Procedural guidelines for referral and consultation

Child Protection and Child FIRST / Integrated Family Services
Procedural guidelines for referral and consultation

Child Protection and Child FIRST / Integrated Family Services

Version 1
Contents

Introduction ............................................................................................................................................. 5
Scope ...................................................................................................................................................... 6
Principles................................................................................................................................................ 6
Overarching legislative and practice principles ..................................................................................... 6
Legislative requirements and operational principles .............................................................................. 7
Roles and responsibilities of Child Protection and IFS ................................................................. 10
Roles and responsibilities of statutory child protection ......................................................................... 10
Roles and responsibilities of IFS ........................................................................................................... 12
Joint ways of working: best outcomes for children, young people and families ................................. 14
Intake liaison meetings .......................................................................................................................... 14
Local consultative panels ....................................................................................................................... 14
Operational procedures between Child Protection and IFS .............................................................. 17
Referrals from Child Protection to Child FIRST (intake) ..................................................................... 17
Referrals from Child Protection to Child FIRST (all other phases) ................................................... 20
Reports from Child FIRST and IFS to Child Protection ....................................................................... 24
Relationship management .................................................................................................................... 27
Key considerations ............................................................................................................................... 27
Review ................................................................................................................................................. 28
Endorsement .......................................................................................................................................... 29
Introduction

Child and Family Information, Referral and Support Teams (Child FIRST) and Integrated Family Services (IFS) are part of the broader Victorian child and family service system.

Together with Child Protection, Child FIRST and IFS deliver services to children and families.

Child FIRST and IFS are part of the secondary tier of child and family services, and they link to universal, tertiary and statutory services.

These *Procedural guidelines for referral and consultation* (the guidelines) provide a consistent statewide approach to the referral pathways and interface between Child FIRST and IFS, and Child Protection.1

This approach supports an integrated service system that responds to vulnerable children and families within the practice requirements of the *Children Youth and Families Act 2005* (CYFA) and the *Child Wellbeing and Safety Act 2005* (CWSA).

The guidelines are part of a commitment between Child FIRST/IFS and Child Protection to deliver collaborative services, with clear and consistent processes and practice standards that apply no matter where in Victoria children and families become involved with the service system.

The guidelines emphasise and promote productive working relationships to manage service performance and demand pressures between Child FIRST/IFS and Child Protection.

The guidelines:

- establish consistent operational processes and procedures between services, including referrals and reporting, consultation, information sharing, collaborative practice approaches and the proactive resolution of differences

- promote high level principles and mechanisms that emphasise a common approach to working together to achieve better outcomes for children, young people and their families.

Workers can access the guidelines via the *Child Protection practice manual*. The guidelines should also be referenced in local Child FIRST/IFS procedural guidelines.

For further guidance about when it may be appropriate to refer to Integrated Family Services or guidance relating to unborn child referrals please refer to the relevant fact sheets available from the *Child Protection practice manual*.

The guidelines will be subject to regular review and updates.

---

1 Throughout these guidelines, references to Child FIRST and Integrated Family Services also includes Cradle to Kinder and Stronger Families in catchments in which these programs operate.
Scope

The guidelines support the operational relationship between Child FIRST and IFS (including all agencies that are members of a Child FIRST and Family Service alliance), and Child Protection.

The guidelines also include the delivery of the ten Cradle to Kinder programs.

Maintaining effective partnerships requires the ongoing commitment and engagement of all key partners, the guidelines alone will not guarantee successful working relationships between sectors.

Child Protection, Child FIRST and IFS interface with many other sectors including:

- alcohol and drugs
- mental health
- housing
- early childhood and education.

There are existing protocols with these and other partners (for example, the Integrated Family Violence Services, Child FIRST/Family Services and Child Protection partnership agreement).

These guidelines should be used in the context of these and other related agreements.

Implementing these guidelines effectively will rely on maintaining partnerships and the ongoing commitment and engagement of all key partners.

Principles

Overarching legislative and practice principles

The Child Wellbeing and Safety Act (CWSA) is the overarching legislative framework that supports a shared commitment from all services working with children and families.

The CWSA is available from the Victorian Legislation and Parliamentary documents website: www.legislation.vic.gov.au

The Children, Youth and Families Act describes the legislative requirements that apply to Child FIRST and Integrated Family Services, including:

- the purpose of community-based child and family services (ss. 2–22)
- child wellbeing reports (ss. 27–34)
- information exchange and consultation arrangements (ss. 36–41).

The Children, Youth and Families Act requires that family services, child protection and placement services work in ways that reflect the Best Interests Principles and associated provisions of the Act.

The Best Interests Principles guide professionals who work with local communities and other services to meet the needs of vulnerable children and their families. They encourage a consistent focus on safety, stability and development.

The Children, Youth and Families Act (ss. 10–12) reiterates that the best interests of a child must always be paramount when making a decision or taking action. These decisions should be made in the context of the need to protect the child from harm, the need to protect the child’s rights, and the need to promote the child’s development.
The Act also recognises the principle of Aboriginal self-management and self-determination when making decisions or taking actions in relation to an Aboriginal child.

These principles establish the platform for the Best Interests Case Practice Model, which provides a consistent foundation for working with children, including unborn children, young people and families. The model informs and supports professional practice and decision making.


In addition to the Best Interests Principles and as outlined in the *Strategic framework for family services*, Child FIRST and IFS are also guided by a set of nine principles that focus on outcomes and solutions. The principles prioritise:

- the needs of children
- actively engaging with children and young people and their families
- cultural sensitivity
- integrated services that strengthen a child’s development needs
- building the capacity of parents, carers and families to care for their children.

The *Strategic framework for family services* also requires practitioners to understand issues affecting Aboriginal children, young people, families and communities, and their interactions with broader society and mainstream services. The framework recognises the need to support Aboriginal families and communities to access culturally competent mainstream and Aboriginal-specific services.

In addition, the *National framework for protecting Australia’s children 2009–2020* outlines the ways that Commonwealth, state and territory governments and non-government organisations will work together. The national framework outlines six key outcomes and how they will be achieved.

More information on the national framework is available at the website: [www.dss.gov.au](http://www.dss.gov.au)

### Legislative requirements and operational principles

The guidelines are underpinned by the legislative requirements of the Children, Youth and Families Act. The key responsibilities of Child FIRST and Integrated Family Services are described in s. 61 of the Act:

61. 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.

---

2 Department of Human Services 2007, *A strategic framework for family services*

The guidelines are also supported by a set of operational principles. These are aligned with the legislative, policy and practice context to ensure the safety, stability and development of children, and young people.

The operational principles emphasise the shared commitment and joint responsibilities of Child FIRST and IFS, and Child Protection to deliver quality services to vulnerable children, young people and their families.

Respectful and collaborative relationships
Respectful, timely and transparent communication drives productive relationships.

Timeliness and quality
Provide quality information to ensure effective and timely decision making for families across the service system.

Active engagement
Child FIRST/IFS, and Child Protection will be proactive in their attempts to engage families and promote their involvement in decision making, while protecting the needs and rights of children and young people, at every phase of their involvement with Child FIRST/IFS.

Child FIRST/IFS will make all reasonable attempts to actively engage families if there are concerns about the safety, stability, development or overall wellbeing of children, including when families are unwilling or unable to acknowledge the need for, or to seek, assistance.

The Child Protection Case Manager or Senior Child Protection Practitioner (Community-Based) will support engagement through joint practice approaches, outlined on p. 14.

These approaches are particularly relevant when families who have been subject to an investigation or substantiation, or who are placed on an order, are referred to Child FIRST, or for families who have a history or pattern of being reported to Child Protection or involvement with Child FIRST/IFS.

Prioritisation for our most vulnerable families.
Child Protection and Child FIRST/IFS will work in partnership to implement effective systems and strategies that provide timely and responsive support for children, young people and families.

Case allocation will occur in partnership across the catchment through the Child and Family Services Alliance service coordination functions.

This will ensure that the case is allocated to the organisation that is in the best position to undertake it from both a caseload and service delivery perspective. This will allow casework to start at the earliest possible time after the case is allocated to an IFS agency, or as agreed in articulated catchment processes.

The most appropriate service (Child FIRST or IFS) within the catchment will be identified for the active holding response.

The Child and Family Services Alliance in each catchment will develop active holding and demand management strategies. For example, contingency responses will be developed during periods of high demand that involve all partner agencies.

A commitment to collaborative demand management approaches
Child FIRST/IFS and Child Protection will work together within the Child and Families Services Alliance to understand and manage current and changing demand.
From time to time, Child Protection and Child FIRST/IFS may need to implement demand management strategies in response to significant demand pressures.

To be effective, these strategies will require actions from both Child FIRST/IFS, and Child Protection. Strategies will need to be negotiated respectfully and in partnership. If agreement cannot be reached, use the relationship management mechanisms described on p. 27.

Demand management strategies should be developed in advance, as part of a shared response. Alliances should have local demand management strategies in place that are monitored by all alliance members, as part of a shared responsibility for responding during times of peak demand across the sector.

**Information sharing and privacy**

When information is exchanged in accordance with the *Children, Youth and Families Act 2005* (CYFA), the *Privacy and Data Protection Act 2014* or *Health Records Act 2001*, 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 and meets statutory obligations.

When Child FIRST/IFS and Child Protection receive a report or referral relating to significant concerns about the wellbeing of a child (CYFA ss. 31–34), they can consult with and provide and receive information to and from each other, as well as with other authorised professionals, for the purpose of assessing risk to a child.

This assessment will determine an appropriate community-based child and family service agency to provide assistance to the child or young person and their family.

When undertaking an intake assessment (described as an ‘initial assessment’ or screening in Child FIRST, to distinguish it from ongoing assessment after a case is allocated to an IFS caseworker), ss. 35 and 36 enable Child Protection and Child FIRST to consult with, and receive information from, each other, as well as from other authorised professionals for the purpose of assessing risk and need.

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. The reporter’s identity cannot be disclosed to anyone other than Child FIRST without written consent and the referrer’s identity cannot be disclosed to anyone other than Child Protection (including not disclosing the referrer's identity to the family service providing ongoing assistance to the family) without written or verbal consent (CYFA ss41).

**Responding to the needs and safety of Aboriginal children, young people and their families**

As stated in the Best Interests Case Practice Model for Aboriginal families, the maintenance of and connection to culture is central to the health and development of Aboriginal children and young people.

These guidelines will be implemented to:

- support cultural connection
- uphold the Aboriginal decision-making principles outlined in the *Children, Youth and Families Act*
- support the *Aboriginal cultural competence framework* developed by the Victorian Aboriginal Child Care Agency and the Department of Health and Human Services.
Roles and responsibilities of Child Protection
Child FIRST and IFS

The Department of Health and Human Services’ divisional operations are organised into 17 local areas based on geographic catchments that reflect trends in population growth and service demand across the state.

The 17 areas manage service delivery with government and non-government organisations in an integrated way, along functional rather than program lines.

The areas have greater decision-making responsibility over local services, and the ability to allocate resources depending on the needs of that area.

The local areas drive coordinated services at the local level, integrated across Child Protection, juvenile justice, housing, disability and IFS.

Child FIRST teams are established in 23 designated subdivisional catchments across Victoria. Subdivisional catchments are aligned across the 17 Department of Health and Human Services local areas to deliver integrated and more coordinated services for vulnerable children, young people and families.

A Child and Family Services Alliance (Alliance) has been established in each of the 23 catchments. These include IFS, area Child Protection and area Local Connections teams, and, where capacity exists, an Aboriginal community-controlled family service organisation. Cradle to Kinder providers became members of the Alliance in 2012. Other sector representatives and professional groups may be invited to participate, as agreed by the core Alliance partners.

At the catchment level, all members of Alliances fulfil three key functions:

- undertaking catchment planning
- providing operational management
- coordinating service delivery.

Areas aim to achieve lasting outcomes for families through early intervention and building opportunities for social, educational and economic participation.

Child FIRST/IFS and Child Protection have key roles in each catchment.

Roles and responsibilities of statutory child protection

As prescribed by the Children, Youth and Families Act, Child Protection is responsible for protecting children.

Child Protection practitioners are delegates of the Secretary of the Department of Health and Human Services. Their responsibilities as protective interveners are not transferable to external agencies, except for those Aboriginal family and community services delegated under ss. 18 and 19 of the Children, Youth and Families Act.

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

Child Protection intervention processes include:

- intake, investigation and assessment of reports of child abuse and neglect
• case management activities associated with protective intervention
• preparing and making a protection application through the Children’s Court, following substantiation of significant harm.

Child Protection supervises and manages children and young people on protection orders living at home, as well as the statutory supervision of children and young people who are unable to live at home. When separation has been necessary, Child Protection works toward returning children on protection orders to their homes where possible.

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

**Community-based child protection**

Community-based child protection is the term used to describe the roles and functions in Child Protection local areas that support partnerships between Child FIRST/IFS, and Child Protection. Community-based child protection also supports the delivery of services.

There are a number of positions within Child Protection local areas that are responsible for these relationships.

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

The **Child Protection Area Manager** has the strategic leadership role across the local area, including local service planning, the interface with Child FIRST/IFS and Cradle to Kinder and Aboriginal Cradle to Kinder Services, stakeholder engagement and high-profile case plan reviews. The Child Protection Area Manager is a formal member of the local Child and Family Service Alliance.

The **Child Protection Practice Leader** provides expert case practice advice and leadership in case management, and supports and develops Child Protection practitioners to integrate theory and practice while demonstrating expertise in case management. The Child Protection Practice Leader supervises the Senior Child Protection Practitioner (Community-Based), undertakes case practice quality audits and provides regular practice forums and community education.

The **Senior Child Protection Practitioner (Community-Based)** (SCPPCB) divides time between an IFS site and the divisional child protection office.

They work collaboratively both within the regional (catchment) child protection program and across the IFS sector to support earlier and more effective intervention for vulnerable children, young people and their families.

The key roles and responsibilities of SCPPCB include:

• managing unborn cases and cases that are transitioning to Child FIRST/IFS
• consultancy, advice and community education for agencies regarding statutory processes and responsibilities
• consultation and advice to Child FIRST/IFS on specific cases, including assistance with risk management and safety planning. This includes chairing and attending case conferences, attending home visits with Child FIRST/IFS agencies if required, and working collaboratively with the practice leader to strengthen partnerships with Child FIRST/IFS.

This position also provides consultation with Child Protection teams in relation to referrals to Child FIRST.

Under s. 17 of the Children, Youth and Families Act, the Secretary of the department has delegated some powers and functions. As such, the SCPPCB is authorised to receive and respond to reports, and they can perform functions as protective interveners when a report is made.
SCPPCB has a significant role in fostering positive working relationships and supporting the service delivery of IFS in subdivisinal catchments. It is important that community-based child protection builds a strong profile and has a firm presence in the catchment, and that it is accessible to both Child Protection and Integrated Family Services.

SCPPCB will actively participate in Child FIRST and IFS, and Alliance and service coordination activities. They will work collaboratively with IFS to support their work with vulnerable children, young people and their families.

Child Protection will actively support the role and function of the SCPPCB. As the SCPPCB is a critical role with legislative obligations, withdrawal of the SCPPCB role to address demand pressures should not occur routinely or for extended periods.

If it is required to withdraw the SCPPCB role:

- every effort will be made for this to be a short-term arrangement
- Child Protection will work in partnership with Child FIRST and IFS to develop a contingency plan to meet the legislative obligations of the SCPPCB role
- Child Protection will inform the Alliance executive of the arrangements that will be in place in the absence of the SCPPCB role.

**Roles and responsibilities of IFS**

The primary client group for Child FIRST and IFS is vulnerable children and young people aged 0 to 17 years (including unborn children) and their families who are:

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

**Role of Child FIRST**

Child FIRST provides a central, community-based referral point for IFS, and it connects vulnerable children, young people and families to other supports. Local agencies may provide intake and initial assessment where agreed by individual Alliances.

Child FIRST aims to provide an identifiable and easily accessible entry point in a designated subdivisional catchment to ensure that vulnerable children and their families are allocated to IFS, or effectively linked with other relevant services based on assessed need and risk.

Child FIRST also focuses on establishing collaborative relationships with key local services and professionals (Children, Youth and Families Act, s. 22).

Broadly, the key functions of Child FIRST in the catchment are 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 Aboriginal community-controlled organisation)
- identify differentiated service responses for families related to the initial assessment of needs and underlying risks
- actively engage with the child and their family to complete an initial assessment, and support them with parenting issues
• determine the priority of a response, and allocate families to IFS, in consultation with IFS and Child Protection (where required)
• participate in local professional and community education initiatives, as identified by the Alliance.

Role of IFS casework
The Family Services casework component of IFS engages families by using a range of skills and approaches that build on family strengths, and address past trauma and other issues that may impact on parenting.

This is underpinned by a partnership approach between families and professionals.

Family Services casework includes:
• providing services, in-home intervention, casework and counselling interventions tailored to meet the needs of the child or young person and their family
• providing earlier intervention services to minimise the need for statutory involvement if there are risk factors and neglect or cumulative harm indicators
• taking a child- and youth-centred, family-sensitive approach to ensure services are provided in the best interests of the child, and working collaboratively with Child Protection to develop effective responses to improve outcomes for children
• providing additional information from ongoing family services assessment and casework to Child Protection to ensure appropriate statutory intervention, as required.

Role of Child and Family Services Alliances
In each catchment, the Child and Family Services Alliance is responsible 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 area Child Protection and Integrated Family Services programs within the catchment.
Joint ways of working: best outcomes for children, young people and families

Child Protection and IFS share responsibility in their roles for delivering services to vulnerable families. Outcomes for individuals and families improve when services work in partnership to deliver services that are integrated and coordinated.

For this purpose, there are a number of joint approaches and governance arrangements that will be established in the delivery of IFS services.

**Intake liaison meetings**

Planned, regular and formal interface between Child Protection Intake teams, the Senior Child Protection Practitioner (Community-Based) and Child FIRST is a key strategy to develop transparent and effective communication, manage critical decisions, and provide an opportunity to deal with operational day-to-day issues in a timely way.

Interface meetings should occur regularly. Intake and Child FIRST managers (Team Manager, Team Leader, Area Manager) must make this a priority to ensure an, effective, collaborative partnership. Child Protection is responsible for ensuring these meetings occur.

Intake liaison meetings provide a forum to discuss:
- case-related themes or patterns of referrals
- systemic issues impacting on service delivery
- staffing updates
- demand updates
- quality issues around referrals or reports between Child Protection Intake and Child FIRST.

Individual case discussion should occur at Team Manager (Child Protection) and Team Leader (Child FIRST) level.

The Child Protection Intake and Child FIRST interface can occur in many forms, including by phone, in person and by video conferencing.⁴

**5.2 Local consultative panels**

Local consultative panels provide a local mechanism to consult on high-level, complex case-related matters and operational issues related to families engaged with Child FIRST and IFS.

Panels provide:
- high-level consultation on complex case-related matters
- identification of themes and emerging trends relating to complex families engaged with Child FIRST and family services
- reflective practice
- localised professional development.

---

⁴ It is the Department of Health and Human Services’ responsibility to arrange video conferencing facilities if these are not available in the agency.
Membership of panels is drawn from across Child Protection, Child FIRST and IFS, as well as considering other professionals from mental health, disability, alcohol and drugs, family violence, early years or education, as needed.

Each panel should ensure it provides opportunities for Alliance members to come together for the purposes described above.

In some instances, an Alliance will meet this obligation through a range of strategic activities.

**Joint practice approaches**

Joint practice approaches provide a system of proactive engagement that ensures best outcomes for vulnerable families as outlined in the Children, Youth and Families Act.

This includes information sharing, shared assessments, joint intervention and involvement of the family.

Regular and positive communication is crucial to this process. Child Protection, Child FIRST and IFS will deliver the following practice approaches.

**Care teams**

Care teams are groups of people who jointly provide care and support for a child while they are involved with the child protection system.

Members of the care team are jointly responsible for determining and ensuring the child’s best interests.

Membership of care teams will vary depending on the nature of involvement and long-term goals for the child and their family. For example, care team will comprise different members if the child or young person is in out-of-home care, rather than living at home and involved with family strengthening processes.

**Joint visits**

Joint visits can help to engage clients, and are an important part of collaborative practice between Child Protection and Child FIRST/IFS.

Joint visits can also achieve outcomes for individuals and families when used for first contact, engagement, handover, and as part of risk assessment to help determine case direction.

They can allow honest, open conversations with parents about the risks and concerns held for their children, including concerns practitioners have if the family declines to engage with Child FIRST/IFS.

Joint visits are also an opportunity to clarify with families the different roles and responsibilities of Child Protection and Child FIRST/IFS.

Decisions about conducting a joint visit should be made collaboratively and determined on a case-by-case basis.

**Unannounced visits**

Child Protection may undertake unannounced visits, where appropriate.

This practice is used to assess the safety and wellbeing of families where significant concerns have been identified. It usually occurs when other attempts to engage, such as telephone calls, letters or announced visits, have been unsuccessful, or where risk of disengagement is identified.

Decisions about an unannounced home visit should also be made collaboratively and determined on a case-by-case basis.
Case conference

Child Protection via the Senior Child Protection Practitioner Community-Based, or Child FIRST and IFS can request a case conference at any time.

Case conferences are a useful tool for:

- sharing information and understanding the risks and needs of the family
- defining professional roles and responsibilities
- developing and reviewing action plans.

Where Child Protection holds case management responsibility for a family, they may invite Child FIRST to a case conference or case plan meeting during an open case and prior to a referral to Child FIRST.

This allows services to clarify roles and responsibilities, promote engagement with the family, and set family goals.

Where IFS holds case management, they can ask the Senior Child Protection Practitioner (Community-Based) to attend a case conference or care team meeting to provide recommendations and advice.

The family should be informed of the role of the Senior Child Protection Practitioner (Community-Based), and consent to their attendance.
Operational procedures between Child Protection and IFS

The referral and consultation processes between Child FIRST/IFS and Child Protection have three high-level operational pathways. These pathways are:

- referrals from Child Protection to Child FIRST – from Child Protection Intake
- referrals from Child Protection to Child FIRST – after Child Protection Intake
- consultations and reports from Child FIRST/IFS to Child Protection.

The first two pathways recognise that a referral to Child FIRST can be made at any point during Child Protection involvement, from intake through to closure phase, after a protective investigation, long-term case management involvement or other statutory intervention.

If a child or young person is subject to a Children’s Court order, this will not preclude a referral being made to Child FIRST.

Each referral pathway is underpinned by the expectation that responsibility for good communication processes is shared between all practitioners and managers.

The elements include:

- key decision-making points, and providing clarity about which service holds case management at points on the referral/report pathway
- the community-based child protection role to strengthen an integrated response for families who are difficult to engage with
- standard and consistent referral and consultation documents
- standard mechanisms to collectively respond to work flow, peaks in demand and complex cases.

Each referral pathway has a flow chart, with a description of the procedures for:

- before referral
- referral
- acceptance and transition of the referral
- closure.

Note that while Child FIRST is the primary central community intake, IFS may also provide a local intake. This is primarily for self-referrals or intra-agency referrals.

Child FIRST should have or develop a mechanism at the local level to ensure the allocation of families to IFS is based on priority of need and vulnerability of children and young people.

Referrals from Child Protection to Child FIRST (intake)

Figure 1 shows the flow chart for referrals from Child Protection intake to Child FIRST.

---

5 In addition to these referral pathways Child Protection, Child FIRST and IFS also receive referrals or reports from community services and professionals.
This referral pathway requires an assessment from the Intake Team Leader as to whether the referral will be:

- **standard** – these are referrals direct from intake to Child FIRST, with no requirement for Senior Child Protection Practitioner (Community-Based) involvement. These cases are overseen by Intake Team Managers and Practice Leader (Divisional Services), or
- **an enhanced referral in consultation with Senior Child Protection Practitioner (Community-Based)** – these are referrals from Intake to Child FIRST that need Senior Child Protection Practitioner (Community-Based) involvement. These cases involve families with a history of being difficult to engage, and a pattern of reports and referrals to both Child Protection and Child FIRST/IFS. They require, at a minimum, the Senior Child Protection Practitioner (Community-Based) to open a s. 38 consult after child protection intake has closed, and to negotiate with Child FIRST to contact the family.

**Before referral**

- Before a referral is made, Child Protection Intake Team Managers or the Intake Senior Child Protection Practitioner will determine if this is a standard referral from intake, or a targeted or enhanced response with the Senior Child Protection Practitioner (Community-Based).
- If the referral is an enhanced referral, then consultation with the Senior Child Protection Practitioner (Community-Based) will occur prior to referral being sent to Child FIRST.
- Criteria for an enhanced referral will include a pattern of reports, previous investigations, substantiations or previous referrals to Child FIRST with limited or no engagement.
- The assessment of the safety, stability and development of the child will be the basis for any referral to Child FIRST.
- Child Protection will provide a clear assessment to assist Child FIRST to actively engage the family in the referral process.
- Child Protection will determine with Child FIRST/IFS if the case is already open, before making a referral.
- The referral is completed by the Child Protection intake worker (for an intake referral) and endorsed by the Child Protection Team Manager as a minimum.
- Child Protection should inform Child FIRST when another report is received soon after referral to Child FIRST and to pass on any relevant information regarding the intake outcome.

**Referral**

**Standard referral tool: Child Protection Intake report**

All referrals from Child Protection Intake will be made using the Child Protection Intake report as the standard statewide referral document. The report will include:

- the reported concerns and follow up conducted
- outcome of the Child Protection intake assessment
- whether or not the family has been informed of the referral
- the rationale for a Child FIRST referral
- whether Child Protection would have concerns if the family does not engage with Child FIRST.

The intake report will be sent by email as a protected file from the Child Protection Intake Team Manager to Child FIRST. As a minimum the Senior Child Protection Practitioner (Community-Based) will be copied into emails for referrals assessed as an enhanced referral.
Figure 1: Referral pathways from Child Protection Intake to Child FIRST

- **Report received**
  - Child Protection assesses suitability of a Child FIRST referral.
  - Determine: direct referral or SCPPCB involvement required.
  - Consultation: Child Protection Team Manager to consult with SCPPCB on enhanced referrals.
  - Mechanism: intake liaison meetings.

- **Intake report is referral tool**
  - Child FIRST responds to referral.
  - Intent: to respond within two working days of receiving the referral.

- Referral not accepted.
- Referral accepted.
- Child FIRST requires more information. Child Protection responds in two working days.

**Direct referral**
- Intake sends standard letter, then
- Intake closes, then
- Child FIRST makes contact with family.

**Requires SCPPCB intervention**
- Intake closes, then
- SCPPCB will open a s. 38, then negotiate joint visit, intervention or contact with family with Child FIRST.

- Referral to other services
- Child FIRST allocates to Family Service.
- New information or family does not engage.

**Section 38 consult**
- Joint visit, intervention or safety planning.
- Referral to local consultation panel.
Acceptance and transition

- Where ever possible, it is the intent of Child FIRST to respond to a Child Protection referral within two business days. This response will be primarily to accept the referral, provide a rationale for not accepting the referral or to seek further information as required.
- Child Protection will maintain case management responsibility until a response to the referral is received and documented on CRIS.
- If Child FIRST requests further information, Child Protection will provide this information in two working days. This is to ensure active engagement and timely intervention.
- If Child FIRST requests further information, wherever possible Child Protection should provide this information within two business days. This is to ensure active engagement and timely intervention.
- If Child FIRST cannot make a decision about acceptance or non-acceptance within two business days, the Child FIRST Manager needs to be informed and the Child FIRST Team Leader will contact Child Protection (Team Manager and copy the Child Protection Intake Manager) to advise of the delay and a timeframe for a decision.
- For a standard referral, Child Protection will inform the family, by letter, of the referral to Child FIRST. This letter will be sent to the family after Child FIRST has accepted the referral. Child FIRST will be responsible for establishing contact and engaging the family.
- After acceptance of an enhanced referral, the Senior Child Protection Practitioner (Community-Based) will be responsible for opening a s. 38 and, together with Child FIRST, will determine contact and initial or assertive engagement with the family.
- When Child FIRST does not accept an enhanced referral, Child Protection will plan an appropriate response for the family, considering the child’s safety, stability and developmental needs.
- If a referral is not accepted, Child FIRST will provide a rationale in writing to the allocated Child Protection practitioner and Senior Child Protection Practitioner (Community-Based) where relevant.
- Relationship management processes (see p. 27) should be used if at any point there is disagreement between the two services. Intake liaison meetings should be used to resolve differences.

Closure

- Child Protection will not close the case until Child FIRST provides a response to the referral. If Child FIRST does not accept the referral, a rationale will be provided to Child Protection and the Senior Child Protection Practitioner (Community-Based) within two working days.
- For a standard referral, and only once Child FIRST accepts the referral, Child Protection will send (as a minimum) a standard letter to the family informing them that a referral to Child FIRST has been made.

Use the standard Child Protection letter: Child Protection has referred to Child FIRST.

Referrals from Child Protection to Child FIRST (all other phases)

A referral to Child FIRST can be made at any point during Child Protection involvement.

The Senior Child Protection Practitioner (Community-Based) is involved in all referrals in this pathway. The Child Protection allocated worker also plays an active role in the referral, transition and ongoing case management and planning.

The consultation panel responds to complex practice issues, and ensures a joint service platform to engage and respond to vulnerable families.
Before a referral is made

- In all cases the referral process after intake must be part of an overall case planning process, in accordance with the Best Interests Case Practice Model.
- The allocated child protection worker must seek consent for the referral from the family, and ensure the family know the goals of the referral.
- For all referrals after intake, the Senior Child Protection Practitioner (Community-Based) will be consulted. This consultation will inform the referral and planned transition to Child FIRST, and the respective family service agency if allocated.
- For complex cases the Senior Child Protection Practitioner (Community-Based), the Senior Child Protection Practitioner, Child Protection Team Manager or Child FIRST Team Leader may request a case conference before the referral is made or accepted. The case conference may also include partner agencies, family services or delegates.

Referral

- The allocated Child Protection practitioner will complete the referral. If the case is unallocated, the contact person for the referral is the relevant Team Manager.
- A standardised referral tool will be used for all referrals from Child Protection (post intake) to Child FIRST.
- The referral will include:
  - a current assessment (in line with the Best Interests Case Practice Model) that highlights areas of risk and need, the actions that have been attempted to reduce risk, and the current plan in relation to the child and family for both substantiated and non-substantiated reports
  - a formal case plan (if this exists) attached to the referral document
  - indication of the need for a joint home visit with the relevant Child Protection practitioner, Senior Child Protection Practitioner (Community-Based) (if appropriate) and Child FIRST or IFS. If the referral is accepted and allocated, the relevant IFS worker will conduct the joint visit with the allocated Child Protection practitioner or the Senior Child Protection Practitioner (Community-Based)
  - evidence that the family has been involved in a discussion about acceptance of the referral.

Use the standard referral tool: Child Protection (post-intake) to Child FIRST and IFS
Figure 2: Referral pathways from Child Protection to Child FIRST (all other phases)

Child Protection assesses the suitability of a Child FIRST referral, then consult with SCBCPP.

Allocated Child Protection practitioner informs family of purpose, and seeks consent for referral.
Allocated Child Protection practitioner provides referral to SCPPCB.
SCPPCB sends referral to Child FIRST.
Mechanism: Standard referral tool.

Child FIRST responds to referral within two working days.

Referral not accepted.
Referral accepted.
Child FIRST requires more information. Child Protection responds in two working days.

Child FIRST and SCPPCB present case to allocation meeting or local process.

Planning for handover, transition and joint planning/communication. Lead by the allocated CP practitioner or Child Protection Team Manager.

Case to close in Child Protection.
Child FIRST/IFS holds case management responsibility.
Child FIRST/IFS takes lead to make referral to consultation panel as required.

Case to remain open in Child Protection.
Child Protection holds case management responsibility.
Child Protection takes lead to make referral to consultation panel as required.

Local consultation panel supports joint planning on complex cases.

Referral to other services.

Child FIRST re-allocates or maintains allocation to Family Service.

New information or family does not engage.

Section 38 consult
Joint visit, intervention or safety planning. SCPCB will register the report on CRIS and facilitate progress to appropriate investigation team.
Acceptance and case transition

- Child FIRST should respond to a Child Protection referral within two business days. This response will be to accept the referral, provide a rationale for not accepting the referral, or to seek further information.
- Child Protection will maintain case management responsibility until a response to the referral is accepted (documented on CRIS).
- If Child FIRST asks for further information, Child Protection will provide this information within two business days. This is to ensure active engagement and timely intervention.
- If a referral is not accepted, Child FIRST will provide a rationale in writing to the allocated Child Protection practitioner and Child Protection within the two working days.
- Child FIRST will present all referred cases to the IFS allocations meeting, with the Senior Child Protection Practitioner (Community-Based) available to answer any questions and support the referral process. For open Child Protection cases, the Senior Child Protection Practitioner (Community-Based) communicates the outcomes of the allocation meeting to the allocated Child Protection practitioner and/or their supervisor.
- The scope of cases discussed at allocation meetings and in the presence of community-based child protection will be limited to cases that:
  - have been referred from Child Protection
  - may be reported to Child Protection
  - require a specific consultation.
- For accepted referrals (and as an outcome of allocation meetings), a handover meeting or case conference will occur. This is to be led by Child Protection. Consider including the family in the handover meeting or case conference. The case conference or transition arrangements will articulate and respond to:
  - case management responsibilities
  - timing of Child Protection closure
  - joint visits
  - ongoing communication between Child Protection and Child FIRST/IFS if the case remains open with Child Protection
  - sharing of information
  - factors that would trigger future consultation to the SCPPCB or referrals to the local consultation panels.

The allocated Child Protection practitioner will:
- make contact with the allocated IFS worker to lead and organise joint handover processes
- acknowledge all communication from IFS relating to the client
- work with the IFS worker to clarify roles and responsibilities, and identify strategies to engage and work effectively with the family
- share information about risk assessment and casework activities that informs the joint assessment, planning, decision making and intervention
- inform the IFS worker of the outcome of an investigation, if undertaken
- attend joint home visits, as negotiated and required, with the allocated Child FIRST/IFS practitioner
- discuss with the IFS worker the level of involvement for IFS during the investigation phase.

The allocated Family Support worker will:
- attend the transition arrangements with the allocated Child Protection worker (or if case is unallocated, the Child Protection Team Manager) to discuss the case, clarify roles and responsibilities, and discuss strategies to engage and work effectively with the client
• work with the Child Protection practitioner to clarify roles and responsibilities, and identify strategies to engage and work effectively with the family
• attend joint home visits, as negotiated and as required, with the allocated Child Protection practitioner
• share information about risk assessment and casework activities that informs the joint assessment, planning, decision making and intervention.

Closure

• Closure is a planned and negotiated process between Child Protection, IFS and the family.
• The key requirement is that Child Protection and Child FIRST/IFS inform each other of the timing of closure. Agreement must be reached on who will hold case management responsibility.
• Robust handover processes and local consultation panels (for complex cases) can strengthen closure planning in this phase.

Reports from Child FIRST and IFS to Child Protection

• A report from Child FIRST/IFS to Child Protection can be made at any time. If there are immediate safety concerns, Child FIRST/IFS can contact Child Protection intake directly.
• Child FIRST/IFS can also consult with Child Protection at any time.
• Child FIRST/IFS should consult with the Senior Child Protection Practitioner (Community-Based) before reporting to Child Protection. If the case is open in Child Protection, Child FIRST/IFS will directly consult the Child Protection Practitioner assigned to the case.
• Child FIRST/IFS workers may consult with the Senior Child Protection Practitioner (Community-Based) at any time there are concerns for the safety and wellbeing of a child for advice, information, safety planning and strategies to manage risk. Obtaining parental consent is best practice, but this consent is not required to ensure a planned response to the safety and wellbeing of children and young people.
• If a referral is received by Child FIRST from the community or a professional, and after a consultation with a Senior Child Protection Practitioner (Community-Based) it is assessed the information constitutes a report, then Child FIRST must make a report to Child Protection (see ‘Outcomes of s. 38 consultation’ on p. 26).

Sections 36 and 38 consultation

Use a standard ss. 38 and 36 consultation template: for Child FIRST and IFS to consult with the Senior Child Protection Practitioner (Community-Based) (still in development).

• Child FIRST and IFS workers will seek endorsement and support from their supervisor before requesting a s. 38 consultation with the Senior Child Protection Practitioner (Community-Based).
• Before the consultation, Child FIRST and IFS workers should email the s. 38 template to the Senior Child Protection Practitioner (Community-Based), together with the completed risks and needs assessment section. This needs to occur before the consultation if possible.
• Section 38 consultations can occur by phone. The consultation record will be completed as soon as possible. Child FIRST and IFS will send the consultation form to the Senior Child Protection Practitioner (Community-Based) in a password-protected email.
• The s. 38 consultation form is a record of the consultation process, and only includes information that was discussed or agreed upon in the consultation.
• The Senior Child Protection Practitioner (Community-Based) will record the consultation as a s. 38 (as per the Children, Youth and Families Act), unless the decision is to make a report.
• If a report is made, the Senior Child Protection Practitioner (Community-Based) will close any open s. 38 consultation, and will include the consultation in the report.
• The Senior Child Protection Practitioner (Community-Based) will communicate a rationale for the decision. Child FIRST/IFS will record this rationale as a case note.
• If the Senior Child Protection Practitioner (Community-Based) is not available and the matter is urgent, make a request for consultation to the Child Protection Practice Leader. If they are unavailable, make a request to the Child Protection Area Manager to decide who will undertake the consultation. If it is after hours, and the matter is urgent, contact the After Hours Emergency Child Protection Service.

Figure 3: Referral and report pathways from Child FIRST/IFS to Child Protection

Recommendations from SCPPCB or local consultation panel, for example:
• safety planning
• referral to services
• engagement approaches or strategies.

Outcome is a Child Protection report:
• SCPPCB determines a report is required.
• Report made in liaison with Intake Team Manager and Investigation Team Manager.
• SCPPCB, intake/investigation team managers and IFS (based on joint assessment and planning) determine ongoing Child FIRST/IFS involvement.

Joint visit or intervention between Child FIRST, IFS and SCPPCB

Consultation with SCPPCB.

Local consultation panel
Chaired by Child Protection Practice Leader
Supports joint planning with complex Cases

Child FIRST/IFS initiates s. 38 consultation.
Unless urgent or there are exceptional circumstances, Child FIRST/IFS contact Child Protection Intake.

Standard s. 38 consultation tool
Outcomes of s. 38 consultation

• Following a s. 38 consultation, if there is a decision to make a report, the Senior Child Protection Practitioner (Community-Based) will register the intake report on CRIS.
• The Senior Child Protection Practitioner (Community-Based) or intake worker will advise Child FIRST/IFS of the outcome of the report.
• Child FIRST/IFS will record the outcome of the report on the client file.
• If a decision is made to transfer the case for a Child Protection investigation, the Senior Child Protection Practitioner (Community-Based) will facilitate this.
• If a report does not proceed to investigation, Child Protection and Child FIRST/IFS will work together with the Senior Child Protection Practitioner (Community-Based) to determine the most appropriate follow-up with the family. This may include presenting the case to the local consultation panel.
• If after receiving and assessing the report, Child Protection decides not to transition the report to a protective investigation, Child FIRST/IFS will work together with the Senior Child Protection Practitioner (Community-Based) to determine the most appropriate follow-up with the family. This may include presenting the case to the local consultation panel.
• Relationship management processes (see p. 27) should be used if at any point there is disagreement between the two services.
• Note that if agreement cannot be reached, Child FIRST/IFS can still make a report to Child Protection.
Relationship management

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

The child’s best interest, as specified in the Children, Youth and Families Act, is the paramount consideration in any mediation, dispute resolution or relationship management process or mechanism.

Issues that could delay or otherwise influence service delivery must be resolved quickly, with a focus on the needs and rights of children and families to receive timely support.

Every attempt will be made to deal with issues or points of difference between services at the local level, with the aim of resolving the matter at this level. If the matter cannot be resolved, issues will be referred to the appropriate line manager to consider holding a case meeting.

Additional information or further joint work may be required if there are different views about acceptance of a report for an investigation, a referral for allocation to IFS, or in relation to case direction or case management issues.

The Best Interest Case Practice Model is a useful mechanism to resolve issues using a framework to assess, plan and act in the child’s best interests.

Key considerations

Clearly define roles and responsibilities in relation to the child and family during formal mediation and dispute processes.

The allocated worker with primary case management responsibility (whether Child Protection or Child FIRST and IFS) will retain case responsibility until the dispute is resolved, unless the service–client relationship has broken down or risk is at a level that necessitates Child Protection taking this role.

The dispute resolution process should follow the table below, with an emphasis placed on resolving disputes at operational level and between the operational management group.

Use a tiered approach to resolving disagreements and addressing issues at the point of practice. If patterns of issues or intractable issues arise, collaborative senior management oversight will ensure issues are resolved according to standard mechanisms.

<table>
<thead>
<tr>
<th>Issue/s</th>
<th>Responsibility/mechanism</th>
<th>Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day to day:</strong> Day-by-day communication</td>
<td>Child FIRST Team Leader, Child Protection Intake Team Manager, IFS Team Manager</td>
<td>Communicating with each other to resolve issues at practice level.</td>
</tr>
<tr>
<td><strong>Operational</strong> Patterns or series of issues, and demand and referral trends</td>
<td>Child FIRST and Child Protection intake interface meetings (including IFS where relevant) Program Manager level</td>
<td>Resolve issues, or refer to Alliance operations meeting or consultative panel.</td>
</tr>
<tr>
<td>Issue/s</td>
<td>Responsibility/mechanism</td>
<td>Roles</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Issues associated with complex cases</td>
<td>Practice Leader and consultative panel</td>
<td>Advise and lead responses and strategies with complex cases and cohorts.</td>
</tr>
<tr>
<td><strong>Strategic</strong></td>
<td><strong>Intractable or system-related issues</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alliance operations meeting (including Child Protection intake representative).</td>
<td>Respond to and develop joint options for tackling problem.</td>
</tr>
<tr>
<td></td>
<td>If unresolved, then referred to Alliance executive (inclusive of Department of Health and Human Services Divisional Services Manager).</td>
<td>Consider appropriate response and action, and communicate decisions to all levels within both services.</td>
</tr>
</tbody>
</table>

If the matter cannot be resolved through these processes, services may choose to undertake a formal review process between the relevant Alliance members and the department.

Child Protection area management plays a key role, and will be involved in any formal mediation and dispute resolution process.

Mechanisms for systematically reviewing issues related to the relationships and transactions between Child Protection and IFS will also occur though regular reviews of joint memorandums of understanding, Alliance operations manuals, interface or liaison meetings, and so on.

**Review**

These guidelines will be reviewed from January 2016 to 30 December 2016.

This process will be based on a set of measures that will be identified in consultation with Child Protection, Child FIRST and IFS.
## Endorsement

<table>
<thead>
<tr>
<th>Director, Human Services and Design</th>
<th>Director, Service Implementation and Support</th>
<th>Chief Executive Officer Centre of Excellence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

---

Procedural guidelines for referral and consultation: Child Protection and Child FIRST/IFS