

INTO FAMILY VIOLENCE **IN THE MATTER OF THE ROYAL COMMISSION**

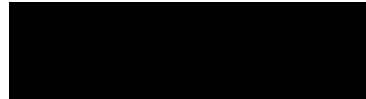
ATTACHMENT BA-4 TO STATEMENT OF BETH ALLEN

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Filed on behalf of: State of Victoria
Prepared by:
Victorian Government Solicitor's Office
Level 33
80 Collins Street
Melbourne VIC 3000



This is the attachment marked '**BA-4**' produced and shown to **BETH ALLEN** at the time of signing her Statement on 13 July 2015.

Before me: 



**An Australian Legal Practitioner within
the meaning of the Legal Profession Uniform Law (Victoria)**

human.
services

**Child Protection and
Integrated Family Services
State-wide Agreement

(Shell Agreement)**

2013

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1. Structure of Agreement

1.1. State-wide Shell Agreement

The Child Protection and Integrated Family Services State-wide Agreement (Shell Agreement) 2010 articulates relevant legislative requirements (what the law permits/prescribes), policy requirements (how the system works), high level state-wide practice guidelines and, in specific instances, state-wide procedural requirements (how these are to be implemented) between Child Protection and integrated family services. For greater clarity and functionality, the Shell Agreement has:

- A contents page for easy reference to various sections and sub-sections of the document
- Definitions for important terms used throughout the document
- Colour coded boxed text (as follows)

Pink: Denotes where hyperlinks are included for suggested further reading.

Blue: Details relevant sections of the *Children, Youth and Families Act (2005)* as it pertains to each section.

Green: Provides guidelines for the development of a local agreement component. These are contained at the end of each relevant section where interface/transaction points occur.

1.2. Guidelines for local agreement component of Shell Agreement

The Shell Agreement allows for the inclusion of additional agreed processes and procedures developed locally (consistent with the specified state-wide parameters set out in this document) to support the effective operation of Child Protection and integrated family services at a divisional and/or catchment level. Child and Family Services Alliances (Alliances) will be responsible for determining local arrangements and for developing and implementing the local agreement component of the Shell Agreement.

The role of the local agreement component in the Shell Agreement is to describe in detail the prescribed practice instructions and operational requirements, where transactions between the two service sectors occur, at the divisional or catchment level. It will describe the mechanisms, timelines and responsibilities for local processes, such as:

- Prioritisation and allocation
- Referral and reporting processes
- Guidelines for resolving differences, formal mediation and dispute resolution processes
- Demand management and contingency responses
- Formal review processes
- Other key decision making points.

The guidelines include **necessary components (ie local agreement will include)** as well as **suggestions for consideration (ie local agreement may consider)** at the local level. It is important to note that there may be further considerations appropriate to each Alliance and equally, not every suggestion for consideration will be relevant to include in every circumstance.

2. Definitions

This section includes definitions of terms used throughout this document to ensure consistency of language and to highlight where important distinctions are to be made.

2.1. Integrated Family Services

It is recognised that family services are provided by a diverse range of providers including community service organisations, community health, local government, Aboriginal Community Controlled Organisations (ACCO), culturally and linguistically diverse (CALD) and specialist services.

For the purposes of this Agreement, the term 'integrated family services' is used to refer to all family services funded by DHS to deliver activities of:

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- Integrated Family Services (which includes Child FIRST)
- Integrated Family Services Indigenous
- ACCO services- Family and Community Services
- Cradle to Kinder and Aboriginal Cradle to Kinder Services which are members of a Child and Family Services Alliance.

This includes:

- a 'community based child and family service' as defined under sections 46 and 47 (b) of the Children, Youth and Families Act 2005 (CYFA), being a registered community service established to meet the needs of children requiring care, support, protection or accommodation or families requiring support, and is a member of a Child and Family Services Alliance
- Child FIRST and local agency intake and initial assessment and case work response services.

The term 'Child FIRST' is used to refer to centralised intake and initial needs and risk assessment activity where only this component of integrated family services is being referred to.

The term 'Family Services case work' is used to refer to case allocation, case planning and case management responsibilities where only this component of integrated family services activity is being referred to.

2.2. Community Based Child Protection

Unless otherwise specified in the document, the term 'Child Protection' includes community based Child Protection. In some circumstances, the term 'community based Child Protection' is used to denote where information relates exclusively and specifically to the roles and responsibilities of this function.

Where reference is made to 'the Secretary', this refers to the Secretary of the Department of Human Services and includes any employee of DHS delegated to perform the functions of the Secretary (as outlined under section 17 of the CYFA). For the purpose of this Agreement, this means any Child Protection Practitioner or manager, unless otherwise specified.

2.3. Aboriginal and Torres Strait Islander

For the purposes of this Agreement, the term 'Aboriginal' is used to refer to any Aboriginal or Torres Strait Islander person.

For detailed descriptions of key structures and roles, see also section 6: Structures that support the relationship between Child Protection and Integrated Family Services and section 7: Key roles and responsibilities of Child Protection and Integrated Family Services.

3. Purpose of Agreement

The child and family services reform requires that Child Protection and integrated family services work in ways that reflect the intent of the *Children, Youth and Families Act 2005 (CYFA)*. Effective practice requires Child Protection and integrated family services to work in partnership, where the child's best interests are at the centre of all decision making and service delivery.

The *Strategic Framework for Family Services (2007)* and the Victorian Cradle to Kinder and Aboriginal Cradle to Kinder Practice Guidance provide a framework for the provision of an integrated family service system to meet the needs of vulnerable children and families within sub-divisional catchments.

The Shell Agreement brings together key partners from Child Protection and integrated family services to formalise a shared commitment, common purpose and consistent approach for working together. It articulates the importance of the relationship between Child Protection and integrated family services and the significant role of community based Child Protection in supporting these relationships.

The Shell Agreement is designed to be a high level framework. It outlines the overarching principles and responsibilities essential to embedding the legislative and policy reforms that are integral to the successful working relationships between Child Protection and integrated family

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services. The Shell Agreement highlights the importance of interagency collaboration to ensure the most vulnerable children are protected and do not inadvertently fall between the responsibilities of the two services.

The Shell Agreement defines the core elements necessary to comply with the legislative mandate and policy provisions, which cannot be varied. It sets the state-wide parameters within which local arrangements can be determined. It recognises there are differences in approaches across catchments according to local needs and conditions and aims to guide divisions to develop agreed practices and procedures at the local level.

In essence, the purpose of the Shell Agreement is:

1. To **encourage collaborative relationships** between Child Protection and integrated family services through the promotion of **high level principles** that emphasise a **common approach to working together** to achieve better outcomes for children, young people and their families.
2. To **enhance greater understanding** between Child Protection and integrated family services of **respective roles and responsibilities** and **fundamental processes and procedures** where interface between the two services occurs, namely referrals and reporting, consultation, information sharing, collaborative practice approaches, the resolution of differences and formal mediation and dispute resolution.
3. Provide **guidance** to support the development of **local processes and procedures**.

4. Scope of Agreement

The Shell Agreement supports the relationship between Child Protection and integrated family services in all 24 Child FIRST catchments across Victoria. It is inclusive of:

- DHS Child Protection services
- Integrated family services agencies (which are members of a Child and Family Services Alliance)

The Shell Agreement in and of itself will not guarantee successful working relationships between sectors. While the intent of the Shell Agreement is to enhance understanding between Child Protection and integrated family services, and although there may be a genuine desire for strengthened integration, maintaining partnerships requires the commitment and engagement of all key partners.

Additionally, it needs to be acknowledged there is potential for demand pressures, resource limitations and workforce capacity issues to constrain the success of these relationships and therefore processes for resolving differences and addressing these limitations at the local level need to be clearly defined.

A further consideration to note is that Child Protection and integrated family services interface with many other sectors and have established protocols with a range of other partners (for example, Integrated Family Violence Services, Child FIRST/Family Services and Child Protection Partnership Agreement). It is important that the Shell Agreement is understood and used in the knowledge of the existence of other interrelated agreements.

5. Context and Rationale for Agreement

5.1. Victoria's Vulnerable Children – Our Shared Responsibility

The *Victoria's Vulnerable Children - Our Shared Responsibility Strategy* outlines the Victorian Government's commitment to a shared responsibility for protecting children.

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The Victoria's Vulnerable Children - Our Shared Responsibility strategy can be accessed from the Department of Human Services website:

<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/projects-and-initiatives/children,-youth-and-family-services/victorias-vulnerable-children>

5.2. Strategic Framework for Family Services 2007

The *Strategic Framework for Family Services (2007)* was developed to reflect the legislative environment within which integrated family services operate,. This framework provides the policy and legislative context for an integrated service system, with approaches and interventions to improve outcomes for vulnerable children, young people and families.

The *Strategic Framework for Family Services 2007* can be accessed from the Department of Human Services website: <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/plans-and-strategies/children,-youth-and-family-services/strategic-framework-for-family-services>

5.3. Legislative Context

5.3.1. Child Wellbeing and Safety Act 2005

The *Child Wellbeing and Safety Act 2005 (CWSA)* creates an overarching legislative framework designed to encourage and support a shared commitment towards children by all services working across the broader child and family services system.

The *Child Wellbeing and Safety Act 2005* is available from the Victorian Legislation and Parliamentary Documents website: www.legislation.vic.gov.au

5.3.2. Children, Youth and Families Act 2005

The *Children Youth and Families Act 2005 (CYFA)* provides the legislative basis for an integrated system response in the delivery of services to vulnerable children, young people and their families.

The legislative context has a strong focus on children's best interests, with particular emphasis on the safety and healthy development of children. It also places strong emphasis on promoting children's stability and the need to preserve cultural identity.

Key features of the legislation include:

- Identification of a broad service continuum and shared responsibility for vulnerable children across Child Protection and community service organisations
- Common principles to guide practice and decision making in the best interests of children
- Ability for integrated family services to receive and respond to significant child wellbeing concerns (under sections 31 – 33 of CYFA).
- A focus on cumulative harm and culturally competent practice
- Clearly authorised information sharing between Child Protection and community services to promote children's safety, stability and development.

It includes mechanisms for Child Protection to refer to integrated family services, the capacity for Child Protection to provide support and advice to integrated family services and requires that integrated family services inform Child Protection where there are concerns that a child may be in need of protection.

The *Children, Youth and Families Act 2005* is available from the Victorian Legislation and Parliamentary Documents website: www.legislation.vic.gov.au *

* Victorian Law Today contains all Acts and Statutory Rules that are currently in operation in Victoria. These are the updated versions incorporating amendments. You should look here to find the law as it is today.

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5.3.3. Information Privacy Act 2000 and Health Records Act 2001

The *Information Privacy Act 2000* establishes a regime for the responsible collection and handling of personal information in the Victorian public sector and defines when members of the public can have access to that information.

The *Health Records Act 2001* establishes privacy standards for the handling of health information (including information collected in providing a health, mental health, disability, aged care or palliative care service) and regulates the handling of health information including collection, use, disclosure and access.

These Acts permit the disclosure of information in certain circumstances, including:

- Where there is consent
- Where the disclosure is made for a related purpose, and in the case of sensitive and health information, where disclosure is directly related to the purpose for which it was collected, and the person who is the subject of the disclosure would reasonably expect to have this information disclosed
- Where disclosure will prevent or lessen a serious and imminent threat to an individual's life, health, safety or welfare
- Where disclosure is required or authorised by law.

For more information and multi lingual brochures please refer to the Department of Human Services website: <http://www.dhs.vic.gov.au/for-individuals/your-rights/your-privacy><http://www.dhs.vic.gov.au/for-individuals/your-rights/your-privacy>

5.3.4. Victorian Charter of Human Rights and Responsibilities Act 2006

The *Charter of Human Rights and Responsibilities Act 2006* ensures human rights are valued and protected within the community by placing obligations on Government and agencies performing government functions to act in a manner that is compatible with the rights set out in the Charter and to properly consider relevant rights when making a decision.

For further information on the *Victorian Charter of Human Rights and Responsibilities Act 2006* visit the Department of Justice website: www.justice.vic.gov.au/humanrights

5.4. Child and Family Services Reform

Child and family services reform is driven by the need to ensure that all children have access to nurturing and stimulating environments in which to grow and reach their full potential. Placing children and youth first, the *every child every chance* reforms provide professionals working in child and family services more effective processes to:

- Listen to what children and young people want and need
- Enable earlier intervention
- Reduce child abuse and neglect
- Provide better support to Aboriginal children, young people and their families
- Work together in cooperation with other providers of children, young people and family services.

For more information, visit the Department of Human Services website: <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/family-services-program>

Under the CYFA and child and family services reform, integrated family services are formally positioned as part of a broader child and family service system, together with Child Protection, to deliver services to children and families across the following continuum:

- *Universal services* that are available to all families and provide the critical foundations for health and learning for all children (including vulnerable children) such as kindergartens and maternal and child health services
- *Secondary and specialist services* which provide more intensive and targeted support where a problem has been identified, such as family services, early childhood intervention services, mental health and disability services

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- *Tertiary and statutory services* for children and young people in need of protection, including Child Protection, out of home care and youth justice services.

Each of these services within the broader child and family services system make a critical contribution to children and family outcomes. They share a responsibility to:

- Identify children who may be at risk of abuse or neglect
- Provide expert knowledge and skills to inform planning, decision making and coordinating services for children
- Strengthen families and build sustainable networks of support to assist parents to prioritise and meet the needs of their children.

Integrated family services fits within the secondary tier of the child and family services continuum and has effective links with both universal and tertiary services.

5.5. Governing Principles

5.5.1. Best Interests Principles

Best Interests principles are defined in section 10 of the *Children, Youth and Families Act 2005*.

The Best Interests principles provide a unifying set of principles across Child Protection, integrated family services, out-of-home care services and the Children's Court, that guides all decision making and service delivery. This mandate requires Child Protection and integrated family services to adopt an approach to practice, which is child-centred and family-sensitive.

In particular, the Best Interests principles state that any decision or action must protect the child from harm, protect the child's rights and promote the child's development. These principles require practitioners to focus on children's safety, stability and development, in the context of their age and stage of life and their culture and gender.

5.5.2. Decision Making Principles

Decision making principles (including additional decision making principles for Aboriginal children, the Aboriginal Child Placement Principle and further principles for the placement of an Aboriginal child) are defined in sections 11, 12, 13 and 14 of the *Children, Youth and Families Act 2005*.

The CYFA contains decision making principles which apply equally to Child Protection and integrated family services and which emphasise the importance of involving children and families in the decision making processes, and of providing them with assistance and support to do so in a meaningful way.

The CYFA also provides additional principles to provide a framework for decision making in relation to Aboriginal children and families. These provide a stronger basis for ensuring that Aboriginal children remain within, or connected to, their community and culture.

The Aboriginal Child Placement principle must be complied with by Child Protection and also by integrated family services in placing an Aboriginal child on a voluntary basis.

5.5.3. Principles for Children

Principles for children are defined in section 5 of the *Child Wellbeing and Safety Act 2005*.

The *Child Wellbeing and Safety Act 2005* provides an overarching framework for services to promote positive outcomes for all children, emphasising that:

- All children will be given the opportunity to reach their full potential and participate in society, irrespective of their family circumstance or background

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- Whilst parents are the primary nurturers of a child, society as a whole shares responsibility for children's wellbeing and safety, and
- Planning and delivery of services will focus on sustaining and improving children's outcomes – the promotion and protection of a child's safety, health, development, learning and wellbeing.

The principles for children will be used for guidance in the development and provision of Government and community services for children.

5.5.4. Family Services Principles

In addition to the Best Interests principles, integrated family services are guided by a set of nine family services principles. These principles reflect the Best Interest principles and are defined in Table 1 and section 3.4 of *A Strategic Framework for Family Services 2007*.

The Victorian Cradle to Kinder and Aboriginal Cradle to Kinder Practice Guide (2013) set out the program framework and key practice principles that support the delivery of evidence-based practice in the Cradle to Kinder and Aboriginal Cradle to Kinder services.

5.6. Guiding Practice

5.6.1. Best Interests series

The Best Interests series provide guidance for family and placement services, child protection and the Children's Court in applying the Best Interest principles in all decision making and service delivery. It includes useful information on Best Interest principles, cumulative harm, chronic neglect and stability.

The Best Interests series publications are available from the Department of Human Services website:

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/best-interests-series-children,-youth-and-families-act-2005>

5.6.2. Cumulative harm: a conceptual overview

This paper provides a conceptual overview of cumulative harm, defined as the existence of compounded experiences of multiple episodes of abuse or 'layers' of neglect that may be historical, or ongoing, with the strong possibility of the risk factors being multiple, inter-related and co-existing over critical developmental periods.

It provides practitioners with insights into how the unremitting daily impact of these patterns of circumstances and events on a child's safety, stability and development can be profound and exponential, covering multiple dimensions of a child's life. It guides practitioners to adopt a holistic practice approach at every phase of their intervention with these children and their families, working in partnership with a range of services to contribute to the remediation of cumulative harm.

The *Cumulative Harm: A Conceptual Overview* is available from the Department of Human Services website: http://www.dhs.vic.gov.au/data/assets/pdf_file/0012/589665/cumulative-harm-conceptual-overview-part1.pdf

5.6.3. Child development and trauma guide

The child development and trauma guide assists practitioners to understand typical developmental pathways of children and recognise indicators of trauma at different ages and stages. Importantly, it offers practical, age appropriate advice as to the needs of children, parents and carers when trauma has occurred and ways in which the child and family can be assisted in healing and recovery.

The *child development and trauma guide* introduction and age group guides can be obtained from the Department of Human Services website: <http://www.dhs.vic.gov.au/for-service>

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[providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/child-development-and-trauma-specialist-practice-resource](#)

5.6.4. Protecting Victoria's Children: Child Protection Practice Manual

'Protecting Victoria's Children' is the practice manual for statutory Child Protection in Victoria. It is the primary point of reference for Child Protection practitioners and managers employed by DHS, and other stakeholders regarding the practice requirements to promote the safety, stability and development of children at risk of harm in Victoria. The Practice Manual has been updated to reflect the new Child Protection Operating Model

The *Protecting Victoria's Children: Child Protection Practice Manual* can be accessed from the Department of Human Services website: www.dhs.vic.gov.au/cpmanual

5.6.5. Specialist Practice Resources

The Specialist Practice Resources include research and practice advice relating to the topics of adolescents and their families, infants and their families, children with problem sexual behaviors and their families, adolescents with sexually abusive behaviors and their families, cumulative harm as well as the best interests case practice model.

The *Specialist Practice Resources* can be accessed from the Department of Human Services website: www.dhs.vic.gov.au/cpmanual/library/practice-resources

5.6.6. Aboriginal Cultural Competence Framework 2008

The *Aboriginal Cultural Competence Framework 2008* describes the understandings, principles and service context that underpin Aboriginal cultural competence for the child and family services system in Victoria. It guides mainstream community service organisations in the development of management strategies, policies and direct practice which will provide better outcomes for Aboriginal children and families.

The *Aboriginal Cultural Competence Framework 2008* is available from the Department of Human Services website: <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/plans-and-strategies/children,-youth-and-family-services/aboriginal-cultural-competence-framework-2008>

5.6.7. Cultural Diversity Guide 2004

The *Cultural Diversity Guide* seeks to support the human services system to plan for and deliver culturally appropriate human services through valuing diversity, reducing inequality, encouraging participation and promoting the social, cultural and economic benefits of cultural diversity. It identifies a range of available strategies to improve cultural responsiveness and levers to effect cultural change, illustrates examples of good multicultural practice, and provides guidance on additional resources and supports for programs and agencies in managing cultural diversity.

The *Cultural Diversity Guide* is available from the Department of Human Service website: <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/cultural-diversity-guide>

5.6.8. Information Sharing Guidelines

The CYFA authorises certain professionals to share information with Child Protection and integrated family services about vulnerable children and families. Sharing information is important because effective service provision relies upon all relevant information being available. In addition, the most vulnerable families often need assistance from more than one agency, and information needs to be shared for these agencies to work effectively together. Guidelines have been produced to assist professionals in understanding when they can share information.

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These resources include information sharing guidelines specifically for registered community services (integrated family services and out of home care services) and a guide to information sharing for Child Protection and integrated family services workers.

The *information sharing guidelines* can be accessed from the Department of Human Services website: <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/child-protection-information-sharing-guidelines>

5.6.9. Best Interests Case Practice Model

The Best Interests Case Practice Model Summary Guide provides a foundation for working with children, including the unborn child, young people and families, which reflect the case practice directions arising from CYFA and CWSA. Designed to inform and support professional practice in Child Protection, integrated family services and out of home care services, this model is based on sound professional judgment and a culture that is committed to reflective practice and respectful partnerships with the family and other service providers, where acting in the child's best interests is central to all decision making and actions.

The *Best Interests Case Practice Model Summary Guide* is available on the Department of Human Services website: <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/best-interests-case-practice-model-summary-guide>

5.6.10. Registration Policy

Information about registration requirements under the *Children, Youth and Families Act 2005* is available from the department's website:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/policy,-procedures-and-forms-for-the-registration-of-disability-service-providers-and-community-services-separate-forms>

5.6.11. Department of Human Services Standards

Integrated family services funded by DHS to provide Child FIRST, family services case work and Cradle to Kinder Services are required to be registered and must comply with registration standards. As of 1 July 2012 these standards are the Department of Human Service Standards as gazetted in the CYFA on 24 May 2012.

Information on the *Department of Human Services Standards* is available on the Department of Human Services website: <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/department-of-human-services-standards>

5.6.12. Program requirements for Family and Early Parenting Services in Victoria

The program requirements provide detailed information about how services are to be delivered, in order to assist:

- department-funded community service organisations, working across family and early parenting services, to deliver high-quality services to vulnerable children, young people and families, in accordance with program objectives
- funded organisations, the department and independent review bodies to monitor service quality and assess service provision in relation to program expectations.

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The program requirements for Family and Early Parenting Services in Victoria 2012 are available from the Department of Human Services website:
<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/program-requirements-for-family-and-early-parenting-services>

6. Structures that support the relationship between Child Protection and Integrated Family Services

6.1. Child FIRST Catchments

To meet the legislative requirements of the CYFA and child and family services reform, Child FIRST teams were established in 24 designated sub-divisional catchments across Victoria. These Child FIRST sites were successively implemented over three years between 2007 and 2009.

6.2. Child and Family Services Alliances

Child and Family Services Alliances (Alliances) have been established in each catchment and include integrated family services, DHS area Child Protection, DHS area, Local Connections team, and where capacity exists, an Aboriginal community controlled family service organisation. Cradle to Kinder providers also became members of the Alliances in 2012. Other sector representatives and professional groups may be invited to participate, as agreed by the core Alliance partners.

At the catchment level, Alliances have three key functions:

- Undertake catchment planning
- Provide operational management
- Coordinate service delivery

6.3. DHS Role

DHS is responsible for broad service system planning, development, redevelopment and policy implementation. At an area level, Local Connections Units will work in partnership with Alliances to support the delivery of programs and assist in the development and implementation of services. DHS also has a range of regulatory and statutory responsibilities for funded community service organisations delivering integrated family services, such as managing service agreements and monitoring service performance and quality through the Client Outcomes and Services Improvements Branch.

6.4. DHS Organisational Restructure

In April 2012 the Victorian Government released '*Human Services: The case for change*'. The document outlines a vision of a service system which supports and protects the vulnerable as its first priority, which is client-centred and demonstrably achieves improved outcomes for clients, to reduce disadvantage in Victoria.

The document '*Human Services: The case for change*' can be downloaded from the departments website at:

<http://www.dhs.vic.gov.au/about-the-department/news-and-events/news/general-news/human-services-the-case-for-change>

Further details about the DHS restructure are available on the Funded Agency Channel website.

In December 2012, the department implemented it's new organizational structure to provide more responsive, family centered services for vulnerable Victorians. The key changes are:

- The department's divisional operations are organised into 17 local areas that are based on geographic catchments reflecting trends in population growth and service demand across the state.

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- The 17 local areas are supported by four divisions (North, South, East and West).
- The 17 areas manage service delivery with government and non-government organisations in a more integrated way, along functional rather than program lines.
- The areas have greater decision-making power over local services and the ability to allocate resources depending on the needs of that area. The local areas have a senior manager to drive better, and more coordinated services at the local level, integrated across Child Protection, juvenile justice, housing, disability and integrated family services.
- The areas have a greater focus on achieving lasting outcomes for people through early intervention and building opportunities for social and economic participation.

Section 6: Structures that support the relationship between Child Protection and Integrated Family Services

Local agreement component will include:

- Alliance partners and DHS area/catchment boundaries as applicable to the local DHS area/catchment.
- Role and function of existing catchment, DHS area and division level meetings where interface occurs (for example integrated family services and Child Protection interface/liaison meetings, strategic partnership group meetings, executive and operational meetings, allocations and joint case practice meetings).
- Reference documents, protocols and agreements relevant to the structure of the Alliance (such as memorandums of understanding, catchment plans and operations manuals).

7. Key Roles and Responsibilities of Child Protection and Integrated Family Services

7.1. Statutory Child Protection

7.1.1. Responsibilities of Child Protection

Section 16 of the CYFA states:

Responsibilities of the Secretary

- (1) Without limiting any other responsibility of the Secretary under this Act, the Secretary has the following responsibilities—
 - (a) to promote the prevention of child abuse and neglect;
 - (b) to assist children who have suffered abuse and neglect and to provide services to their families to prevent further abuse and neglect from occurring;
 - (c) to work with community services to promote the development and adoption of common policies on risk and need assessment for vulnerable children and families;
 - (d) to implement or promote the implementation of appropriate requirements for checks to ensure that all persons employed, engaged or appointed by a community service to work with children—
 - (i) are and continue to be suitable to work with children; and
 - (ii) comply with appropriate ethical and professional standards;
 - (e) to work with other government agencies and community services to ensure that children in out of home care receive appropriate educational, health and social opportunities;
 - (f) to publish and promote a Charter for children in out of home care to provide a framework of principles to promote the wellbeing of those children;
 - (g) to provide or arrange for the provision of services to assist in supporting a person under the age of 21 years to gain the capacity to make the transition to independent living where the person—

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- (i) has been in the custody or under the guardianship of the Secretary; and
- (ii) on leaving the custody or guardianship of the Secretary is of an age to, or intends to, live independently;
- (h) to conduct research on child development, abuse and neglect and to evaluate the effectiveness of community based and protective interventions in protecting children from harm, protecting their rights and promoting their development;
- (i) to lead the on-going development of an integrated child and family service system;
- (j) to give effect to any protocol existing between the Secretary and an Aboriginal agency.

Though the legislative and policy reforms establish a shared responsibility for protecting children, Child Protection retains distinct legislative responsibilities prescribed by the CYFA.

Child Protection practitioners are the delegates of the Secretary. Their responsibilities as protective interveners are not transferable to external agencies.

7.1.2. Role of Child Protection

Child Protection intervenes to the degree necessary to promote the protection of children from significant harm resulting from abuse and neglect within the family unit, including cumulative harm, and to facilitate access to support and treatment services to address the impact of harm.

Child Protection intervention processes include intake, investigation and assessment of reports of child abuse and neglect, the case management activities associated with protective intervention and preparing and making a protection application through the children's court, following substantiation of significant harm.

Child Protection undertakes the supervision and management of children and young people on protection orders living at home, the statutory supervision of children and young people who are unable to live at home, and works toward the return home of children on protection orders where possible, when separation has been necessary.

The target group for Child Protection is children aged 0 to 16 years inclusive (or 17 years where a protection order is in force), including unborn wellbeing reports.

7.1.3. Child Protection Operating Model

There is a body of international and local evidence that shows the quality of the relationship between the practitioner and a child or young person is essential for a good outcome for that child.

At the heart of the operating model for Child Protection is the idea that more direct involvement of skilled and experienced practitioners in working with children and families will lead to improved outcomes.

The operating model, which commenced in November 2012, facilitates this through more senior and experienced practitioners supported to carry cases and also mentor and support new and less experienced staff.

The operating model aligns Child Protection structures and service delivery with local Child FIRST catchments to enable more integrated planning and collaboration that will better support clients. For example, the development of new, local consultative panels is to be predominantly guided by local area Child Protection in collaboration with Alliance Executive members.

Some Child Protection roles have a specific focus on strengthening the interface with Child FIRST and Integrated Family Services in catchment areas. For example, Child Protection Area Managers are now the formal departmental representative on the local Child and Family Services Alliance.

The new Practice Leader role will supervise and work with Senior Child Protection Practitioners (Community Based) to strengthen the interface between integrated family services and Child Protection.

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An organisational chart showing the core components of the child protection operating model and related key positions is included in the Appendix.

7.1.4. Role of After Hours Child Protection Emergency Service (AHCPEs)

The Central After Hours Service is an emergency service located within the Eastern Metropolitan Region and provides a range of After Hours Services within the program area of Children, Youth and Families. Services operating from the Central After Hours Service include:

The After Hours Child Protection Emergency Service (AHCPEs) is a state wide service that responds to new child protection reports and contacts regarding existing child protection clients made to DHS out of business hours. The AHCPEs also incorporates an after hours placement function for children and young people requiring out of home placement.

See also section 10.3: Roles and Responsibilities of Child Protection.

7.1.5. Role of Community Based Child Protection

Community based child protection is the term used to describe a range of roles and functions in Child Protection local areas that support partnerships between integrated family services and Child Protection as well as support the delivery of integrated family services. There are a number of positions within Child Protection local areas that have direct responsibility for these relationships.

The following positions make up community based child protection in a local area:

The **Child Protection Area Manager** is responsible for strategic leadership across the local area including local service planning, the interface with integrated family services and Cradle to Kinder and Aboriginal Cradle to Kinder Services, stakeholder engagement and high profile case plan reviews. The Area Manager is a formal member of the local Child and Family Service Alliance.

The **Child Protection Practice Leader** is responsible for providing expert case practice advice and leadership in case management, and supporting and developing Child Protection Practitioners in the integration of theory and practice while demonstrating expertise through case management. The Child Protection Practice Leader supervises the Senior Child Protection Practitioner (Community-based), undertakes case practice quality audits and provides regular practice forums and community education.

The **Senior Child Protection Practitioner (Community Based)** spends a significant proportion of their working week co-located at an integrated family service, and also attends the Divisional child protection office. They work collaboratively both within the regional (catchment) child protection program and across the integrated family services sector to support earlier and more effective intervention to vulnerable children, young people and their families.

The Senior Child Protection Practitioner (Community Based) manages unborn cases and cases that are transitioning to Child FIRST. The position provides consultancy, advice and community education to agencies on statutory processes and responsibilities. The position also provides consultation and advice to integrated family services on specific cases, including assistance with risk management and safety planning to enable ongoing case management. This includes chairing and/or attending case conferences, attending home visits with integrated family services agencies where required and working collaboratively with the Practice Leader to strengthen partnerships with integrated family services. This position also provides consultation to Child Protection teams in relation to referrals to Child FIRST.

Section 38 of the CYFA states:

Consultation with Secretary

A community-based child and family service may consult with the Secretary in relation to any matter relating to the purposes of the community-based child and family service as set out in section 22.

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Section 30 of the CYFA states:

Response by Secretary to report

- (1) If the Secretary receives a report under section 28, the Secretary may—
 - (a) provide advice to the person who made the report;
 - (b) provide advice and assistance to the child or the family of the child;
 - (c) refer the matter to a community-based child and family service or a service agency to provide advice, services and support to the child or the family of the child;
 - (d) make a determination, under section 34, that the report is a protective intervention report.
- (2) If the Secretary receives a report under section 29, the Secretary may—
 - (a) provide advice to the person who made the report;
 - (b) provide advice and assistance to the mother of the unborn child;
 - (c) refer the matter to a community-based child and family service or a service agency to provide advice, services and support to the mother of the unborn child.

Section 187 of the CYFA states:

Determination by Secretary about report

- (1) If a report is made to the Secretary under section 183 or 184, the Secretary may—
 - (a) provide advice to the person who made the report; or
 - (b) determine that the report is a protective intervention report for the purposes of this Act; or
 - (c) determine that the report should be dealt with as a report to the Secretary under section 28.
- (2) If the Secretary makes a determination under subsection (1)(c), the report may be dealt with under this Act as if it were a report to the Secretary under section 28.

Section 205 of the CYFA states:

Investigation by protective intervener

- (1) A protective intervener must, as soon as practicable after receiving a protective intervention report, investigate, or cause another protective intervener to investigate, the subject-matter of the report in a way that will be in the best interests of the child.

As delegates of the Secretary (as defined in section 17 of CYFA), the Senior Child Protection Practitioner (Community Based) is authorised to receive and respond to reports, though as for any Child Protection Practitioner, they can perform functions as protective interveners upon a report being made. This limits the actions community based Child Protection can take when responding to a section 38 consultation on a closed case.

Community based child protection has a significant role in fostering positive working relationships and supporting the service delivery of integrated family services in sub divisional catchments. It is important that community based child protection builds a strong profile and has a firm presence in the catchment, and that it is accessible to both child protection and integrated family services.

Community based child protection will actively participate in Child FIRST, Alliance and service coordination activities. They will work collaboratively with integrated family services to support their work with vulnerable children, young people and their families.

Broadly the key functions of community based child protection will be to:

- Support the identification of cases within Child Protection requiring an integrated family services referral

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- Provide advice to Child Protection regarding making referrals to Child FIRST
- Facilitate referrals from Child Protection to Child FIRST
- Facilitate reports from integrated family services to Child Protection
- Provide consultation and advice to integrated family services on specific cases, including risk management and safety planning to enable ongoing case management
- Support and work in partnership with integrated family services to engage families as appropriate, through joint work, joint visits and case conferences, particularly relation to exit and transition planning
- Foster positive working relationships and transparency between Child Protection, integrated family services and families
- Participate in local professional and community education initiatives, as identified with the Alliance.

The key functions of community based child protection (as they apply to reporting and referrals, consultation, information sharing and collaborative practice approaches) are described in further detail in the relevant sections of the document.

7.2. Integrated Family Services

7.2.1. Responsibilities of integrated family services

Section 61 of the CYFA states:

Responsibilities of registered community services

A registered community service must—

- (a) provide its services in relation to a child in a manner that is in the best interests of the child; and
- (b) ensure that the services provided by the service are accessible to and made widely known to the public, recognising that prioritisation of provision of services will occur based on need; and
- (c) participate collaboratively with local service networks to promote the best interests of children.

Section 22 of the CYFA states:

Purposes of Community based child and family services

The purposes of a community-based child and family service are—

- (a) to provide a point of entry into an integrated local service network that is readily accessible by families, that allows for early intervention in support of families and that provides child and family services;
- (b) to receive referrals about vulnerable children and families where there are significant concerns about their wellbeing;
- (c) to undertake assessments of needs and risks in relation to children and families to assist in the provision of services to them and in determining if a child is in need of protection;
- (d) to make referrals to other relevant agencies if this is necessary to assist vulnerable children and families;
- (e) to promote and facilitate integrated local service networks working collaboratively to co-ordinate services and supports to children and families;
- (f) to provide on-going services to support vulnerable children and families.

7.2.2. Role of Family Services case work

The aim of integrated family services is to promote the safety, stability and development of vulnerable children, young people and their families and build capacity and resilience for children, families and communities. The Family services case work component of integrated family services

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engages families by using a range of skills and approaches that build on family strengths, and seek to build a partnerships approach between families and professionals.

The service approach employed by family services case work includes:

- Providing a suite of services tailored to meet the needs of the child, young person and their families
- Providing earlier intervention services to avoid premature and unnecessary involvement with Child Protection services where there are risk factors and neglect/cumulative harm indicators present for children and young people and their families
- Using a child-youth centred, family-sensitive approach to ensure services are provided in the best interests of the child
- Working collaboratively with Child Protection to develop effective diversionary responses aiming to prevent families' progression into the statutory Child Protection system.

The primary client group for integrated family services is vulnerable children and young people aged 0 to 17 years (including unborns) and their families who are:

- Likely to experience greater challenges because the child or young person's development has been affected by the experience of risk factors and cumulative harm
- At risk of concerns escalating and becoming involved with Child Protection if problems are not addressed.

7.2.3. Role of Child FIRST

The Child and Family Information, Referral and Support Teams (Child FIRST) component of integrated family services provides a central, community-based referral point to a range of integrated family services and other supports for vulnerable children and families within Victoria. Intake and initial assessment may also be provided by local agencies where agreed by individual Alliances.

The primary purpose of Child FIRST is to provide an identifiable and easily accessible entry point into integrated family services in a designated sub-divisional catchment to ensure that vulnerable children and their families are linked effectively into relevant services based on assessed need and risk. Child FIRST has a strong focus on establishing collaborative relationships with key local services and professionals.

Broadly the key functions of Child FIRST in the catchment will be to:

- Provide information and advice
- Undertake initial needs identification and assessment of underlying risks to the child or young person in consultation with Child Protection and other services
- Undertake risk management and develop appropriate plans
- Identify the Aboriginal status of children and families and consult with an Aboriginal Liaison Worker (or ACCO)
- Identify differentiated service responses for families related to the initial assessment of needs and underlying risks
- Actively engage with the child and their family, as appropriate to complete an initial assessment
- Determine the priority of a response, and allocation of families to integrated family services, in consultation with integrated family services and Child Protection (where required)
- Participate in local professional and community education initiatives, as identified with the Alliance.

In each catchment, the Child and Family Services Alliance is the governance body for the catchment operating model, with responsibility for catchment planning, operational management and coordinated service delivery. Child FIRST is a key component of the catchment service delivery model and also contributes to:

- Implementing timely and effective referral pathways between all services
- Providing advice about the interface with Child Protection, including protocols and procedures for decision making and day to day relationships with community based Child Protection
- Providing advice about information management and capacity to share information, as specified in legislative provisions
- Establishing and maintaining strong linkages with DHS area Child Protection and integrated family services programs within the catchment.

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7.2.4. Role of Cradle to Kinder and Aboriginal Cradle to Kinder Services

The Cradle to Kinder and Aboriginal Cradle to Kinder programs provide an intensive, longer term family and early parenting support service to vulnerable young mothers and their children. The service commences in pregnancy and continues until the child reaches four years of age. Cradle to Kinder was established in 2012 in six Child FIRST catchments: Outer East, Latrobe Baw Baw, Goulburn Valley (both a Cradle to Kinder and Aboriginal Cradle to Kinder program), South East and Western. By 2014, the Cradle to Kinder program will be expanded to another three Child FIRST catchments: South West, Greater Grampians and Mallee, with an Aboriginal Cradle to Kinder program established in the North and West Metropolitan catchments.

The Aboriginal Cradle to Kinder program also provides services to Aboriginal families within the target group who live outside the Child FIRST catchment but within the catchment area of the Aboriginal community organisation that is providing the service.

Child FIRST teams provide a consolidated intake service to integrated family services (which includes Cradle to Kinder and Aboriginal Cradle to Kinder Services) within sub divisional catchments. It is intended that, where the Cradle to Kinder or Aboriginal Cradle to Kinder program is a service option for families, a joint or consultative assessment will occur between Child FIRST and the Cradle to Kinder or Aboriginal Cradle to Kinder Service. Referrals for Aboriginal Cradle to Kinder Services may be made directly to the service provider.

Section 7: Key Roles and Responsibilities of Child Protection and Integrated Family Services

Definition and scope of key roles and responsibilities vary across divisions. Dependent on the configuration of the Alliance partners, operating environment and local needs, additional details will be required.

The local agreement component will:

- Provide additional information for key roles and responsibilities that are not included in the state-wide Agreement. (Please note: Specific functions as they apply to reporting and referrals, consultation, information sharing, collaborative practice approaches and mediation/dispute resolution can be detailed in the relevant sections of this document)
- Describe any other divisional or catchment specific roles as they relate to the interface between integrated family services and Child Protection (for example Child and Family Alliance Project Managers/Alliance facilitators, Aboriginal Liaison Workers).
- Reflect the relevant MoUs between Cradle to Kinder providers and Alliances in regards to the role of Cradle to Kinder and Aboriginal Cradle to Kinder Services in Alliance processes and the local arrangement of access of these providers to community based child protection.

8. Consultation between Child Protection and Integrated Family Services

8.1. Legislative provisions for consultation

8.1.1. Who may integrated family services consult?

Section 36 of the CYFA states:

Who may the community-based child and family service consult?

- (1) This section applies if a community-based child and family service receives a referral under this Part.
- (2) The community-based child and family service may, for the purpose of assessing a risk to a child, consult with any of the following—
 - (a) the Secretary;
 - (b) a community service;

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- (c) a service agency;
 - (d) an information holder.
- (3) The community-based child and family service may, for the purpose of determining which family service or service agency is an appropriate body to provide assistance for the child or the family of the child or the mother of the unborn child, consult with any of the following—
- (a) the Secretary;
 - (b) a community service;
 - (c) a service agency.
- (4) For the purpose only of a consultation under this section, a community-based child and family service may disclose information about the child or family to, and receive information about them from, the person or body permitted to be consulted.
- (5) A community-based child and family service or other community service to which information is disclosed under this Part must not disclose that information to any other person except in accordance with this Part.
- Penalty: 60 Units

8.1.2. Who may Child Protection consult

Section 35 of the CYFA states:

Who may the Secretary consult?

- (1) If the Secretary receives a report under this Part, the Secretary may—
- (a) consult with a community service, a service agency or an information holder; and
 - (b) provide information about the child or family or the mother of the unborn child to, and receive information about them from, that service, agency or information holder.
- (2) A consultation or a disclosure of information under this section may only be for the purpose of—
- (a) seeking advice on or assessing a risk to a child; or
 - (b) seeking advice on or determining which community-based child and family service or service agency is an appropriate body to provide assistance for the child or the family of the child or the mother of the unborn child.

Section 192 of the CYFA states:

Secretary may request provision of information

- (1) If the Secretary believes on reasonable grounds that an information holder or a person in charge of, or employed in, a registered community service has information that is relevant to the protection or development of a child in respect of whom the Secretary has received a protective intervention report, the Secretary may ask that person to provide that information to the Secretary.
- (2) A person who is asked under subsection (1) to provide information to the Secretary may provide that information to the Secretary.

8.1.3. Consultation with Child Protection

Section 38 of the CYFA states:

Consultation with Secretary

A community based child and family service may consult with the Secretary in relation

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to any matter relating to the purposes of the service as set out in section 22.

The ability to consult is a key component of the CYFA that aims to:

- Ensure that all information relevant to the assessment of risk is gathered and appropriate referrals are made to support the family to care for and protect children from harm
- Promote and support the partnership, interface and operation of Child Protection and integrated family services.

Consultation is the process by which authorised and confidential information is shared and advice is given to achieve the best possible outcomes for vulnerable children and their families. The CYFA provides for:

- Child FIRST (and local agency intake) and Child Protection to consult with each other, and with service agencies and specified classes of professionals at the intake phase for the purpose of assessing risk or determining the agency best able to provide assistance where referrals or reports have been received
- Integrated family services to consult with Child Protection at any time regarding any matter relating to their ongoing work with the family.

Information collection and disclosure for these purposes is authorised. See also section 11: Information Sharing between Child Protection and integrated family services.

8.2. Role of community based Child Protection in consultations between Child Protection and integrated family services

Integrated family services will consult community based Child Protection if significant risk or need issues are identified in the referral of a child or unborn child in the first instance. If the case is open in Child Protection, integrated family services will consult the Child Protection Practitioner assigned to the case.

For any urgent matters, integrated family services will contact Child Protection intake or AHCPEs directly to make a report.

Child Protection will consult with community based child protection when considering the need for, or appropriateness of all referrals to Child FIRST, at all phases of child protection involvement.

Community based child protection will meet with integrated family services as required to provide advice and clarification on matters referred by Child Protection, and support integrated family services in the management of risk through safety planning. The scope of cases discussed in the presence of the community based child protection will be limited to those cases that have been referred from Child Protection, may be reported to Child Protection or cases in which a specific consultation is required.

Senior Child Protection Practitioner (Community based), and Child Protection practitioners more broadly, cannot take action as protective interveners on the basis of a section 38 consultation unless a report has been made.

8.3. Recording consultations

Section 39 of the CYFA states:

Records of disclosures

The Secretary and a community-based child and family service must make a written record of each report or referral received and each disclosure made to or by them under this Part.

Child Protection must make a written record of each consultation undertaken and all information gathered, on the client's electronic file. Integrated family services are also required to keep a written record of each referral and all consultations and information gathered.

Where Child Protection initiates a consultation with integrated family services, details of information received will be recorded on the existing client file. Where integrated family services

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initiates a consultation with Child Protection, and where there is no open case in Child Protection, it is to be recorded by Child Protection as a section 38 consultation on CRIS. Any future consult will be recorded as a new section 38 consultation, unless a report is to be made. In this case, Child Protection will close any open section 38 consultation and record the information as a report.

Following consultation, the integrated family services practitioner will need to clearly identify when making a report to Child Protection. In such circumstances, community based Child Protection will need to confirm with the integrated family services practitioner that the report has been registered. Details for the mechanisms to be undertaken to ensure both parties are explicitly aware that a report is being made will be detailed in the local agreement component.

If a consultation under section 38 of CYFA results in the making of a report (ie under sections 28, 29, 33(2) or 183 of the CYFA) reporting and recording requirements, as outlined in section 10: Reports from integrated family services to Child Protection, will apply.

Section 8: Consultation between Child Protection and Integrated Family Services

Local Agreement component will:

- Articulate clear processes and procedures for ensuring mutual understanding about when a report is being made, following a consultation, including business rules for recording consultations and consultation outcomes.
- Detail the name, structure, processes and expectations of meetings involving consultation with community based Child Protection about referrals and reports (eg allocations meetings).
- Specify any local distinctions between the roles of community based Child Protection, the allocated Child Protection case manager and Child Protection practitioners in general in the consultation process, in addition to those noted in the state-wide Agreement.

9. Referrals from Child Protection to Child FIRST

9.1. Referral about a child or unborn child

Section 31 of the CYFA states:

Referral to community-based child and family service about child

A person who has a significant concern for the wellbeing of a child may refer the matter to a community-based child and family service.

Section 32 of the CYFA states:

Referral to community-based child and family service about unborn child

A person who, before the birth of a child, has a significant concern for the wellbeing of the child after his or her birth may refer the matter to a community-based child and family service.

Section 30 of the CYFA states:

Response by Secretary to report

(1) If the Secretary receives a report under section 28, the Secretary may—

...

(c) refer the matter to a community-based child and family service or a service agency to provide advice, services and support to the child or the family of the child;

...

(2) If the Secretary receives a report under section 29, the Secretary may—

(c) refer the matter to a community-based child and family service or a service agency to provide advice, services and support to the mother of the unborn child.

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Coordination and clear communication between services is needed to prevent the duplication of referrals from referrers and reporters, and more importantly to avoid gaps in the referral process which may result in a child being inadvertently left without support.

All referrals from Child Protection to integrated family services will occur through Child FIRST (or the local agency intake where there is a local agreement for Child Protection to refer families where there is not a significant concern for wellbeing and the case is post the intake phase). A referral to Child FIRST can be made at any point during Child Protection involvement, from intake through to closure phase, following a protective investigation, long term case management involvement or other statutory intervention. A child or young person's legal status, if subject to a Children's Court Order, will not preclude a referral being made to Child FIRST.

For further guidance about when it may be appropriate to refer to integrated family services or guidance relating to unborn child referrals please refer to the relevant fact sheets available from the Child Protection Practice Manual: <http://www.dhs.vic.gov.au/cpmanual/practice-context/specialist-services-for-children-and-families/1081-family-services-including-child-first>

9.2. Roles and responsibilities of Child Protection

The assessment of safety, stability and development of the child will be the basis for any referral to Child FIRST. Prior to a referral being made, Child Protection will consult with community based Child Protection when considering the need for, and suitability of, all referrals to Child FIRST.

All referrals from Child Protection to Child FIRST (and the local agency intake where agreed) are to be made in writing through community based child protection, and include a risk assessment, rationale for referral and DHS plans. Child Protection will seek to inform the family of the referral and seek their consent to the referral. This practice supports engagement with both the family and the family service provider, and maximises the chances of a successful outcome to the referral.

Referrals from Child Protection intake to Child FIRST will be made directly rather than by advising the original reporter (or parent/child/family member) to make the referral independently, though reporters can be assisted to make future referrals to Child FIRST by providing relevant information.

For referrals from Child Protection to Child FIRST beyond the intake phase, a case discussion will occur, to support a more effective transition process in which children remain protected and ensuring critical information is not lost. This will involve a handover meeting or case conference, unless alternative arrangements are negotiated between Child Protection and Child FIRST.

When a referral is not assessed as requiring a family services case work response, Child FIRST may provide advice to Child Protection. Child Protection will consider and plan an appropriate response for the family, giving regard to the child's safety, stability and developmental needs.

Inter area referrals from Child Protection to Child FIRST that relate to a family residing in another area will be facilitated through community based Child Protection, from the transferring area (where the referral originated) to community based Child Protection in the receiving area.

Community based Child Protection in the originating area will consult with community based Child Protection in the receiving area for advice about local processes for making referrals or negotiating transfers. The receiving area will be responsible for determining local processes for making referrals and the Child FIRST in the receiving catchment will ultimately determine the outcome of the referral.

9.3. Roles and responsibilities of integrated family services

Section 33 of the CYFA states:

Response by community-based child and family service to referral

- (1) If a matter is referred to a community-based child and family service under section 31, the service may—

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- (a) provide advice to the person who made the referral;
 - (b) provide advice and assistance to the child or the family of the child;
 - (c) refer the matter to another community based child and family service or to a service agency to provide advice, services and support to the child or the family of the child.
- (2) If a referral is made to a community-based child and family service under section 31 and it considers that the child may be in need of protection, the service must report the matter to the Secretary.
- (3) If a referral is made to a community-based child and family service under section 32, the service may—
- (a) seek advice from the Secretary in relation to the referral;
 - (b) provide advice to the person who made the referral;
 - (c) provide advice and assistance to the mother of the unborn child;
 - (d) refer the matter to another community-based child and family service or to a service agency to provide advice, services and support to the mother of the unborn child.

Consistent with the legislation, services for families will be prioritised on the basis of need, to prevent difficulties escalating to a level that will significantly impact on the child's development and consequently lead to the entry into Child Protection. Referrals from Child Protection will be considered by Child FIRST alongside other referrals and will be prioritised on the basis of need and risk assessment.

The determination about whether a referral is accepted for allocation to a family service case work response is the responsibility of integrated family services.

9.4. Record of referral

Section 39 of the CYFA states:

Records of disclosures

The Secretary and a community-based child and family service must make a written record of each report or referral received and each disclosure made to or by them under this Part.

A written record of all referrals from Child Protection to Child FIRST will be maintained by both Child Protection and Child FIRST to ensure legislative compliance and to enable monitoring of the referral outcome, regardless of whether the referral is accepted for further action.

9.5. Transfer of case responsibility and case closure

In circumstances where the Child Protection case remains open following a referral to Child FIRST, Child Protection will retain case management responsibility until the case is closed. Where families are being jointly supported by Child Protection and integrated family services, each party will take responsibility to discuss with the other party its intention to close the case and intended date of closure, prior to a decision being made.

9.6. Re-referrals

Where assessed as appropriate, possible and in the best interest of the child, the service system will support continuity of service provision for families that have previously been involved with integrated family services. This is based on the principle that a recent and previously established relationship between the family and family service provider will contribute towards a more productive and timely assessment of the current concerns and planning of an appropriate response.

Section 9: Referrals from Child Protection to Child FIRST

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Any decision about transfer of case responsibility and point of closure requires a high degree of flexibility, professional judgement and communication between all parties. It also requires clearly articulated and documented local procedures for sharing risk assessments and defining expectations, timelines and processes.

Local agreement component will:

- Specify any requirement to use a prescribed Child Protection Intake Referral tool or other format as per any agreed divisional practice
- Include local processes and procedures for informing a professional reporter of the outcome
- Include local processes and procedures for informing Child Protection of the outcome of the referral and rationale (timelines and method)
- Include mechanisms for referral management and processes to be undertaken when a referral is not accepted for further action and a definition of the term 'accepted for future action'
- Determine procedures for informing the family of the referral (ie timelines and method)
- Specify any additional procedures for recording and tracking referrals
- Describe transition processes and procedures for transfer of case responsibility, handover meetings and case closure (timelines and method) and detail the roles and responsibilities of community based Child Protection in supporting the transition of cases from Child Protection to Child FIRST
- Detail processes by which communication will occur and decisions will be made about case closure on jointly open cases
- Specify referral, intake and allocation processes for referrals and re-referrals
- Specify procedures for ensuring coordination and clear communication between Child FIRST and Child Protection to prevent duplication of referrals

10. Reports from Integrated Family Services to Child Protection

10.1. Report about a child or unborn child

Section 28 of the CYFA states:

Report to Secretary about child

A person may make a report to the Secretary if the person has a significant concern for the wellbeing of a child.

Section 29 of the CYFA states:

Report to Secretary about unborn child

A person may make a report to the Secretary, before the birth of a child, if the person has a significant concern for the wellbeing of the child after his or her birth.

Section 33 of the CYFA, in Part 3.2 states:

Response by community-based child and family service to referral

...

- (2) If a referral is made to a community-based child and family service under section 31 and it considers that the child may be in need of protection, the service must report the matter to the Secretary.

...

Section 183 of the CYFA states:

Report to protective intervener

Any person who believes on reasonable grounds that a child is in need of protection may report to a protective intervener that belief and the reasonable grounds for it.

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A report from integrated family services to Child Protection can be made at any point during integrated family services' involvement.

For further guidance about when it is appropriate to report to Child Protection and guidance relating to unborn child reports please refer to the relevant fact sheets available from the Department of Human Services website: <http://www.dhs.vic.gov.au/for-individuals/children-families-and-young-people/child-protection/about-child-abuse/how-to-make-a-report-to-child-protection>

10.2. Roles and responsibilities of integrated family services

Integrated family services will consult with community based Child Protection in the first instance, prior to making a report to Child Protection unless there are specific circumstances (such as an urgent matter that requires an immediate response from Child Protection).

Following consultation with community based Child Protection, integrated family services may decide that a report needs to be made, within the legislative provisions, and if so, will clearly identify to Child Protection that a report is being made. See also section 8.3: Recording consultations, for further information.

It is good practice for integrated family services to notify the family of its intention to make a report to Child Protection, and the reasons for the report, unless it is deemed to be not in the child's best interests to do so.

Reports to Child Protection (that follow a child wellbeing referral being made to integrated family services) will be made directly by the integrated family service rather than by advising the original referrer to make a report to Child Protection. Child Protection will follow up with the original referrer, any additional information required, within the provisions of the CYFA. This will reduce the likelihood of the child or young person falling between the gaps of the two services. Referrers can be assisted to make future reports to Child Protection by providing relevant information.

For any report to Child Protection from an integrated family service that proceeds to an investigation, where there is an open case and an allocated worker in integrated family services, a case consultation or discussion will be required. This will involve a handover meeting or case conference, unless alternative arrangements are negotiated between Child Protection and the integrated family service.

10.3. Roles and responsibilities of Child Protection

Section 30 of the CYFA states:

Response by Secretary to report

- (1) If the Secretary receives a report under section 28, the Secretary may—
 - (a) provide advice to the person who made the report;
 - (b) provide advice and assistance to the child or the family of the child;
 - (c) refer the matter to a community-based child and family service or a service agency to provide advice, services and support to the child or the family of the child;
 - (d) make a determination, under section 34, that the report is a protective intervention report.
- (2) If the Secretary receives a report under section 29, the Secretary may—
 - (a) provide advice to the person who made the report;
 - (b) provide advice and assistance to the mother of the unborn child;
 - (c) refer the matter to a community-based child and family service or a service agency to provide advice, services and support to the mother of the unborn child.

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Section 34 of the CYFA states:

Is the report about a child in need of protection?

If the Secretary receives a report under section 28 or 33(2) and the Secretary considers that the child may be in need of protection, the Secretary may determine that the report is a protective intervention report for the purposes of this Act.

Section 205 of the CYFA states:

Investigation by protective intervener

- (1) A protective intervener must, as soon as practicable after receiving a protective intervention report, investigate, or cause another protective intervener to investigate, the subject-matter of the report in a way that will be in the best interests of the child.

Child Protection is required to target its responses and resources to matters that require its intervention. In accordance with section 10 of the CYFA, the best interest principles require that Child Protection limits its intervention to that necessary to secure the safety and wellbeing of the child.

In receiving and responding to a report, it is the role of Child Protection to:

- Receive and register reports about significant concerns for the wellbeing of a child (or unborn child) and reports about a child in need of protection
- Conduct an assessment of the information related to the child's safety and wellbeing, which may involve contacting authorised professionals
- Consider if the report meets the requirements of a protective intervention report requiring a Child Protection investigation
- Advise the reporter of the outcome of the report
- Provide advice to the reporter, as appropriate.

All reports to Child Protection, regardless of the outcome, need to be registered and classified, with a rationale for the classification to be entered on the client's electronic file.

When Child Protection receives a report, it will assess which response is most appropriate and can consult with a range of other professionals to assist in making such assessments. Advice, referral and offers of assistance are all permissible responses to child wellbeing reports, as well as investigative responses to those reports deemed to be a protective intervention report. An investigation may involve a planned or urgent response, dependent on the degree of assessed risk.

Where a report is received, and an open section 38 consultation exists, this needs to be closed so that a new report can be registered.

Any new allegation or concern that has been raised by the integrated family service, or any new report to Child Protection from a third party, will be treated and recorded as a report which will then be classified and acted upon accordingly, irrespective of whether the case is open or closed in integrated family services.

For any report to Child Protection from a third party, where there is evidence that there is an open case and allocated worker in integrated family services, Child Protection will consult with the family service (if known) about relevant case related information, for the purposes of assessing risk and determining the most appropriate service to provide assistance. The method and process for this communication will be detailed in the local agreement component.

When a report to Child Protection does not proceed to a direct investigation, Child Protection may provide advice to the integrated family service. In this situation, a discussion needs to occur between the integrated family service and Child Protection to come to a satisfactory arrangement in the best interests of the child.

Where a consultation with community based child protection results in a report being made, and community based child protection supports further action, the decision on how to classify the report will be the responsibility of the Practice Leader. Child Protection is responsible for determining the appropriate action in relation to the report. Local agreements will document how integrated family services is kept informed of decisions made by Child Protection.

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Professional analysis and judgement will be applied on a case by case basis whenever an integrated family service consults with child protection on case related matters. Any concerning information that indicates significant risk, or actual harm, to a child's safety, stability or development needs to be considered for classification as a protective intervention report.

10.4. Record of report

Section 39 of the CYFA states:

Records of disclosures

The Secretary and a community-based child and family service must make a written record of each report or referral received and each disclosure made to or by them under this Part.

As per the legislative requirements, Child Protection must accept and record all reports received, including reports made by integrated family services.

10.5. Transfer of case responsibility and case closure

When a report is made to Child Protection about a child or young person and there is an allocated case worker in integrated family services, a discussion will occur between the two services about whether the case will remain open in family services whilst a protective investigation is being undertaken. Ultimately it is the responsibility of integrated family services to determine whether the case remains open within the family service. Information exchange with Child Protection regarding family services intervention with the family and any observations or assessment made by integrated family services workers will form a critical part of the investigation of the report.

Upon a report being classified as a protective intervention report by Child Protection (ie. transferred for direct investigation), Child Protection assumes a primary case management role, regardless of whether the case remains open in family services. Where families are being jointly supported by Child Protection and integrated family services, each party will take responsibility to discuss with the other party its intention to close the case and intended date of closure, prior to a decision being made.

10.6. Re-reports

New reports about children, who have been previously reported to Child Protection, but where the case has been closed, are known as re-reports or multiple reports. In recognition of the impact of cumulative harm, Child Protection policy states; where Child Protection has received two consecutive reports in 12 months, neither of which have been investigated, irrespective of classification, any subsequent report received in that 12 month period must be classified as a protective intervention report unless the Child Protection Area Manager or their delegate reviews the case and assesses that an investigation is not warranted.

For continuity of service, where it is appropriate, possible and in the child's best interests, if there has been recent Child Protection involvement, preferred practice is that the case be allocated to the former Child Protection practitioner/team.

Section 10: Reports from Integrated family services to Child Protection

Local agreement component will:

- Clearly articulate roles and responsibilities for integrated family services for making reports to Child Protection, following receipt of a child wellbeing referral, including expectations of original referrer
- Detail specific roles and responsibilities associated with community based Child Protection in the reporting process and communication processes between community based Child Protection, Child Protection intake and integrated family services
- Clearly articulate any delineation in tasks and responsibilities between integrated family services, community based Child Protection and Child Protection intake (ie receiving details of the report, registering and recording the report)
- Describe clear procedures and processes for documenting the outcome of the consultation

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and report so that both parties are aware, making the clear distinction between a s38 consultation and any subsequent report made under section 28, 29, 33(2) or 183

- Local processes and procedures for informing the original referrer of the outcome
- Local processes and procedures for informing integrated family services of the outcome (timelines and method)
- Mechanisms for processes to be undertaken when a report does not proceed to an investigation
- Specify any additional procedures for recording and tracking reports
- Describe local transition processes and procedures for transfer of case management responsibility, handover meetings and case closure (timelines and method)
- Detail processes for reviewing decisions, actions and outcomes in relation to reporting, and any specific role of Child Protection intake manager, senior Child Protection practitioner (community based), area practice leader, area manager, team manager and integrated family services.
- Detail process for informing integrated family services where a decision is made not to progress case to investigation where multiple reports have been received by Child Protection in a 12 month period.
- Describe mechanisms for re-reporting to ensure joint response between Child Protection and integrated family services, particularly where there are two or more reports in a 12 month period.

11. Information Sharing between Child Protection and Integrated family services

11.1. Legislative provisions for information sharing

Protecting children from harm and promoting their development is only possible where assessments and best interests' plans are based upon adequate information. This requires that professionals involved with the family are able to share relevant information in a timely and effective manner. Equally, parents, children and other individuals have a right to expect that their privacy is respected and that their personal information is not misused.

The CYFA prescribes when, how and with whom information sharing is authorised. Authorised professionals and services include registered community services, service agencies and information holders and are defined in section 3 of CYFA. Where there are no specific provisions in the CYFA, information sharing must be consistent with the principles contained in the *Information Privacy Act 2000* and the *Health Records Act 2001*.

The CYFA includes the creation of pathways to connect vulnerable children and families to the services they may need and more flexible responses to vulnerable children, young people and families. A person who has a significant concern for the wellbeing of a child or unborn child can make a referral to an integrated family service or make a report to a Child Protection.

To support the intent of a dual intake process between Child Protection and integrated family services, the CYFA includes clearly authorised information sharing provisions, some of which are limited to the intake and initial assessment process. Information sharing post intake and initial assessment phase can continue to occur in the form of consultation with Child Protection and otherwise relies on consent and/or in line with the principles of the Information Privacy Act.

While information sharing without the consent of the family is authorised by prescribed professionals and agencies under specific sections of the CYFA, it is better practice to involve the family and gain consent before sharing information where this is possible and where this does not place a child or another person at greater risk.

Please refer also to section 8: Consultation between Child Protection and integrated family services, Section 9: Referrals from Child Protection to integrated family services and Section 10: Reports from integrated family services to Child Protection, for relevant sections of the CYFA.

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Summary guidance for Child Protection and integrated family service practitioners as well as detailed information sharing guidelines for registered community services (integrated family services and out-of-home care services) can be found at the website:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/information-sharing-guide-family-and-out-of-home-care-services>

11.1.1. Information sharing during intake and initial assessment

Upon receiving a report or referral with significant concerns about the wellbeing of a child, Child Protection and Child FIRST and local agency intake are able to consult, provide information and receive information from each other, as well as other authorised professionals for the purpose of assessing risk to a child or to determine an appropriate integrated family service or other service agency to provide assistance for the child or child's family.

For this purpose, information sharing may include identifying the child and the nature of the concerns that have been reported or referred and requesting relevant information about the child or parent.

The identity of all people who make any type of report to Child Protection or referral to integrated family services is confidential, though reporters and referrers are encouraged to disclose their identity to assist services to facilitate engagement with the family, provided doing so does not pose a risk to the child or any other person.

Where Child Protection intake refers a matter to Child FIRST, Child Protection is authorised to provide details of the person who made the original report to Child FIRST.

As for any referral to integrated family services, the identity of the original reporter cannot be disclosed to any other person (including the family service providing ongoing assistance to the family) unless the reporter consents.

Equally, where Child FIRST or local agency intake report a matter to Child Protection, the integrated family service is authorised to provide details of the person who made the original referral to Child Protection.

Professional reporters and referrers play a critical role in protecting children. It is good practice for Child Protection and Child FIRST to provide feedback about the intake outcome of the report or referral that has been made.

Where there has been previous Child Protection involvement with a family referred to Child FIRST by Child Protection, community based Child Protection will facilitate the sharing of information about the Child Protection pattern and history with Child FIRST for the purpose of assessment of risk and determining the most appropriate service to assist the family.

In general, the disclosure of information by authorised persons or any other person is voluntary. Authorised people who are consulted and provide information in good faith to Child Protection, Child FIRST or local agency intake at the intake phase are protected against legal and professional liability.

The identity of authorised people who are consulted at intake and provide information for the purposes of assessing risk or determining the agency best able to provide assistance will be kept confidential unless the law or a court order requires the disclosure of their identity, or unless the discloser consents.

11.1.2. Information sharing beyond intake and initial assessment

After receiving a report, Child Protection may collect information relevant to the protection or development of a child from integrated family services, community services, information holders or any other person specifically authorised by Child Protection to assist in completing the investigation, and those requested to provide information for that purpose are authorised to do so.

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After completing a Child Protection investigation, Child Protection may collect information relevant to the protection or development of the child from integrated family services and other professionals to assist in the planning and arranging proper care for the child. Any authorised person can disclose information to Child Protection during ongoing case management of a child in need of protection (with or without a Protection Order) without negative consequence and can do so confidentially.

Where the Secretary has responsibilities towards a child subject to a Protection Order, and where information is required to enable appropriate planning for the child's care and protection, the Secretary may compel some other professionals to disclose information relevant to the protection and development of the child (under section 196 of CYFA).

In relation to family services case work provision following intake and initial assessment, ongoing disclosures of information between agencies, for the purposes of coordinating service delivery, family engagement or ongoing service provision will generally need the consent of the family, except where a family service needs to consult with Child Protection.

While a consultation (under section 38 of CYFA) may occur without the family's knowledge or consent at any point during the course of an integrated family services case, wherever possible consent will be obtained before disclosing information, provided that doing so does not compromise the safety of the child or any other person.

11.2. Protection and confidentiality relating to child wellbeing reports or referrals

Section 37 of the CYFA states:

Disclosers protected

A disclosure of information made under section 35 or 36 in good faith—

- (a) does not for any purpose constitute unprofessional conduct or a breach of professional ethics on the part of the person by whom it is made; and
- (b) does not make the person by whom it is made subject to any liability in respect of it; and
- (c) without limiting paragraphs (a) and (b), does not constitute a contravention of—
 - (i) section 141 of the **Health Services Act 1988**; or
 - (ii) section 120A of the **Mental Health Act 1986**.

Section 40 of the CYFA states:

Reporters and referrers protected

A report to the Secretary under section 28 or 29 or a referral to a community-based child and family service under section 31 or 32 if made in good faith—

- (a) does not for any purpose constitute unprofessional conduct or a breach of professional ethics on the part of the person by whom it is made; and
- (b) does not make the person by whom it is made subject to any liability in respect of it; and
- (c) without limiting paragraphs (a) and (b), does not constitute a contravention of—
 - (i) section 141 of the **Health Services Act 1988**; or
 - (ii) section 120A of the **Mental Health Act 1986**.

Section 41 of the CYFA states:

Identity of reporter or referrer confidential

- (1) If a report is made to the Secretary under section 28 or 29, a person (other than the person who made it) must not disclose to any person other than the Secretary or a community-based child and family service to which the matter is referred under

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section 30—

- (a) the name of the person who made the report; and
- (b) any information that is likely to lead to the identification of the person who made the report.

Penalty: 60 units.

- (1A) If a referral is made to a community-based child and family service under section 31 or 32, a person (other than the person who made it) must not disclose to any person other than the Secretary or that community-based child and family service—

- (a) the name of the person who made the referral; and
- (b) any information that is likely to lead to the identification of the person who made the referral.

Penalty: 60 penalty units.

- (2) Sub-section (1) does not apply if the person who made the report or referral—

- (a) gives written consent to the Secretary; or
- (b) gives written or oral consent to the community-based child and family service.

11.3. Protection and confidentiality relating to protective intervention reports

Section 189 of the CYFA states:

Reporters protected

A report made under Division 2 in good faith—

- (a) does not for any purpose constitute unprofessional conduct or a breach of professional ethics on the part of the person by whom it is made; and
- (b) does not make the person by whom it is made subject to any liability in respect of it; and
- (c) without limiting paragraphs (a) and (b), does not constitute a contravention of—
 - (i) section 141 of the **Health Services Act 1988**; or
 - (ii) section 120A of the **Mental Health Act 1986**.

Section 193 of the CYFA states:

Disclosers protected

A disclosure of information made under section 192 in good faith—

- (a) does not for any purpose constitute unprofessional conduct or a breach of professional ethics on the part of the person by whom it is made; and
- (b) does not make the person by whom it is made subject to any liability in respect of it; and
- (c) without limiting paragraphs (a) and (b), does not constitute a contravention of—
 - (i) section 141 of the **Health Services Act 1988**; or
 - (ii) section 120A of the **Mental Health Act 1986**.

Section 191 of the CYFA states:

Confidentiality

- (1) If a report referred to in section 190(1) is made, a person (other than the person who made it or a person acting with the written consent of the person who made it) must not disclose to any person other than a protective intervener or a community-based child and family service in accordance with subsection (4)—
- (a) the name of the person who made the report; or
 - (b) any information that is likely to lead to the identification of the person who made the report.

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Penalty: 10 penalty units.

...

- (4) If a report is made to the Secretary under section 183 or 184, the information referred to in subsection (1) may be disclosed to a community-based child and family service if—
- (a) the Secretary has made a determination under section 187(1)(c) in respect of the report; and
 - (b) the matter is referred to the community-based child and family service under section 30.
- (5) A community-based child and family service to which information referred to in subsection (1) is disclosed must not disclose that information to any other person except in accordance with this Part.

Penalty: 60 penalty units.

11.4. Privacy

Where information is exchanged in accordance with the CYFA, *Information Privacy Act* or *Health Records Act*, practitioners and managers will take care that the manner in which information is collected, stored and communicated, protects the privacy of the client to the extent that this is consistent with the child's best interests.

People will not be provided with more information than is necessary in order to assist the process of promoting a child's best interests and providing advice or assistance to the child and family.

12. Collaborative Practice Approaches

Child Protection and integrated family services share responsibility for service delivery to vulnerable families. Outcomes for individuals and families improve when services work in partnership to deliver services that are integrated and coordinated.

12.1. Local Consultative Panels

The development and implementation of the new Child Protection operating model provides opportunities to strengthen the interface between Child Protection and integrated family services. One of the important components is the establishment of monthly, local consultative panels (panel).

The purpose of the panel is to provide a local mechanism to consult on complex case related matters in regard to families engaged with integrated family services.

The development of the panels is to be predominantly guided by local area Child Protection in collaboration with the Alliance Executive members. The details of these panels will be developed through local agreements.

12.2. Active engagement

Based on the principle of shared responsibility, as outlined in the CWSA, Child Protection and integrated family services will be proactive in engaging families, where this is necessary, while protecting the needs and rights of children and young people, at every phase of the integrated family services involvement.

While acknowledging the voluntary nature of integrated family services, it is expected that integrated family services will actively engage families in circumstances where concerns may have been raised about the safety, stability, development or overall wellbeing of children, but where families are unwilling or unable to acknowledge the need for, or to seek, assistance.

Where significant concerns exist for the wellbeing of a child, and the family is unwilling to engage with the integrated family services, practitioners will seek guidance from their line manager and consult with community based Child Protection prior to these matters being re-reported.

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In these circumstances, the Child Protection case manager or community based Child Protection practitioner will support engagement through joint practice approaches such as undertaking assertive outreach visits with integrated family services, participating in case conferences and providing advice to facilitate engagement. This may be particularly relevant when families who have been subject to a protective investigation are referred to Child FIRST.

12.3. Risk assessment

Risk assessment will occur at every phase in the Child Protection or integrated family services response, and needs to be reassessed wherever new risk issues emerge.

The *Best Interests Framework for Vulnerable Children and Youth* provides a common assessment approach for Child Protection and integrated family services.

12.4. Joint work

Case conferences and care team meetings are an important mechanism for consulting, sharing information and coordinating services with relevant professionals to achieve best outcomes for vulnerable children and their families.

Child Protection may attend or convene a case conference, where required or appropriate. This will typically involve community based Child Protection and integrated family services representatives.

Child Protection may attend a joint visit with integrated family services to support engagement or for the identification, assessment and management of risk for cases where there may be higher vulnerabilities or complexities identified.

A joint visit may occur between integrated family services and Child Protection, where the family is allocated to both services.

Where a report has been made to Child Protection but has not yet been classified, Section 35 of the CYFA defines those classes of persons with whom Child Protection may consult for the purpose of determining how to proceed. In some situations this will limit the scope of persons who may attend a case conference while a case is in intake phase. For example, it may not be advisable for Child Protection or Child FIRST to consult with relatives, community members or friends during the intake phase unless doing so is clearly in the best interests of the child.

12.5. Working with Aboriginal children and families

The CYFA requires Child Protection and integrated family services to recognise the specific and unique needs of Aboriginal children, young people and their families and to embed this in all aspects of their decision making and service delivery.

The *Strategic Framework for Family Services* requires that practitioners demonstrate an understanding of the issues affecting Aboriginal children, young people, families and communities, and their interactions with broader society and mainstream services. The framework also recognises the need to support Aboriginal families and communities to access culturally competent mainstream and Aboriginal-specific universal and family services.

While there are some specific program responses to Aboriginal families such as the Aboriginal Cradle to Kinder Service, Child Protection and integrated family services will work in partnership with Aboriginal organisations more broadly to jointly plan and deliver coordinated culturally competent services to Aboriginal children, young people and their families.

12.6. Joint learning opportunities

Practitioners within Child Protection and integrated family services bring to their work a broad range of specialist knowledge and expertise. The development of opportunities for exchange of expertise between the sectors is vital to promote best practice approaches.

At a state-wide, area and catchment level, joint training and practice forums provide opportunities for sharing knowledge and expertise as well as developing a shared understanding of the service system and extending professional support networks.

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Child and Family Services Alliances will have a key role in supporting learning and development opportunities. Community based Child Protection also has an important role in participating in professional and community education initiatives.

12.7. Demand management

Demand management strategies and formal contingency responses need to be developed in anticipation of times of heightened demand and/or limited availability of service capacity as part of the local agreement component.

Section 12: Collaborative Practice Approaches

Local Agreement component will:

- Include a definition of the role of community based Child Protection in active engagement and joint visits.
- Include a definition of the role of community based Child Protection in consultation/allocations meetings and documentation/recording requirements.
- Specify processes for where consent of the family has not been obtained (at each stage of the life of the case).
- Clearly articulate proactive engagement processes involving integrated family services and community based Child Protection, including circumstances for making unannounced visits and proceeding without consent, as well as communication strategies.
- Specify agreed roles and responsibilities for Child Protection, community based Child Protection and integrated family services engaging hard to reach/hard to engage families to determine an appropriate service response both at referral phase and post allocation phase.
- Detail processes for recording and tracking, documenting evidence and responding to cumulative harm, based on a mutual understanding of cumulative harm.
- Detail local arrangements for working with Aboriginal Liaison worker/ACCO in working with Aboriginal children and families.
- Identify local processes to be followed to respond to establishment of the local consultative panels and in the establishment and management of care teams and agreed joint practice processes, such as monitoring, tasks and role clarification.
- Identify local processes for the local consultative panel, including timing and location, attendance, nature of case related matters and themes presented and processes for presenting matters.
- Include agreed local strategies and contingency responses developed in relation to periods of heightened demand and/or limited available service capacity and of the expectations and communication processes relating to demand management or emerging demand-supply pressures.
- Include demand management processes that define the triggers which would signal an impending lack of capacity to undertake intake assessments or allocate to integrated family services.
- Detail contingency responses that consider the roles and responsibilities of key partners, the management of Child Protection, community and professional referrals, self referrals and referrals about Aboriginal children.
- Articulate processes for informing Child Protection when demand strategies or contingency responses are being implemented.

13. Mediation Process and Dispute Resolution

In a highly integrated system comprising both statutory and non statutory services, robust advocacy and dialogue about a child's best interests are necessary and encouraged. The key to building trust and relationships is a commitment to managing differences and resolving any conflict

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that arises through client focus, cooperation, collaboration, mutual respect, transparency, accountability, effective communication and timely responses.

The child's best interest is the paramount consideration in any mediation or dispute resolution process. The foundation for any mediation or dispute resolution process will be the best interest principles and decision making principles, specified in the CYFA. Issues that have the potential to delay or otherwise influence service delivery must be resolved expeditiously with a primary focus on the needs and rights of children and families to receive timely assistance.

Every attempt will be made to deal with issues and differences of opinions between services at the local level, and will be made in good faith by the practitioners concerned, with the aim of resolving the matter at this level in the first instance. If the matter cannot be resolved at this level, issues will be referred to the appropriate line manager and a case meeting considered.

Where different views exist in relation to acceptance of a report for an investigation or a referral for allocation to integrated family services, or in relation to case direction or case management issues, additional gathering of information or some joint work may be required. The use of the Best Interest Case Practice Model as a framework to assess, plan and act in the child's best interests, is a useful mechanism for helping to resolve issues.

If the matter cannot be resolved through these processes, services may choose to undertake a formal review process between the relevant Alliance members and the department. Child Protection area management plays a key role and generally will be involved in any formal mediation and dispute resolution process.

Section 13: Mediation Process and Dispute Resolution

Local Agreement component will:

- Include agreed local procedures for mediation and dispute resolution processes that will support earlier and effective resolution of disagreements (including timelines and processes for escalating matters progressively, as required)
- Identify key contacts and articulate pathways and triggers for instigating a formal review process and detail what this would involve
- Note opportunities for systematically reviewing issues related to the relationships and transactions between Child Protection and integrated family services. Mechanisms may include reference to joint MOU, Alliance operations manuals, interface/liaison meetings etc.
- Clearly define roles and responsibilities in relation to the child and family during formal mediation and dispute processes.

14. Local Agreements

The local agreement component may be inserted here.

Child Protection and Integrated Family Services State-wide Agreement**15. Endorsement of the Agreement**

Director, Service Development and Design Date:	Director, Statutory & Forensic Services Design Date:
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16. Signatories to the Local Agreement

<i>Insert name</i> Divisional Director Department of Human Services Date:	
<i>Insert name</i> Chair Child and Family Services Alliance Date:	
<i>Insert name</i> <i>Insert title</i> <i>Insert organisation</i> Date:	<i>Insert name</i> <i>Insert title</i> <i>Insert organisation</i> Date:
<i>Insert name</i> <i>Insert title</i> <i>Insert organisation</i> Date:	<i>Insert name</i> <i>Insert title</i> <i>Insert organisation</i> Date:

**Add additional partners to table as required*

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Appendix: Appendix 1. DHS and Child Protection Areas and Child FIRST Catchments

DHS Div'	DHS Area	Child Protection Areas	Child Protection Area LGAs	Child FIRST Catchment	Child FIRST LGAs	Cradle to Kinder Service
NORTH	Loddon	Loddon (12 month split - refer to org charts)	Loddon, Campaspe, Greater Bendigo, Macedon Ranges, Mt Alexander, Central Goldfields	North Central	Loddon, Campaspe, Greater Bendigo, Macedon Ranges, Mt Alexander, Central Goldfields	
	Mallee	Mallee	Mildura, Swan Hill, Buloke, Gannawarra	Mallee	Mildura, Swan Hill, Buloke, Gannawarra	Stage two
	Hume Moreland	Hume Moreland	Hume, Moreland	Hume Moreland	Hume, Moreland	Stage two (Aboriginal service)
	North Eastern Melbourne	North Eastern Melbourne	Nilumbik, Banyule, Yarra, Darebin, Whittlesea	North East Metro	Nilumbik, Banyule, Yarra, Darebin, Whittlesea	Stage two (Aboriginal service)
SOUTH	Outer Eastern Melbourne	Outer Eastern Melbourne	Yarra Ranges, Knox, Maroondah	Outer East	Yarra Ranges, Knox, Maroondah	Yes
	Inner Eastern Melbourne	Inner Eastern Melbourne	Manningham, Whitehorse, Monash, Boroondara	Inner East	Manningham, Whitehorse, Monash, Boroondara	
	Goulburn	Goulburn	Greater Shepparton, Strathbogie, Moira, Mitchell, Murrindindi	Goulburn Valley	Greater Shepparton, Strathbogie, Moira	Yes (includes Aboriginal service)
				Lower Hume	Mitchell, Murrindindi	
	Ovens Murray	Ovens Murray	Wodonga, Indigo, Towong, Wangaratta, Benalla, Mansfield, Alpine	Upper Hume	Wodonga, Indigo, Towong	
				Central Hume	Wangaratta, Benalla, Mansfield, Alpine	
SOUTH	Outer Gippsland	Outer Gippsland	East Gippsland Wellington	East Gippsland	East Gippsland	
			Wellington	Wellington		
	Inner Gippsland	Central	Latrobe	Latrobe	Latrobe	Yes
				Baw Baw	Baw Baw	
	Southern Melbourne	South West	Greater Dandenong	South Coast	South Gippsland, Bass Coast	
				South East	Greater Dandenong, Casey, Cardinia	Yes
Bayside Peninsula	Frankston	Frankston, Mornington Peninsula	Frankston Mornington Peninsula	Frankston Mornington Peninsula		
			Cheltenham	Kingston, Bayside, Glen Eira, Stonnington, Port Phillip	Inner Middle	Kingston, Bayside, Glen Eira, Stonnington, Port Phillip
WEST	Barwon	Barwon/Colac	Geelong, Surfcoast, Queenscliff, Colac - Otway	Barwon	Geelong, Surfcoast, Queenscliff	
			Colac - Otway	Colac - Otway, Corangamite		
	Western District	South West	Corangamite, Warrambool, Moyne, Glenelg, Southern Grampians	Corangamite	Corangamite	Stage two
				South West	Warrambool, Moyne, Glenelg, Southern Grampians	
	Western District	Wimmera	Northern Grampians, Horsham, West Wimmera, Yarramblick, Hindmarsh	Wimmera	Northern Grampians, Horsham, West Wimmera, Yarramblick, Hindmarsh	
Central Highlands	Central Highlands	Ararat, Pyrenees, Ballarat, Hepburn, Moorabool, Golden Plains	Greater Grampians	Ararat, Pyrenees, Ballarat, Hepburn, Moorabool, Golden Plains	Stage two	
Brimbank Melton	Brimbank Melton	Brimbank, Melton	Brimbank Melton	Brimbank, Melton		
Western Melbourne	Western Melbourne	Melbourne, Maribyrnong, Wyndham, Hobsons Bay, Moonee Valley	Western	Melbourne, Maribyrnong, Wyndham, Hobsons Bay, Moonee Valley		

Child Protection and Integrated Family Services State-wide Agreement

Appendix 2. New Child Protection Operating Model (Generic View)

Child Protection Operating Model- Generic Core Program View

