for SCAN team core member representatives.

Following consideration of all relevant information, the SCAN team will make the appropriate determination in response to operational need and document their discussion and decision in the SCAN team business meeting minutes. The SCAN team coordinator must subsequently advise Regional Service Delivery Operations of any decision to change the frequency, duration or location of the SCAN team meeting, for reporting to the CSDN SCAN subcommittee.

4.10 Managing requests for SCAN team documentation

All requests for SCAN team documentation, including requests from inquiries, reviews or child death investigations, must be directed to the relevant CSSC records officer. The SCAN team does not have decision making authority in relation to the release of SCAN team documentation.

Subpoenas requesting agency documentation, including any SCAN system documentation held on agency files, must be managed in accordance with agency specific policies and procedures.
Refer to Appendix 2 Legislative provisions – Right to Information for further information regarding the release of SCAN system documentation under the Right to Information Act 2009.

4.11 SCAN team information in court application affidavits

SCAN teams should only be referred to within the applicant’s affidavit material when there is relevant information to put before the court resulting from SCAN team involvement, which is unable to be obtained from any other direct source.

Supporting affidavits should only be sought from SCAN team core member representatives when they hold additional direct knowledge of the matter and/or information relevant to proceedings.
Appendices

 Appendix 1 Definitions

- **A child concern report (CCR)** is recorded when child protection concerns received about a child or an unborn child do not meet the threshold for a notification, that is, the child or unborn child is not reasonably suspected to be in need of protection, or in need of protection after birth. The three possible responses to a CCR are information and advice, referral to another agency and information provision to the police or another state authority. These are short-term responses that do not require ongoing action by Child Safety.

- **A child in need of protection** as defined under the *Child Protection Act 1999*, section 10, is a child who has suffered harm, is suffering harm, or is at unacceptable risk of suffering harm and does not have a parent able and willing to protect the child from the harm.

- **Harm** is defined in the *Child Protection Act 1999*, section 9(1), as any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing.

- **Intake** is the mechanism by which Child Safety receives and gathers information about child protection concerns and determines the appropriate response to the information received.

- The threshold for recording a **notification** requires that there is an allegation of harm or risk of harm to a child, and a reasonable suspicion that the child is in need of protection (Child Protection Act 1999, section 14). A notification records the key child protection concerns received from the notifier, including any direct information about the alleged harm or risk of harm to the child or unborn child. The response to a notification is an investigation and assessment.

- The **Structured Decision Making (SDM) screening criteria** assists the Child Safety decision about whether the child protection concerns will be recorded as a child concern report (CCR) or meet the threshold for recording a notification. The screening criteria includes an overarching definition for neglect, physical harm, sexual abuse and emotional harm. It also includes screening criteria within these abuse and harm types and separate screening criteria for unborn children. If no screening criteria are selected, the matter is 'screened out' and the concerns are recorded as a CCR. If one or more screening criteria are selected, the matter is 'screened in' as a notification.
Appendix 2 Legislative provisions

Information sharing

The Child Protection Act 1999, chapter 5A, provides for service delivery coordination and information exchange amongst government agencies and non-government service providers, to meet the protection and care needs of children. The provisions detailed in chapter 5A enable the sharing of relevant information between government agencies, and government agencies and non-government service providers, including the core members of the SCAN team system.

While discussion of a case at a SCAN team meeting facilitates information sharing between core member agencies, SCAN team core member representatives may also share information outside the SCAN team system in accordance with relevant legislative provisions.

Confidentiality

The Child Protection Act 1999, chapter 6, part 6, details relevant confidentiality provisions. Specifically, sections 187 and 188 detail legislative provisions in relation to confidentiality of information obtained or given by persons involved in the administration of the Act. SCAN team core member representatives must comply with these provisions.

Information discussed at SCAN team meetings is often extremely sensitive in nature and the child and family have a right to expect such information, wherever possible, remains confidential. However, as the welfare and best interests of a child are paramount, a balance must be maintained between the need to share information to address the child’s protection needs, with the right to confidentiality.

Information Privacy

The Information Privacy Act 2009 (IP Act) contains two sets of privacy principles, which regulate how personal information is collected, secured, used and disclosed by Queensland public sector agencies. There are 11 Information Privacy Principles (IPPs) for Queensland public sector agencies and 9 National Privacy Principles (NPPs) for Queensland Health, which are detailed in the IP Act, schedules 3 and 4 respectively.

Right to Information

The Right to Information Act 2009 (RTI Act) provides a right of access to government information unless, on balance, it is contrary to the public interest to release the information.

All SCAN team system documents held by government agencies are subject to the RTI Act. This includes any documents presented to a SCAN team, such as reports prepared by non-government agencies.

Individual SCAN team members and participants hold no responsibility for decision making in relation to the release of information under the RTI Act. Officers from RTI units within each government agency will make decisions for the agency regarding the release of information under the RTI Act.

A SCAN team core member agency, other than Child Safety, that receives an RTI application regarding SCAN system documents, will make decisions for their agency
regarding the release of information under the RTI Act. Where it is known by the receiving agency that Child Safety holds further information, the receiving agency should contact Right to Information, Information Privacy and Screening, Department of Communities, to discuss the possibility of a part transfer of the RTI application.

As original copies of all SCAN system documents are retained by the relevant Child Safety SCAN team coordinator, any individual seeking the release of SCAN system information under the RTI Act should be referred to Right to Information, Information Privacy and Screening, Department of Communities. All documents relevant to the request will be retrieved and forwarded by the relevant SCAN team coordinator for decision making by officers within the Right to Information, Information Privacy and Screening, Department of Communities.
## Appendix 3  Examples of appropriate SCAN team recommendations

<table>
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<tr>
<th>Alleged risk/harm</th>
<th>Recommendation and timeframes for review</th>
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<tr>
<td><strong>Domestic violence</strong>&lt;br&gt; 1. Angela is at risk of serious physical trauma or injury, due to her attempts to intervene during domestic violence incidents between parents and the severity and unpredictable nature of the incidents.&lt;br&gt; 2. Angela is at risk of high levels of guilt, anxiety and fear related to experiencing ongoing violence in the household.</td>
<td>Child Safety to link parents with available local domestic violence service and monitor and assess demonstrated change.&lt;br&gt; QPS to provide relevant interstate dealings with police for mother and father to inform assessment.&lt;br&gt; DET and QH to provide information about available services and programs to work with Angela to raise her self esteem and confidence.&lt;br&gt; DET to engage guidance officer to provide support to Angela and feedback on identified needs.&lt;br&gt; <strong>Review: 1 week</strong></td>
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<tr>
<td><strong>Unborn child</strong>&lt;br&gt; Susan’s unborn child is at risk of severe neglect after birth due to Susan’s homelessness and substance misuse. Risk to the unborn child after birth is heightened due to Susan’s whereabouts being unknown.</td>
<td>QPS to provide any updates regarding contact with Susan and her partner.&lt;br&gt; Child Safety to invite a representative from Homelessness Services to provide input into options for locating Susan across the state.&lt;br&gt; QH to consult with ATODS regarding possible services for Susan once she is located.&lt;br&gt; <strong>Review: 4 weeks</strong> - as Susan is 20 weeks pregnant.</td>
</tr>
<tr>
<td><strong>Substance misuse</strong>&lt;br&gt; Fred, aged 15, is at risk of septicaemia, from injecting speed. Chronic history of neglect due to his mother’s intellectual disability.</td>
<td>Child Safety to liaise with QH to consult with ATODS regarding eligible services for Fred.&lt;br&gt; DET to provide options for alternative schooling given Fred is unable to continue with daily routine of mainstream schooling.&lt;br&gt; SCAN team coordinator to invite the local youth service, with whom Fred is engaged, to provide an update at next meeting.&lt;br&gt; Child Safety to provide support to Fred’s parents and attempt to link them with local community support.&lt;br&gt; <strong>Review: 2 weeks</strong></td>
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### Mental health

Toby, aged 6, has experienced neglect due to his grandmother’s unmedicated, diagnosed bipolar disorder. He is particularly at risk due to periods where he is left to care for himself. He is currently in placement under an assessment care agreement.

- RE to continue to support grandmother and Toby’s foster carers and provide further information about extended family members who may be able to care for Toby in the future.
- Child Safety to explore placement options closer to the grandmother’s home.
- DET to liaise between Toby’s previous school and current school during placement to assist in smooth transition and feedback about his behaviour.
- QH to liaise with adult mental health unit to identify support services available.

**Review: 1 week**

### Coordinated, multi-agency response

Chloe, aged 7, is at risk of neglect, as her father has refused to send her to school. QPS has interviewed and charged the father with failing to ensure a child in his care was participating in full time education. Chloe has developmental delays. Chloe’s family is well known to the QPS, DET and QH in differing capacities. Father has previously threatened Child Safety staff.

- QPS to assist Child Safety with the investigation.
- QH to arrange for a paediatric assessment to be conducted following the assessment by QPS and Child Safety.
- DET case manager to liaise with Chloe’s father to facilitate Chloe’s return to school.

**Review: 2 weeks**
Appendix 4

Departure and escalation process flowchart

SCAN team meeting

Consensus cannot be reached on SCAN team recommendations regarding the multi-agency actions required to assess and respond to the protection needs of the child

SCAN team coordinator completes draft escalation report

Draft escalation report provided to SCAN team core member representatives who have five business days to provide feedback and consent for escalation report to be submitted to senior officers

SCAN team core member agencies escalate report to senior officers

If urgent agency action is required, relevant senior officer to liaise with their SCAN team core member representative to ensure action occurs within the necessary timeframe

Senior officers meet to discuss and determine the multi-agency actions required and/or uphold, amend or withdraw original recommendation subject to departure action

Decision provided by relevant SCAN team core member representative to SCAN team coordinator to be tabled at next SCAN team meeting for action

SCAN team unable to agree regarding SCAN team recommendation/s

Escalation process initiated by SCAN team coordinator

Case closed or further recommendations made

SCAN team recommendations agreed during SCAN team meeting

Departure from agreed SCAN team recommendation/s by an agency post SCAN team meeting

Complete and submit SCAN team review form for next SCAN team meeting

Discussion at SCAN team meeting

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Appendix 5  Responsibilities of the SCAN team coordinator and SCAN team administration officer

SCAN team coordinator
The SCAN team coordinator reports to the CSSC manager or as determined by the relevant regional director. Duties include:

- coordinate functioning of the SCAN team in a manner that enables effective, professional discussion of referrals, reviews and recommendations responsive to the child's protection needs
- consult and liaise about SCAN team processes with core members of the SCAN team and other invited government and non-government agencies
- provide advice, consultancy and support to SCAN team members, including in the preparation of written material for SCAN team meetings
- ensure effective communication between teams within the SCAN team system
- develop and maintain record and review systems consistent with statutory requirements and the administrative requirements of the SCAN team system
- ensure the effective involvement of all participants in SCAN team meeting
- contribute to the development and delivery of training programs in relation to SCAN team system operations
- assist the development of practice standards, operational guidelines and review mechanisms to promote effective and efficient SCAN team system functioning.

SCAN team administration officer
The SCAN team administration officer reports to the SCAN team coordinator or as determined by the relevant CSSC manager. Duties include:

- organise scheduled and emergency SCAN team meetings as required
- record accurate minutes to reflect SCAN team discussions and recommendations, including the identification of appropriate actions
- quality preparation and dissemination of documents such as minutes, agenda, reports, statistics, memoranda and correspondence
- contribute to the development, maintenance and validation of data on computerised information systems and databases consistent with SCAN team system legislation, policies and procedures whilst ensuring accuracy, completeness, quality and timeliness of output
- develop, manage and maintain appropriate filing and record keeping systems to ensure the security of all SCAN team records in accordance with policies, procedures and standards, including the management of highly sensitive, confidential matters in a professional manner
- provide high level and efficient administrative support services to the SCAN team coordinator and SCAN team to facilitate the effective functioning and operation of the SCAN team process and ensure a quality service is provided to clients
- plan and prioritise workload in accordance with operational requirements
- develop and maintain constructive and consultative working relationships with stakeholders.

Regional Service Delivery Operations may be contacted for more detailed information in relation to tasks undertaken by the SCAN team coordinator and SCAN team administration officer.
Appendix 6  SCAN team system core member agencies

Department of Communities – Child Safety
The Department of Communities – Child Safety is the lead agency for the whole of government response to child protection in Queensland and is also recognised as the lead agency for the SCAN team system.

The Department of Communities – Child Safety has a legislative mandate to investigate allegations of harm or risk of harm to a child and intervene to ensure the child’s ongoing protection where the child does not have a parent able and willing to protect the child from the harm. The provision of support for children and their families who are subject to ongoing statutory intervention, and safe care environments that meet the diverse needs of children, are also key priorities.

Queensland Police Service
The Queensland Police Service (QPS) operates predominantly in the tertiary section of the child protection system in Queensland. The primary functions of the QPS in the child protection system include the investigation of suspected serious neglect, physical harm and sexual abuse of children and young people, organised paedophilia, institutionalised abuse, child exploitation, and the sudden or suspicious deaths of children. A corresponding function of the QPS is to initiate criminal proceedings against alleged offenders of abuse against children.

The QPS is a key partner in the coordinated response to child protection matters in Queensland and is committed to working with other SCAN team system core member agencies to meet child protection needs through information sharing, planning and coordination of resources. The QPS participates in the SCAN team system to collaboratively address the needs of children who have been harmed or are at risk of harm. A QPS representative will actively participate in SCAN team meetings to discuss complex child protection matters, contribute to the sharing of information, provide relevant advice and assistance regarding investigations and legal issues, and participate in the formulation of recommendations to address the protective needs of children.

Queensland Health
Queensland Health is committed to providing children and young people who are at risk of abuse or neglect with health services of the highest quality. Queensland Health provides a range of services to clients and other agencies in relation to child protection. As a SCAN team core member these services include:
- undertaking medical examinations where there are allegations of harm
- providing expert health opinion and forensic medical knowledge in the assessment of harm
- completing psychosocial, psychiatric or developmental assessments of children and young people who have been harmed or are at risk of harm
- working collaboratively with other government, non-government and community agencies to provide a coordinated and holistic service response, including the sharing of confidential health information where the information directly relates to the welfare and protection of a child or young person
- presenting key health information at SCAN team meetings in relation to a child or young person
- making and/or extending a Care and Treatment Order for a Child where there are significant concerns a child has been harmed or is at risk of harm, and where the
Queensland Health meets these obligations through the provision of information, education and training to staff in key service delivery areas. Within each Health Service District, Queensland Health has Child Protection Liaison Officers, Child Protection Advisors and SCAN team core member representatives who act as consultants to assist local staff in responding to child protection concerns.

**Department of Education and Training**

In keeping with the principles set out in the *Child Protection Act 1999*, the Department of Education and Training asserts that the welfare and best interests of children are paramount and every child has a right to protection from harm.

The department is committed to providing safe, supportive and disciplined learning environments, preventing incidents of harm, and responding when an employee of a state school reasonably suspects harm or risk of harm to students.

School employees, based on their day to day observations and interactions with children and their families in the school setting, play a vital role in monitoring the safety and wellbeing of children.

Senior guidance officers fulfil the role of core member agency representative on SCAN teams across Queensland. Senior guidance officers assist state and non-state school principals with the referral of cases to an ICM or SCAN team meeting subject to the respective referral criteria.

Senior guidance officers collect relevant information from school personnel to contribute to case discussions at an ICM or SCAN team meeting, provide updated information for SCAN team case reviews and provide feedback, if necessary, to school principals and guidance officers following a case discussion at an ICM or SCAN team meeting.

Personal information collected by employees of the department for provision to SCAN team meetings is managed in accordance with the *Child Protection Act 1999*, and where relevant the *Education (General Provisions) Act 2006*, and the IP Act.

**The Recognised Entity**

The role of the recognised entity within the child protection system is to provide culturally appropriate advice in relation to an Aboriginal or Torres Strait Islander child and explain cultural protocol regarding the wellbeing of a child who has been harmed or is at risk of harm.

The *Child Protection Act 1999*, section 6, requires Child Safety to provide the recognised entity with the opportunity to participate in the decision making process for all significant decisions for an Aboriginal or Torres Strait Islander child, and consult with them on all other decisions.

The recognised entity representative is a core member of the SCAN team when an Aboriginal or Torres Strait Islander child is being discussed, provides advice regarding cultural and family issues and ongoing interventions for the child, and contributes to the formulation of SCAN team recommendations regarding the child.
Appendix 7  SCAN team coordination points and operational SCAN teams

There are 21 SCAN team coordination points across the state, which are aligned with the designated SCAN team coordinators and administration officers.

There are 30 operational SCAN teams across the state. An operational SCAN team is defined as a meeting where the SCAN team core member representative from Child Safety and one or more other SCAN team core member representative, changes.

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<th>Operational SCAN team</th>
<th>Meeting venue</th>
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Appendix 8    Acronyms

- **ATODS** – Alcohol, Tobacco and Other Drugs Service
- **CCR** – Child concern report
- **CSDN** – Child Safety Directors’ Network
- **CSSC** – Child Safety Service Centre
- **DET** – Department of Education and Training
- **FIS** – Family Intervention Service
- **ICM** – Information coordination meeting
- **ICMS** – Integrated Client Management System
- **IP Act** – *Information Privacy Act 2009*
- **IPP** – Information Privacy Principles
- **NPP** – National Privacy Principles
- **QH** – Queensland Health
- **QPS** – Queensland Police Service
- **RTI Act** – *Right to Information Act 2009*
- **SCAN** – Suspected Child Abuse and Neglect
- **SDM** – Structured Decision Making