North Central Victorian Family Services Alliance

Memorandum of Understanding
November 2009
(Amended January 2011)
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1. CONTEXT AND RATIONALE

The Victorian Government’s *Putting Children First* (2003) and the *Protecting Children: the next steps* (July 2005), Policy Statements followed by the Child Well-being and Safety Act 2005 (CWSA) and the Children, Youth and Families Act 2005 (CYFA), provide the policy and legislative basis for Victorian Government’s commitment to providing strengthened services for vulnerable children, young people and their families.

These policy and legislation reforms place children’s best interests at the centre of all decision making and service delivery. They also confirm the need for a partnership approach between Child Protection, Registered Child, Family Services Agencies and other community services to provide a more integrated and responsive child and family services system.

To inform and support the implementation of these policy and legislative reforms, the Family and Placement Services Sector Development Plan (DHS 2006), the new Strategic Framework for Family Services (SFFS, DHS 2007) and the newly formed DHS funded Integrated Family Services Program\(^1\) provide a contemporary approach for responding to vulnerable children young people and their families in Victoria.

The aim of the Integrated Family Services Program (IFSP) is to promote the safety, stability and development of vulnerable children, young people and their families, and to build capacity and resilience for children, families and communities. IFSP includes the introduction of Child and Family Information, Referral and Support Teams (Child FIRST) in catchment based arrangements and the formation of catchment governance arrangements to facilitate and support the implementation of a strengthened child and family services system.

The primary purpose of Child FIRST is to ensure that vulnerable children, young people and their families are effectively linked into relevant services. Child FIRST seeks to support a more integrated and coordinated approach to intake into Family Services within defined regional catchments, by developing a strong profile within sub-regional catchments, and a focus on establishing productive relationships with key local services and professionals.

Agencies in receipt of DHS funded IFS funding have been registered as child and family services agencies and will need to demonstrate compliance with a set of registration standards. This will be achieved through regular three yearly external review processes to retain registration status.

Governance of the child and family services system within catchment based arrangements is characterised by activities undertaken at four levels:

- **Statewide activities led by the Child, Youth and Families Division (DHS).** This includes preparation of core documents such as the Strategic Framework for Family Services (2007), the Best Interests Series, including the Best Interests Case Practice Model (2008) and the Statewide Child Protection-Child FIRST Agreement.
- **Regional coordinated activities**, including partnering between DHS and community service organisations; monitoring of funded agency performance under Funding and Service Agreements (FASAs) and compliance with registration standards; and collection and collation of data using IRIS/CRISSP.

\(^1\) The Integrated Family Services Program (IFSP) is based on the redevelopment and replacement of several program areas previously funded by DHS, including the Family Support program, the Strengthening Families program, the previously named Family Services program and the Family Support Innovation Projects (FSIPs).
• Catchment based activities, through the formation of Child and Family Services Alliances to support the effective operation of child and family services. Alliance partners include representation from the Child FIRST provider, all registered child and family services agencies in receipt of DHS IFS funds in the catchment (including an Aboriginal controlled Family Services), Child Protection, and DHS partnership staff.

Each Alliance has key functions in relation to Child and Family Services, including:

- Undertaking family services catchment planning
- Providing operational management
- Coordinating service delivery at the catchment or local level
- Network development facilitation (including the development of effective linkages with other service sectors, and
- Demand, capacity and service improvement functions (SFFS, 2007, p.34; NCVFSA Terms of Reference).

• Individual agency based activities for organisations in receipt of DHS IFS funding that have been registered as child and family services agencies in Victoria. These organisations are independently constituted with their own vision and mission and mandate, agency culture, strategic plan, a range of funding sources (government, philanthropic and donor base) with individual governance structures.

The North Central Victoria Family Services Alliance (NCVFSA) Child FIRST commenced operation on 1 July 2008. The framework of the NCVFSA, involving clearly delineated line management responsibilities and internal agency reporting mechanisms is provided in Appendix 1.

As registered child and family services, the agencies are required to actively participate in the development and implementation of the catchment based operating model, which includes Child FIRST and the catchment governance arrangements known as Child and Family Services Alliances.

Each Alliance will develop, endorse and implement a Formal Agreement or Memorandum of Understanding (MOU) to ‘bind’ the partners into supporting and implementing the new catchment operating model (SFFS 2007 p. 36) and establish the expectations for the relationship between the partners.

2. IMPLEMENTATION OF REFORMS IN THE NORTH CENTRAL VICTORIAN FAMILY SERVICES ALLIANCE CATCHMENT

In response to policy, legislative and service reforms, registered child and family services agencies in receipt of DHS IFS funding in the local government areas, of Loddon, Campaspe, Greater Bendigo, Mount Alexander, Central Goldfields and Macedon Ranges, DHS Child Protection.

DHS Community Care Partnerships (Loddon Mallee Region) and agencies in the south of the Loddon Mallee Region formed a consortium in October 2007 to prepare the North Central Child and Family Services Alliance submission.

2 The North Central Child and Family Services Alliance changed its name to the North Central Victorian Family Services Alliance on the 3rd of October 2008
The submission outlined a proposed catchment operating model, including the endorsement of St Luke’s Anglicare as the preferred provider of Child FIRST and Bendigo Community Health Services as the provider of professional and administrative support (facilitating partner) on behalf of the Alliance.

The catchment operating model aims to support the provision of an integrated service response that more effectively meets the needs of vulnerable children, young people and their families living within the local government areas of Loddon, Campaspe, Greater Bendigo, Mount Alexander, Central Goldfields and Macedon Ranges. The ongoing development of this model will be informed by the CWSA 2005, the CYFA 2005, the Strategic Framework for Family Services (SFFS 2007), the Best Interests Case Practice Model (2008) and the Registration Standards for registered child and family services agencies.

The Child Protection – Child FIRST and Family Services Agreement on local procedures and requirements (Refer to Appendix 2) outlines the set of core features across the state regarding operational arrangements between Child FIRST, Family Services and regional child protection intake and post intake services. NCVFSA members have formally committed to this agreement. Other key policies and protocols are contained in the NCVFSA Child FIRST Operations Manual.

The NCVFSA Child FIRST Operations Manual (www.stlukes.org.au/services/children/child_first_program) outlines an overview of the NCVFSA catchment operating model, including the core components, service objectives, agreed service deliverables and agreed service outcomes. It also outlines endorsed policies and procedures to support implementation of the model and accompanying forms and additional material.

3. Purpose and Scope of the MOU

The NCVFSA is not a legal entity but a voluntary network of family service providers under consortium arrangements (Option 2 in DHS specifications). Each agency is a signatory to a non-incorporated consortium, with DHS funding participating (and registered) family service providers through performance based service level agreements. It is not the intention of this MOU that any party might be deemed responsible for the acts or omissions of the other parties or any legal consequences of such relationships.

Each organisation in the Alliance is an independently constituted organisation and retains responsibility and accountability for the management, organisation and delivery of its services. This includes responsibility for the management of risk in the day to day operations in each organisation.

Legal liability within the NCVFSA Alliance is also therefore retained by the individual organisations.

This MOU outlines:
- NCVFSA roles and functions in relation to catchment service delivery
- Protocols on consultation, information sharing, and cooperation
- Processes for cooperative prioritisation and allocation of referrals
- The role of the Community Based Child Protection Worker within Alliances (refer Statewide CP-CF Agreement)
- The promotion of collaborative models of service provision, cross-sectoral and multi-disciplinary models
- Expectations regarding the development of culturally competent services for Aboriginal children, young people and families and
• Mutual accountability between all Alliance partners (SFFS 2007 page 36)

The core agreement is supported by a series of sub agreements, recognising the varying roles and obligations of the different partner organisations. It is anticipated that whilst the MOU will remain stable over the term of the project, sub-agreements may vary as practice and operating systems evolve. Examples of sub-agreements include:

• The NCVFSA Operations Manual
• The Child Protection and Child FIRST agreement
• Agreement between Child FIRST and Indigenous liaison worker (Aboriginal controlled agencies).
• Demand Management Protocol

Signing this MOU confirms the signatories participate in the development of an improved catchment operating model for family services in the NCVFSA catchment which comprises of the following six Local Government Areas:

- Loddon
- Campaspe
- Greater Bendigo
- Mount Alexander
- Central Goldfields, and
- Macedon Ranges

4. Client target group

The priority target group for DHS funded IFS is defined by the Strategic Framework for Family Services as vulnerable children and young people who are:
1. Likely to experience greater challenges as the child or young person’s development has been affected by the experience of risk factors and/or cumulative harm, and/or
2. At risk of escalating harm and therefore becoming involved with Child Protection if problems are not addressed.

The NCVFSA is committed to improving the targeting of services to vulnerable families with complex needs and/or at risk of being reported to and currently involved with Child Protection.

5. PARTIES BOUND BY THE MOU

5.1 Full members

DHS funded Family Services providers:

• St Luke’s Anglicare
• Bendigo Community Health Services
• Bendigo and District Aboriginal Cooperative
• Castlemaine District Community Health
• Centacare – Diocese of Sandhurst
• Echuca Regional Health
• Kyabram Community and Learning Centre
• Njernda Aboriginal Corporation
• Cobaw Community Health Services

DHS Loddon Mallee Region:

• Placement and Family Services Unit (formerly Community Care Partnerships)
• Child Protection Services
NCVFSA membership will be reviewed no later than June 2010 and may be extended to include representation of related service sectors and organisations. The Chairperson, with agreement of Alliance members may co-opt other parties to the Alliance membership.

5.2 Associate members

Associate members are organisations interested in the activities of the Alliance partnership but are not necessarily involved in the delivery of family services. Associate members are not required to sign the MOU and may come from a broad range of groups including:

- Funding bodies
- Educational institutions
- Community Services
- Health Services
- Organisations representing families.

Associate members may be involved in Alliance meetings or sub-committees, however, Associate Members will not hold a position on the Alliance Executive Committee or vote on business relating to NCVFSA matters.

Agencies may become associate members for the purposes of information exchange, developing local agreements and developing joint planning activities.

6. DATE OF COMMENCEMENT AND TERM OF THE AGREEMENT
The agreement shall commence upon the signing of this agreement and will continue to June 2010.

7. NCVFSA VISION
“The North Central Victorian Family Services Alliance (NCVFSA) will provide services to improve outcomes for vulnerable children, young people and families and partner with other sectors to build capacity to ensure that families receive appropriate, consistent services. The Alliance will provide earlier service responses to families to reduce notifications and re-notifications to Child Protection Services.”

8. NCVFSA MISSION
“The NCVFSA is committed to improving the targeting of services to vulnerable children, young people and their families with complex needs. This includes families who are at risk of being reported to, or who are currently involved with Child Protection. Approaches to practice will be informed by the best interests of children being central to decision making and seeing the child within the context of their family and the family within the context of their community and cultural connections. The target group will also include vulnerable pregnant mothers, vulnerable expectant parents and their unborn children.”

9. NCVFSA VALUES
In undertaking our mission, the NCVFSA is committed to upholding the following values:

- Relationships based on respect and trust
- Cooperation and collaboration
- Shared information and evidence-based practice
- Equity of all partners
- Developing and achieving cultural competence
- Ethical conduct with participatory decision-making processes based on improved outcomes for children and families (including Best Interest principles)
- Participatory Decision Making
- Integrated planning
• Planned and coordinated service delivery
• Privacy and Confidentiality
• Shared responsibility
• A commitment to operating within the Aboriginal Cultural Competence Framework.

10. PURPOSE OF THE NCVFSA
The purpose of the NCVFSA is to lead and oversee the collaborative development of Integrated Family Services (IFS) in the North Central Victorian catchment in response to the needs of vulnerable children, youth and families.


11. KEY OBJECTIVES AND FUNCTIONS OF THE NCVFSA
The key objectives and functions of the NCVFSA are summarised in the diagram below:

12. KEY DELIVERABLES FOR THE NCVFSA
• Intake into the sub-regional catchment is consolidated via Child FIRST.
• The interface with Child Protection is well developed and maintained.
• Collaborative service delivery is promoted amongst agencies.
• IFS intervene earlier and actively engage vulnerable children, young people and families.
• Services have a strengthened capacity to respond to the needs of Aboriginal children, youth and families.
• Existing family services have an enhanced capacity to intervene earlier and respond to the needs of vulnerable children and families.
• Methodology is developed for consistent assessment, prioritisation and allocation.
• Opportunities for collaborative planning are provided.
• The operational interface with other sectors is well developed.
- Collaborative strategies with DHS Loddon Mallee Region for informing and educating key referrer groups are coordinated and implemented.
- Methodology and protocols for coordinating, collecting and reporting data are established.
- Catchment planning is facilitated and supported.
- Directories and newsletters are developed and maintained for the NCVFSA.
- Services are flexible and accessible.
- Data collected informs the development of performance indicators to ensure quality service provision.

13. GOVERNANCE
The NCVFSA Alliance has established a structure based on characteristics of good governance at both strategic and practice levels. These arrangements are predicated on providing integrated leadership, planning, service coordination and management at the catchment level to enable improved responsiveness and outcomes for vulnerable children, young people and families.

**North Central Victorian Family Services Alliance Executive**

| Chair: As determined by Alliance |
| Designated senior officers: |
| DHS Placement and Family Services/Child Protection |
| Meets: monthly or bi-monthly (extended meetings) |
| Support: Child FIRST Program Manager, Alliance Executive Officer |

**North Central Victorian Family Services Alliance Operations Group**

| Chair: Senior (St Luke’s) representative |
| Designated operations managers: |
| DHS Placement and Family Services/Child Protection |
| Meets: monthly |
| Support: Child FIRST program manager, Alliance Executive Officer |

**Local Area Allocation Groups**

| Greater Bendigo |
| Loddon |
| St Luke’s Anglicare |
| BCHS |
| BDAC |
| Centacare |

| Campaspe |
| Echuca Regional Health |
| Kyabram CLC |
| Njernda |

| Central goldfields, Macedon Ranges, Mt Alexander |
| St Luke’s (Maryborough) |
| Castlemaine CHC |
| Cobaw CHC |

The NCVFSA Executive is the governing body. The Chairperson and Deputy Chairperson will be elected by the Alliance Committee annually in April or at the first meeting after April.

This governance body has responsibility to:

- Undertake catchment planning
- Provide operational management
- Coordinate service delivery at the catchment & local level, and
- Fulfill Alliance facilitation functions.
To fulfill these functions, the governance body is supported strategically by the Operations Group. An Executive Officer has been appointed at Bendigo Community Health Services to assist with the Alliance facilitation function.

**Service Implementation, coordination and management**

Day to day management of NCVFSA Child FIRST sits with St Luke’s Anglicare. Child FIRST coordinates Allocations Meetings.

Individual registered child and family services agencies have day to day responsibility for the management of the Integrated Family Services program in their respective agencies. This includes local intake functions, active holding and ongoing work with families in the post allocation phase.

Practice is informed by the policies and procedures and other sub-formal agreements that have been endorsed in principle by the NCVFS Executive (refer to Operations Manual). This practice is complemented by existing professional standards within NCVFSA agencies.

**Standing groups and working groups**

Standing groups are authorised by the NCVFSA Executive and task groups by the Operations Group. Such groups need to have clear terms of reference, including decision making status and reporting lines to the Executive or the Operations Group as indicated by the scope of the group activity.

**Role of the Chairperson**

The Chairperson and Deputy Chairperson will be elected by the NCVFSA Executive annually in April.

The NCVFSA Chairperson and Deputy Chairperson will accept overall responsibility for providing leadership within the NCVFSA and be representative of the six local government areas in the catchment. The Chairperson should have expertise in chairing meetings, have the ability to manage diverse opinions and expectations, be available to participate in partnership activities and have the commitment to work collaboratively to successfully achieve the NCVFSA Alliance strategic objectives. The Chairperson should be in a position to lead by example. Responsibilities of the Chairperson include:

- Chairing the Executive Committee meetings
- Acting as the spokesperson of the Alliance
- Providing strategic direction to the Executive Officer
- Participating in statewide and regional Family Services Alliance meetings wherever possible or arranging for the Deputy Chairperson or another delegate from the NCVFSA Executive to attend.

14. **MUTUAL ACCOUNTABILITIES AND RESPONSIBILITIES**

The level of cooperation, joint planning and shared action required to successfully deliver the strengthened and effective IFS operating model in the catchment entails organisations be mutually accountable to each other for:

- Supporting the vision and values of the NCVFSA
- The NCVFSA performance, success and outcomes in a planned, responsive and timely manner
- Collaborative service delivery and decision making
- Declaring conflicts of interest
- Settling any dispute in a spirit of cooperation and good will, using direct negotiation as a first method of resolution
• Ensuring continuity of membership and regular attendance at NCVFSA Executive meetings and Operations Group meetings
• Respecting the confidentiality of information provided on an in-confidence basis (where possible)
• Transparent data sharing through agreed data collection mechanisms to enable the collation of data to fulfill reporting requirements
• Transparent information sharing about operations and compliance with registration standards and any adverse or advantageous impacts in order to facilitate and support quality improvement and management of risk within the partnership arrangements
• Keeping partner agencies informed of any variations in their operational capability to provide services in accordance with agreed policies and processes outlined in the NCVFSA Operations Manual.
• Providing information which is relevant to the development and evaluation of the NCVFSA deliverables
• Active participation in all aspects of the partnership and catchment operating model
• Supporting achievement of service development objectives outlined in MOU/Catchment Operating Model (service deliverables)
• Compliance with all relevant service standards and agreements
• Effective partnering in agreed service planning and delivery arrangements as a member of the Alliance
• Supporting achievement of agreed service levels, complying with service agreements, and supporting the effective operation of central/local intake functions
• Sharing the responsibility for facilitating cooperative IFS networks to strengthen local capacity to meet needs of vulnerable individuals and families
• Providing service responses (Intake, ongoing work and active holding) consistently with agreed policies and procedures
• Fulfilling organisational accountability for duty of care in relation to cases allocated to the agency for active holding.
• Notifying partners of any changes in capacity to fulfill agreed operational arrangements in a timely manner (in accordance with catchment operating model).
• Implementing processes in conjunction with BDAC and Njernda to ensure active participation of Aboriginal Family Services in planning and operational service delivery decisions relating to Child FIRST and in referral pathways to and from Aboriginal Family Services.
• Promoting an understanding of Child FIRST/Integrated Family Services (IFS) and community based intake through community information and education campaigns targeting key referrer groups and the general community (in collaboration with DHS LMR).

15. RESPONSIBILITIES OF INDIVIDUAL AGENCIES WITHIN THE NCVFSA

15.1 Bendigo and District Aboriginal Cooperative (BDAC)
In addition to the mutual accountabilities and responsibilities for all NCVFSA members as listed in section 14, (p. 11) BDAC is responsible and accountable to the Alliance for:
• Chairing of the Indigenous Reference group to ensure that services in the catchment are responsive to the needs of Aboriginal Children and Families.
• Assisting with the development of an Indigenous Child FIRST liaison worker agreement/protocol between partner agencies and Child FIRST, establishing processes and monitoring mechanisms for the consultative and liaison function within the Child FIRST role.
• Developing detailed processes for consultation, information sharing and culturally sensitive practice regarding Indigenous children and families.
15.2 Njernda Aboriginal Cooperative
In addition to the mutual accountabilities and responsibilities for all NCVFSA members as listed in section 14, Njernda is responsible and accountable to the Alliance for:
- Participating in the Indigenous Reference Group to ensure that services in the catchment are responsive to the needs of Aboriginal Children and Families.
- Assisting with the development of an Indigenous Child FIRST liaison worker agreement/protocol between partner agencies and Child FIRST, establishing processes and monitoring mechanisms for the consultative and liaison function within the Child FIRST role.
- Further develop detailed processes for consultation, information sharing and culturally sensitive practice regarding Indigenous children and families.

15.3 Bendigo Community Health Services (BCHS)
In addition to the mutual accountabilities listed in section 14, BCHS will provide project and administrative support on behalf of the Alliance. As the facilitating partner, BCHS will:
- Develop a MOU between NCVFSA partner agencies.
- Develop a strategic Catchment Plan for the southern Loddon Mallee Region agencies that incorporates:
  - Education and communication strategy with priority to be given to the major reporting/referrer groups
  - Networking strategy with priority to be given to network mapping/scoping exercise
  - Workforce development and retention strategy
  - Capacity building strategies
  - Cultural competence provisions (Aboriginal Best Interests principle) and strategies to respond to the needs of Aboriginal children and families
  - Data collection and analysis strategy
  - Evaluation strategies
- Provide facilitation and support to NCVFSA Executive meetings, planning processes and working groups
- Support service development and planning across catchment and local service networks.
- Supporting the integration of the above functions with Child FIRST.
- Fostering positive intra and inter sector relationships.

   Bendigo Community Health Services is responsible for the employment of the NCVFSA Executive Officer. As the employing organisation, BCHS is responsible to the Alliance, via the General Manager, Community Engagement and Support for the day to day support of the position.

15.4 Castlemaine District Community Health Centre, CentaCare – Diocese of Sandhurst, Cobaw Community Health Services, Echuca Regional Health, Kyabram Community and Learning Centre
As per section 14, 'Mutual accountabilities and responsibilities'.

15.5 St Luke’s Anglicare
As the provider of Child FIRST on behalf of the Alliance in addition to mutual accountabilities for all NCVFSA members as listed in section 14, St Luke's Anglicare is responsible and accountable to the NCVFSA for:
- Building on and enhancing the centralised intake and service delivery capacity through pre-existing family support innovations programs and related multi-agency referral/intake arrangements.
- In consultation with NCVFSA members, developing and regularly maintaining the NCVFSA Child FIRST Operations Manual. All changes to the Operations Manual must be endorsed by the Executive Committee. The Operations Manual will be available to all members, and accessed via the St Luke’s Website.
• Chairing Operations Group meetings.
• Contributing to and applying consistent standards of intake and assessment across all Family Services in the catchment.
• Facilitating the development of local catchment arrangements in the context of the state-wide framework with DHS Child Protection Services covering decision-making, day to day interface and the relationship with Community Based Child Protection Workers. These are outlined in the NCVFSA Operations Manual.
• Developing strategies, in consultation with NCVFSA members, to flexibly manage service demand and capacity across service sub-catchments and LGA boundaries.
• Developing an Indigenous Child FIRST liaison worker agreement/protocol between partner agencies and Child FIRST, establishing processes and monitoring mechanisms for the consultative and liaison function within the Child FIRST role.
• Meeting DHS data management/reporting requirements to support state-wide planning and to assist with reviewing outcomes for children and families.

15.6 DHS
NCVFSA partners recognise that DHS fulfils a range of diverse roles in the NCVFSA. These roles include: a funding role, setting policy directions and planning frameworks, performance monitoring of Integrated Family Services funded child and family services agencies, and service provision through the Child Protection.

The participation of DHS in the NCVFSA will be informed by the particular role being fulfilled by DHS staff. Individual DHS staff will ensure that Alliance members are aware of the specific roles being fulfilled in respective forums, meetings, task groups and such.

DHS Child Protection
In addition to the mutual accountabilities and responsibilities for all NCVFSA members as listed in section 14, DHS Child Protection is responsible and accountable to the Alliance for:

Providing Community Based Child Protection Workers (CBCPWs) to support earlier intervention and education in the community, sustained community interventions when risk factors are present, and commitment to joint practice with Family Services (refer to Appendix 2: Statewide Child Protection – Child FIRST Agreement for Stage 3 Child FIRST Catchment Sites).

DHS Placement and Family Services
In addition to the mutual accountabilities and responsibilities for all NCVFSA members as listed in section 14, DHS Placement and Family Services are responsible and accountable to the Alliance for:

• Providing information from and liaise with DHS Central Office
• Managing funding and service agreements for individual organisations
• Providing advice regarding policy and legislative requirements, and
• Providing advice and support regarding policy implementation.

16. DECISION MAKING PRINCIPLES
The Alliance will use a consensus approach to decision making and a solution focused approach to resolving any emerging issues. Decision making within the NCVFSA will be guided and informed by the following agreed decision making principles:

• The Best Interests of the Child/ Young Person / Family - All decisions will promote the improved safety, stability and development of children and young people, their cultural connections and will be consistent with the provisions of the Children, Youth and Families Act 2005, other relevant legislation and policies.
• Strengths Based - All decisions will assist in building on the existing strengths of our clients, agencies and local networks.
• **Active and Committed Participation** - We acknowledge our responsibility to participate fully in all relevant NCVFSA Alliance processes to ensure effective decision making.

• **Open and Inquiring** - Our decision making processes will ensure relevant options are identified and considered to facilitate creative, solution-focused strategies.

• **Solution focused and Results Driven** - We will seek solutions to presenting challenges and ensure that decisions will enhance outcomes for vulnerable children, youth and families.

• **Consensus** - We will strive to achieve consensus-based decisions and will put in place a clear and robust dispute resolution process to resolve issues when consensus cannot be achieved.

• **Timelines** - We acknowledge the importance of making decisions in a timely manner and will actively consider the costs and benefits of delaying decisions.

• **Sustainability** - Our decisions will be informed by the need to ensure the ongoing viability of our services, agencies, the Alliance and service networks.

### 17. DECISION MAKING FRAMEWORK

Refer to Addendum, p. 73

Decision making will be guided and informed by the agreed decision making principles outlined above. Voting partners of the NCVFSA Executive are responsible for formal decision making.

Each organisation outlined in Section 5 will be entitled to one vote should the need arise at NCVFSA Executive meetings. DHS will be entitled to one vote only (Community Partnerships).

Decisions in the Alliance can be made on the basis of:

1. Consensus (preferred approach)
2. Formal vote with a quorum of members (wherever consensus is not reached)
3. Unanimous decision based on a formal vote (for substantial changes in partnership commitments and changes in core features of the catchment operating model).

Formal votes may be requested by any member at any time.

*in particular,*

1. Decisions are primarily based on consensus agreements, guided and informed by a solution-focused approach to resolving any emerging differences or issues.

2. If consensus cannot be reached, a quorum of members must be present where decisions impacting on multiple NCVFSA partners are made. A minimum of one representative from DHS, one representative from an Indigenous agency and no less than 5 other NCVFSA member agencies constitute a quorum. A formal vote will require a 2/3 majority (7/10 members), including one Indigenous agency vote. If there is not a quorum present, members will be invited to participate via teleconference, the meeting rescheduled or the matter carried over until the next NCVFSA meeting.

3. Decisions that relate to changes in the core model features, as agreed to within the MOU and in any formal sub-agreements, require the agreement of all signatories to the MOU.

Wherever known in advance, decisions requiring a formal vote are to be communicated to voting members prior to the NCVFSA Executive Meeting.

In the event that a voting member or a delegate of that member is not present when a vote is taken, the views of absent voting parties need to be sought before a decision can be made.

*Formal Confirmation Process for Decisions*
Once a decision is reached (either by consensus or by a vote with a majority for general matters or by a unanimous decision when required), a formal confirmation process is used to ensure decisions are clearly understood and recorded.

The formal confirmation process for decisions involves the Chair of the NCVFSA Executive Meeting to:

- Clearly outline the decision
- Clearly outline how the decision was reached (vote for general matters or unanimous vote for decisions requiring changes to MOU and catchment operating model), and then
- Move to a formal endorsement of the decision by putting a formal motion of the agreed decision.

**Formal Record of Decisions**

The Minutes of the Meeting need to record:

- The Issue and the decision
- How the decision was reached
- The outcome of the vote (when a vote was held and who present), and
- The formal motion containing the agreed decision.

### 18. COMMUNICATION AND REPRESENTING THE ALLIANCE

Refer to ‘Communication strategy’.

### 19. REPORTING

The NCVFSA Executive is committed to regularly reporting to partnership members and its wider constituency on the work of the NCVFSA and the project’s outcomes. Progress reports will be made available on an annual basis throughout the life of the project. The Communication strategy details the type and level of reporting to key stakeholders of the project.

### 20. CONFIDENTIALITY

Through participation in the project, NCVFSA members will become aware of information pertaining to the internal operations and business of individual partners. The NCVFSA is based on the principles of:

- Mutual respect
- Trust
- Equality
- Professionalism

It is expected that Alliance partners will:

- Behave in a professional manner and apply industry standards with regard to handling information.
- Use established processes to manage differences and potential disputes, and
- Not engage in any behaviour which could negatively affect the reputation or operation of any partner agency, member or individual.

### 21. DISPUTE RESOLUTION

Each organisation has its own governance, rules and boundaries which will be respected in the resolution of issues arising in the performance of agreed tasks within this MOU.

This MOU has been entered into in the spirit of cooperation and goodwill. The NCVFSA will endeavour to settle any dispute through collaboration. All involved agree to discuss and resolve any issues in such a spirit and will use direct negotiation as a method of resolution for issues of partner performance or any dispute.
Dispute resolution processes between Child Protection and Child FIRST are outlined in Appendix 2, Child Protection/Child FIRST Agreement on Local Procedures and Requirements Victorian State 2 Child FIRST catchments.

For disputes at the operational level, such as case related and referral management issues, refer to the Referral Management Protocol as outlined in the Operations Manual.

Where parties to this agreement are in conflict, disagreement or have a grievance regarding any aspect of the project, the following process shall be used to resolve the issue, within the provisions for confidentiality outlined above.

1. In the first instance, nominated Executive Committee representatives should talk to each other at the direct practice level in an attempt to resolve the dispute within 2 working days.

2. All parties involved have the right to an advocate in any dispute resolution process.

3. If the dispute remains unsatisfactorily resolved, the matter may be referred to the NCVFSA Executive Group meeting (or extra-ordinary meeting) for resolution by a formal majority vote. The NCVFSA Executive Group may recommend that the matter be referred to an external independent person (agreed to by a formal vote with a quorum of members) for investigation and resolution.

**Child Protection**

4. The dispute process between Child Protection and Child FIRST is detailed in the Child –Child Protection Agreement on Local Procedures and Requirements (refer to Appendix Two).

5. Disputes between other Family Services organisations and Child Protection follow the same pathways as that between Child Protection and Child FIRST.
   a) Dialogue at the practice level
   b) If unresolved, commence dispute process between Family Services Manager and Child Protection Domain Manager (2 working days)
   c) If unresolved at the Operations level, elevate to the Executive level – Manager Child Protection and affected Family Service Executive level manager. Dispute is to be resolved within 1 working day.
   d) If the dispute at any time is about a report to Child Protection, first level dispute process is between the Family Services Manager and the Community Partnerships Manager (as per the Child FIRST Child Protection Agreement).

**Family Services specific**

6. At any point, disputes between Family Service organisations may involve an Executive appointed practice mediator to help negotiate resolution.

7. Disputes between Family Services organisations are to be resolved within two weeks, with the agency holding the case responsible for the necessary actions for the wellbeing of the family in the interim.

## 22. CRITICAL INCIDENTS

All parties retain existing individual accountability requirements in relation to reporting and managing critical incidents. All registered child and family services agencies are required to adhere to the DHS Critical Incidents procedure. Refer to the Funded Agency Channel website for procedure and forms:


Once completed, forms should be faxed to 03 5434 5667.
Accountability for NCVFSA Child FIRST day to day operational decisions is with St Luke’s Anglicare. In the event of any critical event, enquiry/review or media related publicity, the name NCVFSA Child FIRST should only be used to refer to the specific roles and responsibilities fulfilled by the Child FIRST provider (refer to Appendix 5 ‘Communication Strategy’). Reference to the integrated partnership is as the North Central Victorian Family Services Alliance.

23. COMPLAINTS
Complaints external to the partnership are the responsibility of individual organisations. Any complainant is to be referred back to the service provider(s). If more than one organisation is involved, the organisations are to communicate and provide a coordinated response (while recognising that responses may be different).

24. REVIEW OF MOU AND VARIATIONS TO THE MODEL
This MOU will be reviewed annually by Alliance members or as needed, and as determined by the NCVFSA Executive, in response to issues that emerge in the implementation and further development of the NCVFSA catchment operating model. Any changes to the MOU must be on the basis of a unanimous formal vote by the NCVFSA Executive Committee.

Model variations require authorised agreement by the relevant responsible parties. Model variations can be sought by representative groups in the NCVFSA Alliance or by individual partner agencies. These proposed variations need to be formally documented and tabled for consideration with the relevant responsible parties. Proposals to substantively vary the commitments outlined in the MOU require the agreement of all the signatories to the MOU.

25. NOTIFICATIONS OF VARIATIONS IN PARTNERS’ CAPABILITY TO FULFIL PARTNERSHIP AGREEMENTS

The MOU and NCVFSA Operations Manual outline the catchment operating model, its core components, agreed policies, procedures and tools, and data reporting and accountability mechanisms.

A partner or partners may find themselves in a position where they are unable to maintain the commitments that are embodied in the MOU, the operating model, and the NCVFSA Operations Manual for a range of legitimate reasons.

If this occurs, the partner or partners are required to make formal notification of this to the NCVFSA Alliance Executive in a timely manner.

Firstly, the partner(s) need to initially alert the partnership of the circumstances outlining the reasons for the need to vary existing commitments.

Secondly, a further consultation process is required with the whole Alliance Executive to discuss the impacts on the partnership, the potential impacts on the operational dimensions of the model and on the families we work with. This process will involve the need to call an Extraordinary Emergency Meeting and follow up actions as negotiated with the Alliance Executive Group.

Thirdly, the partnership needs to formally agree on a resolution to the current situation and this resolution will be recorded in NCVFSA Executive meeting minutes.

Fourthly, a time frame for implementation of any variations needs to be agreed to which seeks to minimise the impact on the partnership, the model and the families with whom we are working.
26. EVALUATION
The NCVFSA Alliance is committed to evidence based continuous improvement and will participate in ongoing reflection, review and service development at all levels of the project, in a planned and timely manner. The Alliance will also participate in the statewide evaluation of the reform agenda and in related regional activities (refer to NCVFSA Action Plan for detailed outline of evaluation processes).
27. AGREEMENT TO MEMORANDUM OF UNDERSTANDING
I understand, accept and agree to the terms and conditions of the North Central Victorian Family Services Alliance Memorandum of Understanding.

SIGNATORIES
NCVFSA Alliance Executive members (voting partners) or nominated CEO representatives are signatories to this MOU.

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<th>Bendigo and District Aboriginal Cooperative</th>
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<td>Matt Sharp</td>
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<td>Paddy Turner</td>
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<tr>
<td><strong>Title/Office held</strong></td>
<td>General Manager, Child Youth and Family Services</td>
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APPENDICES
CHILD FIRST MODEL - Interface with Integrated Family Services

CHILD FIRST Intake, Screening for Eligibility, Classification and Initial Assessment [groups A & B only]

A. If child in need of protection > Redirect to Child Protection
B. Significant Wellbeing Concern. High vulnerability, complexity & not willing to engage
C. Complex / Other Family Services Complex issues, willing to engage
D. If current or previous Family Services client (incl. Significant Wellbeing & Complex/Other) > Redirect to LASP
E. Referral to other services / service systems (outside Family Services)
F. Information & Advice. Assistance to Family or Caller

Allocation to Local Area Service Provider [LASP]
where capacity exists CBCPW consult Child FIRST (handover & closure)

Child FIRST Further Assessment

CF - new cases Family Services (LASP) table existing caseload

ALLOCATION direct or via meeting

Direct responsibility to closure

Not allocated - holding work (Significant risk issues or high need clients only)
Child FIRST - back to allocation

Allocation to Local Area Service Provider [LASP]

APPENDIX 2

CHILD PROTECTION AND INTEGRATED FAMILY SERVICES
STATE-WIDE AGREEMENT (SHELL AGREEMENT)

2010

October 2010
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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 regional 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 regional 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 Controlled Community Organisations (ACCO), Culturally and Linguistically Diverse (CALD) and specialist services, not all of which are registered community services and not all of which are part of a Child and Family Services Alliance. It is also acknowledged that the integrated family services system encompasses a broad range of child and family services across multiple sectors, in addition to family services.

Without limiting the definition beyond the scope of this Agreement, for the purposes of this Agreement only, the term ‘integrated family services’ is used to refer to both registered community based child and family services (as defined in section 2.2 below) and non registered service agencies delivering family services, which are members of a Child and Family Services Alliance.

2.2. Community Based Child and Family Services

For the purposes of this Agreement, a ‘community based child and family service’ is a registered community service, as defined under sections 46 and 47 (b) of the Children, Youth and Families Act 2005 (CYFA), to meet the needs of children requiring care, support, protection or accommodation or families requiring support, and which is a member of a Child and Family Services Alliance.

Community based child and family services are funded by the Department of Human Services (DHS) under the activities of Integrated Family Services, Integrated Family Services-Indigenous and ACCO Services - Family and Community Services.

Throughout this Agreement, the term ‘community based child and family services’ is defined as inclusive of intake, initial assessment and case work response. In the context of this Agreement, ‘community based child and family services’ incorporate Child FIRST and local agency community based intake.

For the purposes of this Agreement, a ‘non-registered service agency’ is defined as a family services program funded by DHS, which is a member of a Child and Family Service Alliance but which is not registered as a community-based child and family service (as stated under section 46 and 47 of the CYFA 2005).

This is an important distinction in terms of legislative requirements and implications. Where information applies only to community based child and family services, these sections are identified throughout the document.

2.3. Intake, Initial Assessment and Family Services Case Work Response

An important distinction needs to be made between the intake and initial assessment component and the family services case work response component of the family services continuum, as some of the information sharing provisions of the CYFA are restricted to the intake and initial assessment phase only.

Under the CYFA, only a registered community based child and family service can receive and respond to referrals about child or unborn child (ie perform the intake and initial assessment function), whereas both registered community based child and family services and non registered service agencies can be allocated cases for the provision of a family services case work response.

Throughout this Agreement, the intake and initial assessment phase of the family services continuum refers exclusively to the functions of Child FIRST and registered local agency community based intake, while the case work response is taken to incorporate the functions of case allocation, case planning and case management responsibilities of both registered community based child and family services and non registered service agencies (that engage in family services and that are members of a Child and Family Services Alliance).
Content that relates exclusively to the intake and initial assessment phase will be distinguished as ‘intake’ while ‘family services’ will be used to refer to family services case work response.

2.4. 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 worker or manager, unless otherwise specified.

2.5. 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) provides a framework for the provision of an integrated family service system to meet the needs of vulnerable children and families within sub-regional 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 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 regions 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
- Registered community based child and family services (which are members of a Child and Family Services Alliance)
- Non-registered service agencies delivering family services (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


To reflect the legislative environment within which integrated family services operate, the Strategic Framework for Family Services (2007) was developed. This framework is consistent with the significant policy and legislative reform, providing the context for a service system, with approaches and interventions to improve outcomes for vulnerable children, young people and families.


5.2. Legislative Context

5.2.1. 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.
5.2.2. 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 community based child and 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 registered community services to promote children’s safety, stability and development.

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

5.2.3. 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
5.2.4. 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.


5.3. Child and Family Services Reform
The significant reform in child and family services has been driven by the need to ensure that all children and young people 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.


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
- **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.
5.4. Governing Principles

5.4.1. 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, community based child and 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 community based child and 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.

5.4.2. 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 community based child and 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 community based child and family services in placing an Aboriginal child on a voluntary basis.

5.4.3. 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
- 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.

5.4.4. 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*.

5.5. Guiding Practice

5.5.1. 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.


5.5.2. 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.


5.5.3. 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.


5.5.4. 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.
5.5.5. 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 behaviours and their families, adolescents with sexually abusive behaviours 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 *
*Website is currently being updated

5.5.6. 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.


5.5.7. 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.


5.5.8. Information Sharing Guidelines
The CYFA authorises certain professionals to share information with child protection and community based child and 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.

These resources include information sharing guidelines specifically for registered community services (community based child and family services and out of home care services) and a guide to information sharing for child protection, Child FIRST and family services workers.
5.5.9. 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 reflects the case practice directions arising from CYFA and CWSA. Designed to inform and support professional practice in child protection, community based child and 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.

5.5.10. Registration Standards for Community Services Organisations 2007

The CYFA provides a strong focus on the quality of services delivered to children, young people and families. Most community based child and family services funded by DHS to provide family services are required to be registered and must comply with registration standards. The Registration Standards for Community Services Organisations 2007 is designed to promote consistent quality of community based child and family services, set an organisational framework to support community service organisations to deliver quality services and define the standards of care and support that children, young people and families can expect.

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-regional catchments across Victoria. These Child FIRST sites were successively implemented over three years between 2007 and 2009, as follows:

- Victorian 2007 Stage 1 Child FIRST (9 sites established)
- Victorian 2008 Stage 2 Child FIRST (7 sites established)
- Victorian 2009 Stage 3 Child FIRST (8 sites established)

Please refer to Appendix 1: Map of Child FIRST sub-regional catchments across Victoria.

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 regional child protection, DHS regional family services, and where capacity exists, an Aboriginal community controlled family service organisation. Other sector representatives and professional groups may be invited to participate, as agreed by the core Alliance partners.

At the sub-regional level, Alliances have three key functions:

- Undertake catchment planning
- Provide operational management
- Coordinate service delivery
6.3. DHS Family Services

DHS Family Services Managers and Program and Service Advisors (PASA) are based in each of the eight regions of the Department of Human Services. DHS Family Services is responsible for broad service system planning, development, redevelopment and policy implementation.

DHS Family Services Managers and PASAs work in partnership with Alliances to support the delivery of programs and assist in the development and implementation of new services.

DHS Family Services 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.

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

Local agreement component will include:

- Alliance partners and regional/catchment boundaries as applicable to the local region/catchment.
- Role and function of existing regional/catchment 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).

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

7.1. Statutory Child Protection Services

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—

(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 as outlined in the CYFA.

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

7.1.2. Role of Child Protection

Child protection services protect children and young people from significant harm resulting from abuse or neglect within the family unit and to ensure that they receive services that deal with the impact of abuse and neglect on their well being and development.

Child protection services cover intake, investigation and assessment of reports of child abuse and neglect, the case managed activities associated with protective intervention and preparing and making a protection application through the courts, following the investigation and substantiation of child abuse.

Child protection services undertake the supervision and management of children and young people on protective orders living at home, the statutory supervision of children and young people who are unable to live at home, and work towards the return home of children and young people on statutory orders where possible, when separation has been necessary.

The primary target group for child protection services is children and young people aged 0 to 17 years (including unborns) at risk of significant harm as a result of abuse or neglect within a family unit.

7.1.3. Role of After Hours Child Protection Emergency Service (AHCPE)S

The After Hours Child Protection Emergency Service (AHCPEs) receives new reports of child abuse or neglect and emergency calls relating to existing child protection clients outside normal working hours, where the matter is urgent and a timely response is required, to respond to ensure that the child or young person is protected.

The AHCPEs is a state-wide 24 hour service which is operational after hours and is responsible for matters where a child may be in need of a child protection service response and the matter cannot safely be left until the next working day. The AHCPEs receives calls from the public, professionals and other services.
The AHCPES responds only to emergencies, either through direct intervention, or coordination by telephone of a response from other community service organisations, services or individuals. Rural after hours response is available through each of the rural regions and is coordinated by AHCPES.

If AHCPES decides that an urgent response is not required, it will forward information to the appropriate regional office on the next working day. See also section 10.3: Roles and Responsibilities of Child Protection.

7.1.4. Role of Community Based Child Protection and Community Partnerships

Community based child protection is the term used to describe a range of roles and functions in regional child protection that support partnerships between integrated family services and child protection as well as support the delivery of family services. The community based child protection function is located within the Community Partnerships Unit in each region and is managed by a Community Partnerships Unit Manager.

Community based child protection practitioners have been allocated to each of the integrated family services sub-regional catchments within the eight DHS regions. At least one community based child protection position will be assigned at the CPW4 level within each sub-regional catchment. This will enable authoritative and timely decision-making within Child FIRST. Please refer to Appendix 2: Community based child protection practitioner FTE distribution across sub-regional catchments.

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.

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), community based child protection practitioners are 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 base 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 relationship and supporting the service delivery of integrated family services in sub regional 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 practitioners in both child protection and community based child and 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
- Provide advice to child protection regarding making referrals to Child FIRST
- Facilitate referrals from child protection to community based child and family services
- Facilitate reports from community based child and family services to child protection
- Provide consultation and advice to community based child and family services on specific cases, including risk management and safety planning to enable ongoing case management
- Support and work in partnership with community based child and 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 Community Partnerships Unit Manager oversees the activities of community based child protection. The position builds on and strengthens the processes and practices to support interagency collaboration and has a key role in ensuring these are extended across all phases and levels of child protection. The position will assist service partners in strengthening consultative processes and in understanding and applying the Best Interests Case Practice Model. This may occur through modelling and sharing best practice, engaging in high level joint case practice and mentoring staff. The role of the Community Partnerships Unit Manager
in Alliances is to identify strategies to strengthen relationships among Alliance partners and the wider service system.

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 Community Based Child and 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 Integrated Family Services

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. Integrated family services engage 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 integrated family services 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
Child and Family Information, Referral and Support Teams (Child FIRST) provides a central, community-based referral point to a range of integrated family services and other supports for vulnerable children and families within Victoria. The primary purpose of Child FIRST is to provide an identifiable and easily accessible entry point into integrated family services in a designated sub-regional catchment to ensure that vulnerable children and their families are linked effectively into relevant services. 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, young person 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 regional child protection and integrated family services programs within the catchment.

Section 7: Key Roles and Responsibilities of Child Protection and Integrated Family Services
Definition and scope of key roles and responsibilities vary across regions. Dependent on the configuration of the Alliance partners, operating environment and local needs, additional
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 regional 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).

8. Consultation between Child Protection and Community Based Child and Family Services

8.1. Legislative provisions for consultation

8.1.1. Who may community based child and 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;
(c) a service agency;
(d) an information holder.

(3) The community-based child and family service may, for the purpose of 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, 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 to any matter relating to the purposes of the community-based child and family 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 child and family
- Promote and support the partnership, interface and operation of child protection and community based child and 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:

- Community based child and family services 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
- Community based child and 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 Community Based Child and Family Services.
8.2. Role of community based child protection in consultations between child protection and community based child and family services

Community based child and 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 community based child and family services will consult with the child protection case manager. For urgent matters, community based child and family services will contact child protection intake or AHCPE 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 community based child and family services as required to provide advice and clarification on matters referred by child protection and support community based child and 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.

Community based child protection practitioners (and child protection practitioners more broadly) cannot take action as protective interveners on the basis of a section 38 consultation, without an open report.

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. Community based child and 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 a community based child and family service, details of information received will be recorded on the existing client file. Where a community based child and family service 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 community based child and family service 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 community based child and 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 Community Based Child and Family Services to Child Protection, will apply.
### 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 Community Based Child and Family Services

#### 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.

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.

A referral to community based child and family services 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 community based child and family services.

For further guidance about when it may be appropriate to refer to community based child and family services or guidance relating to unborn child referrals please refer to the relevant fact sheets available from the Department of Human Services website: www.cyf.vic.gov.au/every-child-every-chance/library/publications/fact-sheets2/fact-sheets

### 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 a community based child and family service. 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 community based child and family services.

All referrals from child protection to community based child and family services 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 community based child and family services 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 community based child and family services by providing relevant information.

For referrals from child protection to community based child and family services 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 community based child and family services.

When a referral is not assessed as requiring a family services case work response, community based child and family services 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.

Interregional referrals from child protection to community based child and family services that relate to a family residing in another region will be facilitated through community based child protection, from the transferring region (where the referral originated) to community based child protection in the receiving region.

Community based child protection in the originating region will consult with community based child protection in the receiving region for advice about local processes for making referrals or negotiating transfers. The receiving region will be responsible for determining local processes for making referrals and the community based child and family service in the receiving region will ultimately determine the outcome of the referral.

### 9.3. Roles and responsibilities of community based child and 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—
   1. provide advice to the person who made the referral;
   2. 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 community based child and family services alongside other referrals and will be prioritised on the basis of need.

The determination about whether a referral is accepted for allocation into a family service for a case work response is the responsibility of community based child and 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 community based child and family services will be maintained by both child protection and community based child and family services 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 community based child and family services, child protection will retain case management responsibility until the case is closed. Where families are being jointly supported by child protection and 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 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 Community Based Child and Family Services

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 regional 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 integrated family services
- 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 integrated family services and child protection to prevent duplication of referrals

10. Reports from Community Based Child and 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
A report from a community based child and family service to child protection can be made at any point during the family services involvement.


10.2. Roles and responsibilities of community based child and family services

Community based child and family service 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, community based child and 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 community based child and 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 community based child and family services) will be made directly by the community based child and 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 a community based child and family service that proceeds to an investigation, where there is an open case and an allocated worker in 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 community based child and 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
(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 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.

Child protection is responsible for determining the appropriate action in relation to the report.

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 community based child and family service, or any new report to child protection from a third party, will be treated and recorded as a report which can then be classified and acted upon, irrespective of whether the case is open or closed in 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 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 an investigation, child protection may provide advice to the community based child and family service. In this situation, a discussion needs to occur between the community based child and family service and child protection to come to a satisfactory arrangement in the best interests of the child.

To avoid duplication, where a consultation with community based child protection results in a report being made, and community based child protection supports further action, an assessment by child protection intake will not be required. In this case, the decision to classify the case as a protective intervention report and to proceed to an investigation will be made by the Community Partnerships manager. Local procedures (as identified in the local agreement component) are to be followed in terms of the processes for documenting the outcome and the roles and responsibilities for registering the report and progressing the report to the investigation phase.

It is expected that a professional analysis and judgement will be applied on a case by case basis whenever a community based child and 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 community based child and 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 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 the community based child and family services to determine whether the case remains open.

Upon a report being classified as a protective intervention report by child protection and accepted for a protective investigation, case management responsibility will be transferred to child protection, regardless of whether the case remains open in family services. Where families are being jointly supported by child protection and 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. Where child protection has received two reports in a 12 month period that have not been investigated, irrespective of classification, any subsequent report in that 12 month period will be investigated unless the Intake Unit Manager 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 Community Based Child and Family Services to Child Protection

Local agreement component will:

- Clearly articulate roles and responsibilities for community based child and 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 community based child and 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 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 unit manager, community partnerships manager, Child FIRST manager or family services manager.
- Detail process for informing community based child and 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 Community Based Child and 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 a community based child and family service or make a report to a child protection.

To support the intent of a dual intake process between child protection and community based child and 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 Community Based Child and Family Services, Section 9: Referrals from Child Protection to Community Based Child and Family Services and Section 10: Reports from Community Based Child and Family Services to Child Protection, for relevant sections of the CYFA.

Summary guidance for child protection, Child FIRST and family service practitioners as well as detailed information sharing guidelines for registered community services (community based child and family services and out-of-home care services) can be found at the every child every chance website: www.cyf.vic.gov.au/every-child-every-chance/library/publications/information-sharing-guidelines

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 community based child and family services 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 community based child and family service or 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 a community based child and family service 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 a community based child and family service, child protection is authorised to provide details of the person who made the original report to the community based child and family service.

As for any referral to a community based child and family service, 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 community based child and 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 community based child and family services 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 a community based child and family service by child protection, community based child protection will facilitate the sharing of information about the child protection pattern and history with the community based child and family service 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 or community based child and family services 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 community based child and 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.

After completing a child protection investigation, child protection may collect information relevant to the protection or development of the child from community based child and 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 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 a 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 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.
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.

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 community based child and 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. Active engagement
Based on the principle of shared responsibility, as outlined in the CWSA, child protection and community based child and 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 family services involvement.

While acknowledging the voluntary nature of family services, it is expected that 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 family services, practitioners will seek guidance from their line manager and consult with community based child protection prior to these matters being re-reported.

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 community based child and 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 community based child and family services.

12.2. Risk assessment
Risk assessment will occur at every phase in the child protection or community based child and 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 community based child and family services.
12.3. 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 Partnerships and community based child and family services representatives.

Child protection may attend a joint visit with community based child and 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 family services and child protection, where the family is allocated to both services.

12.4. Working with Aboriginal children and families
The CYFA requires child protection and community based child and family services to recognise the specific and unique needs of Aboriginal children, young people and their families and to embed this is 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.

Child protection and integrated family services will work in partnership with Aboriginal organisations to jointly plan and deliver coordinated culturally competent services to Aboriginal children, young people and their families.

12.5. 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, regional 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.

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.

12.6. 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 community based child and 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 in the establishment and management of care teams and agreed joint practice processes, such as monitoring, tasks and role clarification.
• 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 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 that arises through cooperation, collaboration, mutual respect, transparency, accountability, effective communication and timely responses.

A child’s best interests will be 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, as outlined in the CYFA.

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 workers 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 into 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. Community Partnerships 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**

Refer to the North Central Victorian Alliance Operations Manual for local arrangements.
15. Endorsement of the Agreement

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<th>Director</th>
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<td>Child Protection, Placement and Family Services</td>
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16. Signatories to the Local Agreement

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<tr>
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<td>Department of Human Services</td>
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*ADD ADDITIONAL PARTNERS TO TABLE AS REQUIRE*
APPENDIX 3

RELATED DOCUMENTS

<table>
<thead>
<tr>
<th>Document</th>
<th>Holder/location</th>
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<tbody>
<tr>
<td>Indigenous liaison agreement</td>
<td>Child FIRST, St Luke’s Anglicare</td>
</tr>
<tr>
<td>North Central Victorian Family Services Alliance</td>
<td>Facilitating partner, Bendigo Community Health Services</td>
</tr>
<tr>
<td>Communication Strategy</td>
<td></td>
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<tr>
<td>Operations Manual</td>
<td>St Luke’s Anglicare website</td>
</tr>
<tr>
<td>North Central Victorian Family Services Alliance</td>
<td>Facilitating partner, Bendigo Community Health Services</td>
</tr>
<tr>
<td>Action Plan</td>
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<tr>
<td>(dispute between CSO and Child FIRST or CSO and CP)</td>
<td><a href="www.stlukes.org.au/services/children/child_first_program">www.stlukes.org.au/services/children/child_first_program</a></td>
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MEETING AND VOTING QUORUM

Meeting quorum
Due to difficulties in achieving a meeting quorum, at the July 2010 meeting of the Executive it was agreed that the minimum number of members required for a meeting would be $\frac{1}{2} + 1$ (6 members) with one representative from DHS required.

Voting quorum
If consensus cannot be reached and there is a motion for a formal vote, the minimum number of members required for the motion to be passed will be $\frac{1}{2} + 2$ (7 members, including one ACCO). If a representative from an ACCO is not present, they will be contacted either during or after the meeting for the motion to be passed.

Note: written correspondence was sent to ACCOs in August 2010 to advise of the suggested amendment to meeting quorums. No objections were received by November 2010.

Amendments to the MOU are as follows:

Decisions are primarily based on consensus agreements, guided and informed by a solution-focused approach to resolving any emerging differences or issues.

If consensus cannot be reached, a quorum of members must be present where decisions impacting on multiple NCVFSA partners are made. A minimum of one representative from DHS, one representative from an Indigenous agency and no less than 65 other NCVFSA member agencies constitute a quorum. A formal vote will require a 2/3 majority (7/10 members), including one Indigenous agency vote. If a representative from an ACCO is not present, one will be contacted either during or after the meeting for a motion to be passed. If there is not a quorum present, members will be invited to participate via teleconference or the meeting will be rescheduled or the matter will be carried over until the next NCVFSA meeting.

Decisions that relate to changes in the core model features, as agreed to within the MOU and in any formal sub-agreements, require the agreement of all signatories to the MOU.