



The Orange Door in Bayside Peninsula and Child Protection/Integrated Family Services Local Interface Arrangement

October 2020

Endorsement and Review

This Local Interface Arrangement between The Orange Door in Bayside Peninsula and Child Protection/Integrated Family Services was endorsed by the Bayside Peninsula Operations Leadership Group on 8 October 2020.

This Local Interface document will be reviewed on a bi-annual basis.

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1. Acknowledgments

1.1. Aboriginal Acknowledgment

We acknowledge and respect the Traditional Owners of the land Bunurong people of the Kulin Nation and pay respects to their elders, past, present and emerging. We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on an incredibly disciplined social and cultural order. This social and cultural order has sustained up to 50,000 years of existence.

1.2. Victim Survivor acknowledgment

We acknowledge all victim survivors of family violence. We remember those who have been killed as a result of family violence. We also keep forefront in our minds all those who are still experiencing family violence today, and for whom we undertake this work.

2. Preamble

2.1. Family Safety Victoria (FSV)

FSV was established in 2017 to drive key elements of Victoria's family violence strategy and coordinate support for families to help them care for children and young people.

The Orange Door (TOD) is new way for adults, children and young people who are experiencing family violence, or families who need assistance with the care and wellbeing of children to access the services they need to be safe and supported.

2.2. Child Protection/Integrated Family Services

Child Protection (CP)

CP is part of the Victorian Department of Families, Fairness and Housing (DFFH). CP provides child-centred, family-focused services to protect children and young people from significant harm resulting from abuse or neglect within the family.

Integrated Family Services (IFS)

IFS promotes the safety, stability and development of vulnerable children, young people and their families, with a focus on building capacity and resilience for children, families and communities.

IFS targets vulnerable young people and their families who are:

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

The intention is to provide services to the target group earlier, to protect children and young people and improve family functioning.

2.3. Purpose

TOD in Bayside Peninsula and CP/IFS have jointly developed this local interface document in recognition of the need to ensure seamless communication, coordination and processes between TOD in Bayside Peninsula and CP/IFS. This Local Interface Arrangement does not replace or override responsibilities of CP/IFS and TOD as outlined in existing legislation and relevant policy and practice frameworks. The purpose of this interface document is to:

- outline the operating procedures agreed at a local level to support local functions, protocols and operations between TOD in Bayside Peninsula and CP/IFS
- ensure agreed practical supports are in place and a shared understanding of roles and expectations are established and maintained.

2.4. Related Documents

This document should be read in conjunction with the [Statewide interface between CP/IFS and TOD](#). This statewide document is currently under review.

A suite of other related documents supports this Local Interface Arrangement between TOD in Bayside Peninsula and Child Protection/Integrated Family Services including:

- Southern Child Protection Intake - The Orange Door in Bayside Peninsula Liaison Group Terms of Reference – FINAL
- Operational Guidance for CBCP Consultation
- Section 38 consultation prompt sheet
- Child Protection History Request Process
- CP history request proforma
- Overview child protection process
- BPA Outreach Guide
- BPA Outreach Safety Assessment
- Practice Guidance for Services & History checks
- Demand Management strategies
- TOD Transition Form
- TOD Closure Form
- TOD Integrated Allocations Framework.

3. Roles and Responsibilities

3.1. TOD

TOD provides:

- A visible contact point for help and support
- A connection to a wide range of family violence and child and family services
- A coordinated and integrated service response for women, children and men
- An immediate response for people in crisis
- Specialist support and tailored advice for victim survivors, families and children.

The primary functions of TOD are:

- Screening, identification and triage
- Assessment and planning

- Brief targeted intervention
- Allocation to core services
- Referral to the broader service system.

The primary site for TOD Bayside Peninsula is located at 60 Wells St Frankston 3199. Access Network sites are also located at:

- 2/211 Chapel St Prahran 3181 (TOD Access Point)
- 1703 Point Nepean Road Capel Sound (TOD Outpost)
- 184 Salmon Street, Hastings (TOD Access Point).

TOD Bayside Peninsula brings together different workforces and practices to create an integrated intake, assessment and planning service. The following partner organisations are represented in TOD Bayside Peninsula:

- Anglicare Victoria
- Good Shepherd
- Family Life
- Oz Child
- Peninsula Health
- The Salvation Army
- Uniting
- VACCA
- Family Safety Victoria, The Department of Families, Fairness and Housing

3.2. Operating hours

TOD is operational during standard business hours (Monday-Friday 9am-5pm, excluding public holidays).

3.3. CP/IFS

CP

CP is mandated through the Children, Youth and Families Act 2005 to:

- receive reports regarding children in need of protection (for children and young people aged between 0 – 17 years)
- receive reports in relation to an unborn child and provide advice and support to the mother (subject to the mother's consent)
- assess and investigate protective intervention reports
- initiate court applications where it is assessed that the child is in need of protection
- be responsible for the supervision of and case planning for orders made by the family division of the Children's Court
- refer children and families to services that assist in providing the ongoing safety and wellbeing of children and young people
- facilitate access to support and treatment services to address the impact of any harm suffered
- provide and fund accommodation services for children and young people who are unable to safely reside with their parents
- provide and fund specialist support services to children and young people as needed.

Child Protection can remain involved with young people up to the age of 18 years, if a Children's Court Order is in force.

Community Based CP (CBCP) is the term used to describe the roles and functions of Child Protection in local areas that support partnerships between CP, TOD and IFS. The CBCP team within TOD in Bayside Peninsula is made up of 1 Team Manager, 4 CPP5s and 2 CPP4s (who sit within the triage team). The role of the CPCB team is:

- to support the delivery of services
- to provide earlier and more effective intervention for vulnerable children, young people and their families
- to support IFS
- to attend their DFFH area office, when required, to participate in activities in line with their respective positions.

IFS

IFS engages families by using a range of skills and approaches that build on a family's strengths and address past trauma and other issues that may impact on parenting. This 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 CP to develop effective responses to improve outcomes for children
- providing additional information from ongoing family services assessment and casework to CP to ensure appropriate statutory intervention.

In BPA, the following agencies are funded by the Department of Families, Fairness and Housing for the delivery of IFS:

- Anglicare Victoria
- Family Life Ltd
- Oz Child (funded as Children Australia)
- Good Shepherd Australia New Zealand
- Uniting
- Victorian Aboriginal Child Care Agency (VACCA)
- City of Port Phillip
- City of Kingston
- Bayside Community Information and Support Service
- Connect Health and Community
- Jewish Care

The Bayside Peninsula Child and Family Services Alliance, a partnership of all DFFH funded Child and Family Services Agencies, TOD, DFFH Child Protection and Agency Performance and Systems Support continues to be a key component of the catchment service delivery model. The Alliance and Alliance Partnership Facilitator will:

- establish and maintain strong linkages

- implementing timely and effective referral pathways
- provide advice about the interface between IFS and CP, including protocols and procedures for decision making and day-to-day relationships with CBCP
- provide advice about information management and capacity to share information, as specified in legislative provisions.

4. Governance

CP has a representative on TOD Hub Leadership Group. The Alliance Partnership Facilitator and CBCP Team Manager also sit on TOD Operations Leadership Group.

The Southern Child Protection Intake – The Orange Door in Bayside Peninsula Liaison Group is made up of CP representatives (CP Area Operations Manager, CP Deputy Area Operations Manager Intake, CP Deputy Area Operations Manager Response and CP Team Manager (the Orange Door Liaison) Intake) and representatives from TOD (Service System Navigator (SSN), Integrated Practice Leader (IPL), Child and Young Person Practice Lead (CYPPL) and an Orange Door Team Leader). The group meets every 6 weeks 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 the Orange Door.

The Alliance Partnership Facilitator, CBCP Team Manager, TOD (SSN, IPL and CYPPL) and DFFH (Senior Advisor Agency Performance and System Support) meet monthly. This meeting is chaired by the Alliance Partnership Facilitator and its role and function is to:

- Discuss and manage the interfaces between TOD, CPCB and IFS
- Track demand and capacity
- Discuss and plan responses to identified risks or issues arising
- Up line any relevant issues to agency or government (as required).

The Manager of TOD and the CP Deputy Area Manager sit on the IFS Alliance Governance group; this meets bi-monthly. The SSN, IPL, CYPPL and CBCP TM also sit on the IFS Alliance Management Group which meets monthly. TOD CWB Team Leaders and SCPPCB also sit on the IFS Alliance Operations Group which meets monthly.

5. Risk Assessment and Information Sharing

5.1. Multi-Agency Risk Assessment and Management Framework (MARAM)

The MARAM Framework ensures that services are effectively identifying, assessing and managing family violence risk and replaces the previous common risk assessment framework (CRAF). Over time the service system will develop a shared understanding of family violence risk assessment and management through the use of the MARAM. Further information and resources for the MARAM can be found at: <https://www.vic.gov.au/maram-practice-guides-and-resources>.

When assessing children and young people practitioners also utilise the Best Interest Case Practice Model (BICPM).

5.2. Information Sharing

Sharing of information between TOD in Bayside Peninsula and CP/IFS operates in accordance with a suite of relevant laws and frameworks. This includes:

- The *Family Violence Protection Act 2008* (including Part 5A Information Sharing and Part 5B: Information Sharing, Support and Safety Hubs)
 - Family Violence Information Sharing Scheme (FVISS)
 - Child Information Sharing Scheme (CISS)
- The Child Wellbeing and Safety Act 2005
- The Children, Youth and Families Act 2005
- The Privacy and Data Protection Act 2014 (including the Information Privacy Principles)
- Health Records Act 2001 (including the Health Privacy Principles).

TOD in Bayside Peninsula and CP/IFS are prescribed Information Sharing Entities (ISEs) and Risk Assessment Entities (RAEs) under the FVISS and CISS. Therefore, TOD in Bayside Peninsula and CP/IFS give precedence to a victim-survivor's right to safety and agency over a perpetrator's right to privacy and are authorised to share perpetrator information without the perpetrator's consent. For further information refer to The Orange Door Information Sharing Process. To request a copy please contact TOD contacts listed in section 8.

In addition to the above, when a referral received by TOD is identified as requiring a child wellbeing response from an IFS agency, a history check will occur on IRIS or agency databases. This will ascertain any previous intervention from an agency who previously sat within Child FIRST and may contribute to the risk assessment and subsequent intervention by TOD.

5.3. Requesting Information from TOD

CP/IFS can request information from TOD under the FVIS and CISS by emailing an Information Sharing Request to BPA@orangedoor.vic.gov.au with the following details:

- full name and date of birth of all known client/s (victim, perpetrator and children)
- information that is being requested
- purpose of the information request e.g. risk assessment, child wellbeing, protection purposes, and; under which scheme the request is being made i.e. FVIS or CISS.

5.4. Requesting Information from IFS/CP

IFS

When TOD receives a referral, an IRIS or agency history check is conducted. This check ascertains whether a family has previously been involved with a family services agency, the outcome of this involvement and when the case was closed.

CP history requests:

CP history requests should be completed on the following cases:

- If a practitioner holds significant concerns for a child's wellbeing
- At the point of TOD Assessment (A&P Phase) following a meaningful discussion with primary Carer/Parent where the practitioner holds concerns for the wellbeing and/or safety of a child

- If TOD is referring the family to a core Family Violence or Family Support Agency
- For repeat families where a S193 has not been requested for more than one month.

Prior to completing a CP history check with CBCP, the TOD practitioner should check CRM to determine if there is already one on file from Triage.

The following email should be cut, pasted, populated and sent to

CBCP.BPAUnit@dffh.vic.gov.au:

"Orange Door received a referral from(e.g. Police L17/Police E ref/School/Professional)

Dated.....

The child/ren names DOB.....

The name of the parent Orange Door is currently assessing is

Address.....

The Orange Door is seeking the history of reports made to Child Protection on the above child/ren for the purpose of informing our assessment of need and to ensure the family are linked to the appropriate supports.

In the event that this case is currently open at Child Protection please advise the office, program and name of CP Practitioner to enable Orange Door to discuss our current involvement and plan the appropriate response to meet the needs of the child and their family."

Once The Orange Door practitioners have reviewed the Child Protection History, if they require further information, they should follow up with SCPPCB i.e. If it appears incomplete, or they have further questions.

CBCP Risk Based Consultations (previously known as Section 38 consult):

TOD practitioners may consult with CBCP when:

- It was a recommendation from CPP4s CBCP in the SIT phase
- They have been advised to do so by their Team or Practice Leader
- TOD practitioners form a view there are significant concerns for children and young people that have been referred, including where a sexual or physical assault is suspected and / or risk may be escalating, such consultation to occur to inform assessment, intervention options and to determine if a report to CP needs to be made
- TOD practitioners need to determine if there is any relevant information held by CP, over and above information obtained from CIP, that may inform their assessment and subsequent responses to a child or young person and their family
- Concern is identified for an unborn child to the extent that it is likely a report to CP will need to be made post birth.

If TOD is considering making a report to Child Protection Intake, they must complete a CBCP Risk Based Consult.

Consultation with the SCPPCB will be undertaken as follows:

- TOD practitioner will seek endorsement from their supervisor before requesting a Risk Based consultation with the CBCP.
- TOD practitioner will complete the Risk Based consultation form and send it via email to CBCP.BPAUnit@dffh.vic.gov.au. This will provide CBCP the opportunity to review the current

concerns and risk assessment identified and conduct appropriate CRIS checks to assist the consultation process.

- For more urgent matters a verbal consultation can take place, with TOD practitioner completing the Risk Based consultation form as soon as possible, after the consultation has occurred
- The CBCP and TOD practitioner will engage in discussions about the case, ensuring a shared understanding of the issues and agree to decisions. The CBCP recommendations should be added to the consultation form upon completion of the consultation. TOD practitioner may need to update or complete a new risk assessment based on the consultation with the CBCP.
- The Risk Based consultation form should be, at its completion, a shared, single document that is uploaded by TOD practitioner and CBCP to their respective case recording systems.
- The CBCP will record the consultation on CRIS as a Community Based Consult (as per the CYFA 2005), unless the decision is to open a report, if the CBCP decides the matter meets the threshold for statutory intervention. If a report is made, the CBCP will close any open Community Based Consult consultation and will include the consultation in the report.

Possible outcomes from a Risk Based Consult can include:

- Case direction, advice and assistance with risk assessment
- Joint visits
- Unannounced visits
- Case conferences
- Intake report.

6. Dispute Resolution

It is understood that the quality of the working relationship between TOD in Bayside Peninsula and CP/IFS enables:

- Improved outcomes for women, children and young people experiencing family violence and vulnerable families and children
- Enhanced perpetrator accountability by TOD in Bayside Peninsula and CP/IFS prioritising the safety of women and children through shared, effective and ongoing risk assessment and management.

The risk of a dispute is mitigated through a commitment to the processes outlined in this practice guidance. However, on occasion a dispute may arise. On these occasions the below dispute resolution process is followed. Disputes are managed in a timely manner to ensure service delivery is not compromised.

Dispute Resolution Process

Issue/s	Responsibility/mechanism	Roles
Day to day: Day-by-day communication	Hubs Team Leader and Practice Leaders, Child Protection Team Manager and SCPPCB in Hubs, Child Protection Intake Team Manager, Intake SCPP and IFS Team Manager (or equivalent)	Communicating directly with each other to resolve issues at practice level.

Operational Patterns or series of issues, and demand and referral trends	Hubs Leadership Group and or other governance structures. Hubs and Child Protection intake interface meetings (including IFS where relevant)	Resolve issues or refer to Alliance Management meeting or consultative panel.
Issues associated with complex cases	Hub Practice Leader(s), Child Protection Team Manager and SCPPCB in Hubs and consultative panel where they occur.	Advise and lead responses and strategies with complex cases and cohorts.
Strategic intractable or system-related issues	Hub Leadership Group. Unresolved matters relating to IFS can be referred to the Alliance Governance Group, FSV and/or departmental executive for systemic issues.	Respond to and develop joint options for tackling problem. Consider appropriate response and action and communicate decisions to all levels within both services.

The process for responding to feedback (including compliments and complaints) regarding The Orange Door will be in line with the FSV *Feedback Management Procedure*, December 2019. FSV Feedback Management Procedure, December 2019.

To request a copy of the *Feedback Management Procedure* please contact The Orange Door contacts listed in section 8.

7. Local Arrangements

7.1. Referral, Assessment and Allocation

Police Referrals

A report provided by Police when they attend a family violence incident L17 will be sent to The Orange Door through the portal. Where the L17 referral identifies significant concerns in relation to children and the referral has not been sent to CP Intake by VicPol, then the following process occurs:

- TOD triage will consult with CBCP about urgent cases requiring CP involvement
- CBCP will advise if the case requires urgent consult
- Triage will transfer the case to a TOD Assessment and Planning (A&P) team for urgent assigning to a practitioner
- If the CBCP risk based consult is urgent, the TOD A&P practitioner will consult with CBCP about the case and CBCP will advise if a report is already being completed for CP or if a CBCP consult form is required
- If the CBCP risk based consult is NOT urgent, the TOD A&P practitioner will complete a Risk Based Consult (s38 form) and email it to CBCP.BPAUnit@dffh.vic.gov.au. A CBCP duty worker will contact the TOD A&P practitioner to complete the consult.

Where an L17 is received by TOD and it is identified that the family is currently in receipt of support by IFS, TOD will (at triage):

- Identify the agency involved
- Contact the agency Team Leader or Practitioner to discuss the content of the L17 referral
- If the agency is willing to respond to the L17, PDF the L17 and send it to them
- If the agency is not willing to respond to the L17, proceed with the normal L17 triaging and response (noting that the members are involved with an IFS agency).

Enhanced Referrals

CP Intake may make Enhanced Referrals to TOD. This will involve consulting with CBCP, who will confirm that the referral meets the enhanced referral criteria. Upon TOD accepting the referral, CP Intake will close the case.

Enhanced referrals will typically reflect families with a pattern and history of CP reports and investigations, and previous referrals to services with limited or no engagement. TOD practitioner can then decide whether or not they need to engage with CBCP via a Risk Based consult under the CYFA, regarding how to best engage a family and whether CBCP should play an active part, alongside TOD practitioner, in this process.

If consulted by TOD practitioner, the CBCP will open a Risk Based consult on Client Record and Information System (CRIS).

After acceptance of the Enhanced Referral, TOD will proceed with attempts to engage the family. If TOD practitioner is unable to engage the family after reasonable attempts, or if TOD practitioner is unable to develop a plan with the family that goes towards mitigating risks outlined in the referral, TOD practitioner should initiate a Risk Based consult with the CBCP.

Intake

- CP Intake will make referrals to TOD by emailing BPA.referrals@orangedoor.vic.gov.au.
- The Orange Door will complete check to see if the case is already open within TOD partner agencies. If so, they will email the referring CP TL and advise that the information has been passed to the appropriate worker.
- If the family is not open within TOD or the Alliance, TOD Practitioner will assess the information and make a risk determination based on the Integrated risk and the Statewide Demand document as well as professional judgement. The decision will be provided to CP within two business days.
- If there has been a history of services being unable to engage the family, discuss with team leader if the referral should become an enhanced referral.
 - Declining reasons: out of area.

TOD will allocate and complete intake assessment in accordance with risk determination. In understanding the assessment, TOD will make contact with the family and speak with the relevant information holders. TOD will also advise CP of the referral outcome.

Should there be any issues in relation to Child Protection Intake Referrals then it should be addressed between TOD Triage Team Leader and the Intake Team Manager in the first

instance. Should this be unable to be resolved, then please raise to CBCP Team Manager, IPLs and SSN.

Post-intake

CP will complete the statewide Referral In tool from Child Protection (post-intake) to Child FIRST/Family Services and submit to CBCP for review. Once CBCP determines the referral is appropriate, they will submit it to TOD for acceptance, and TOD will advise of their acceptance/rejection of the referral within 48 hours, completing the Post intake assessment form. This combines the history from the community alongside CP History as well as analysis of information with a recommendation for service. Once the referral has been accepted by TOD, the referral will go to the allocations meeting.

IFS agencies have one business day to acknowledge receipt of the allocation and raise any concerns in relation to the allocation.

Brief Intervention (BI) Program (Family Life)

Within BPA, Family Life utilises their Brief Intervention (10 hour) targets to provide early intervention with cases being redirected by TOD. Suitable cases include those families not previously known to services and those where brief and early help is likely to be adequate to address identified child and family needs.

BI cases are identified by TOD triage team and redirected following the completion of a service plan. Family Life will advise TOD of closure by completing TOD Closure Form and sending to bpa.child@orangedoor.vic.gov.au.

Where Family Life assesses that further intervention is required, Family Life will complete a TOD Transition Form (future statewide TOD Referral Out Form) and send it to BPA.referral@orangedoor.vic.gov.au. TOD will triage this and complete a service plan and send to allocation meeting.

IFS completion of Assessments for TOD

The completion of TOD assessments by IFS agencies is an option outlined in the demand management strategies of both TOD (for peak demand) and the Alliance (for low demand). Assessments suitable for redirecting to IFS are those triaged as families with children aged under 3 years.

TOD assessments are undertaken by IFS as a Brief Intervention (BI) activity and do not impact IFS agencies agreed monthly capacity. However, if upon completion of the assessment IFS assess that the client requires and meets the threshold for further intervention, they will complete a Transition (future Referral Out) Form and send to BPA.referrals@orangedoor.vic.gov.au advising that the outcome of assessment is transferred to a case management. It should be noted:

- Assessments considered for case management allocation should be assessed by IFS using TOD risk tiering
- Assessments that translate to case management will be included in the case managing agency's monthly allocation capacity (in the month of receipt of the Transition form by TOD)

- Agencies take assessments with a view to offering service should case management be appropriate, and capacity allows, in order to reduce the client's needs to repeatedly tell their story and support existing engagement.

Should the client not meet the threshold for service, the IFS agency will send through the closure form to BPA.child@orangedoor.vic.gov.au

When agencies complete assessments on behalf of TOD, agencies that hold Child FIRST hours within TOD have the same information sharing powers as TOD. As such, the following agencies are able to utilise the highest level of information sharing when using staff to conduct assessments: Anglicare, OzChild, Good Shepherd, Family Life & Uniting VicTas. Other agencies will continue to use section 192 powers for information sharing when undertaking assessments on behalf of TOD.

Weekly Integrated Allocations Meeting

Part 1 of the weekly Integrated Allocations Meeting brings together TOD, Community-Based Child Protection and core family violence agencies to support a coordinated, multi-disciplinary service system response for clients and families with complex needs. Meetings, which are held on Wednesday mornings, provide an opportunity for information sharing by agencies about prior client service engagement across the system and identify known risk and need for each family member. Case presentations and discussion informs collective decision-making about appropriate service allocation.

Part 2 of the weekly Integrated Allocations Meeting considers family violence cases and the intersectional needs of families. Meetings are co-chaired by a TOD Advanced Family Violence Practice Lead and an Integrated Practice Lead. Family violence cases are presented by the assigned TOD Team Leader and allocated to a core family violence service which can meet the needs of the individual and their family. Urgent cases may be progressed between meetings, by agreement.

Part 3 of the weekly Integrated Allocations Meeting considers cases for allocation to integrated family services, with a lens to intersectional needs, including family violence.

The Family Violence Intervention Template must be completed for those families where a family violence lens is required, to ensure that families are able to receive an appropriate service. This template helps to distinguish between:

- families in crisis which require family violence case management response from a specialist family violence service
- families which require family violence recovery support or support to understand the presence of family violence through an IFS.

For further information about weekly allocation meetings, please refer to the *BPA Integrated Allocations Framework*.

Re-Referrals within 3 months of closing to an IFS

Where a case that has been previously allocated and received active service from an IFS agency re-present to TOD within three months of the date of closure, it is agreed that the case will be redirected back to the relevant agency for triaging and assessment. Ideally, the referral is redirected to Team Leaders at the agency which previously supported the family given their existing knowledge and rapport. This redirection for triaging and assessment is a Brief Intervention function.

Prior to redirecting, TOD will clarify the appropriateness of a re-referral to an IFS agency within 3 months of closure by:

- Reviewing the IFS recommendation in the previous closure document, and
- Liaising with the IFS Team Leader to discuss the appropriateness of re-referral.

Following assessment, IFS will email a closing summary to the TOD advising of the outcome. In the case that assessment identifies need for further service, IFS will complete a Transition Form and send it to BPA.referrals@orangedoor.vic.gov.au advising that the case has been assessed as meeting the criteria for family services. TOD will triage and complete a service plan for the agency and consider it at the weekly integrated allocations meeting.

In exceptional circumstances, endorsement of an out of session allocation may be sought by IFS agencies to meet the immediate needs of urgent re-referrals. Through collaborative case discussion, IFS agencies and co-chair/s of the IFS integrated allocations meeting will determine whether the re-referral should be prioritised in the context of other cases on the weekly allocations list.

Joint working and internal referrals to SFV and Integrated Family Services

At times, during or at the conclusion of a support episode, an IFS agency may identify a more suitable alternative or complimentary stepdown intervention for appropriate for clients. Alternatively, an IFS agency might identify that joint working is required with another agency. Internal referral processes support this ability to transfer cases or have dual allocations according to identified support needs, whilst also ensuring tracking through the system.

Where an agency seeks to undertake an internal referral, the referring agency Team Leader (or equivalent) must negotiate program eligibility and ascertain capacity with the receiving program Team Leader prior to communication with TOD.

To enable TOD to track referrals and allocations through the system and monitor agency capacity, the referring agency Team Leader will email a completed Transition Form to bpa.referrals@orangedoor.vic.gov.au and include a courtesy copy (cc) to the receiving agency. TOD will create a case and service plan.

If the joint case or internal referral is to count towards agreed Orange Door allocation capacity, the case must progress through the weekly allocations meeting.

Communication between organisations should occur regarding intervention and support being provided to the family and closure documents should be sent to the Orange Door at the cessation of service. (*BPA FS FV Integrated Practice Protocol, Feb 2022, p.7*)

The Transition Form will replace the closing document in this case for the referring agency. The receiving agency will complete a closure document at cessation of service and email this to TOD.

As for re-referrals, in exceptional circumstances, out of session urgent allocations may be considered through discussion between IFS agencies and co-chairs of the IFS integrated allocations meeting.

Inter-Area Referrals

At times, clients in receipt of IFS services in other DFFH Areas may move into BPA and require provision of service. Inter catchment referrals are to be emailed through to TOD BPA by emailing BPA.referrals@orangedoor.vic.gov.au. BPA TOD will encourage the referring agency to complete a Transition (future statewide Referral Out) Form, however, to ensure a pathway to service this will not be mandatory, and TOD will accept a current assessment. These cases will not be reassessed within TOD however will be triaged and proceed to allocation meeting within TOD.

Allocation capacity and process

The throughput model adopted in Bayside Peninsula is a systems / business model that relies on an understanding of capacity at different stages of the system at any one time. This requires clear and consistent communication as well as a commitment by both IFS and TOD to keep to agreed allocation numbers in a planned manner.

To support the throughput of cases from TOD to core services, monthly agency capacity to accept family violence allocations is pre-agreed and additional capacity is flagged by core services, when available. Any reduction to weekly agency capacity should be emailed to bpa.child@orangedoor.vic.gov.au by COB Monday.

TOD will send referrals to IFS agencies by midday each Thursday.

IFS provider	WEEKLY CASE ALLOCATION (to be advised)	YEARLY CASE ALLOCATION (to be advised)
Anglicare Victoria		
Family Life		
Oz Child		
Good Shepherd		
Good Shepherd (IFS Counselling)		
Uniting		
City of Kingston		
City of Port Phillip		
BayCISS		
Connect Health		
VACCA Southern - for Aboriginal Children & Families		
Jewish Care - for Jewish Families		
Total BPA (TOD) capacity		

IFS agencies agree to maintain agreed capacity, as is outlined in the IFS Demand Management Strategy.

Allocation outcome

As noted above, IFS agencies have 1 business day to acknowledge receipt of allocations from TOD. Allocation outcomes are Accept or Decline. If, for any reason, an IFS agency makes the decision to decline an allocation, this must be escalated to the Agency Program Manager (or equivalent). The Program Manager, within 1 business day of receipt of allocation, will communicate in writing the decision and rationale to TOD PL, SSN, APSS and the Partnership Facilitator.

The Agency Program Manager (or equivalent) is strongly encouraged to contact the PLs for discussion prior to sending a decline email where issues relate to concerns arising from the case or quality of documentation.

Routine issues of case clarification or seeking of further information should be managed between TOD team leaders and the receiving IFS agency Team Leader and should not delay acceptance, or commencement of service (in most cases). Where IFS concerns are related to CP referrals, the IFS Program Manager should contact the CBCP Team Manager for discussion.

Case closure by IFS

In order to ensure and maintain clear oversight of children, youth and families in the system, a process of closure advice exists within IFS, TOD and CBCP (where the referral originated from CP). Upon closure, IFS will email the closure document to BPA.child@orangedoor.vic.gov.au with the subject line "Case closure".

Where the referral has originated from CP (any phase) a courtesy copy of the email sent to TOD will also be sent to:

- The allocated worker (for cases open with CP). The allocated child protection will remove the password protection and upload to CRIS.
- The CP admin team CP.Admin.Frankston@dffh.vic.gov.au (for cases closed with CP). The CP admin team will remove the password protection and upload to CRIS. (IFS closures on closed CP cases are not read or checked by CBCP and this is an admin only process).

7.2. After Hours

Safe Steps, as a statewide service can provide after-hours phone-based support to CP/IFS and can be contacted on **1800 015 188**. Safe Steps will liaise with the local after hours service provider, Good Shepherd. Safe Steps will inform TOD Bayside Peninsula of any support provided to client by the morning of the next business day.

The Men's Referral Service (MRS) receives Victoria Police L17 reports for respondents on weekends and public holidays and attempts engagement with the respondent. The MRS provides TOD with a list of all L17s and updates regarding engagement by 10am Monday, or by 10am the day following a public holiday.

If it is after hours, and the matter is urgent, TOD practitioner can contact the After Hours Emergency Child Protection Service on **13 12 78**.

Other state-wide services available to members include:

- Victims of Crime Helpline **1800 819 817**
- Sexual Assault Crisis Line **1800 806 292**

7.3. Outreach

Joint visits

Joint visits are an important part of collaborative practice approaches between TOD, CP and IFS. Joint visits can:

- Support the development of risk assessments for children and young people
- Promote the engagement of families with services

Joint visits provide the opportunity to clarify with families the different roles and responsibilities between TOD, CP and/or IFS. They support honest, open conversations with parents about the risks and concerns held for their children and any implications of the family's decision to decline TOD services.

Decisions regarding when a joint home visit should occur, should be made collaboratively and determined on a case-by-case basis.

Home visit dates and times to be negotiated between CBCP and TOD practitioner. TOD practitioner will advise the family of home visit details (method of informing family to be discussed during consultation).

Prior to home visit occurring, CBCP and TOD practitioner will negotiate who takes responsibility to lead the visit, and who takes notes. It is expected that notes will be shared between CBCP and TOD practitioner, to have a shared record of the visit on both CRM and CRIS. These notes should be done as soon as practicable.

TOD practitioners should ensure they refer to and follow the BPA Outreach Guide and the BPA Outreach Safety Assessment when planning visits.

Unannounced visits

Best practice is for all outreach visits to families to be planned and organised prior to attending. From time to time however, it may be necessary to make an unannounced visit to a child and family.

This practice is used to assess the safety and wellbeing of children and young people where other attempts to engage (through telephone calls and letters) have been unsuccessful or where risk of disengagement is identified. Decisions about unannounced joint home visits should be made collaboratively and determined to be required on a case-by-case basis.

TOD practitioners should ensure they refer to and follow the BPA Outreach Guide and the BPA Outreach Safety Assessment when planning visits.

8. Contact Information

For queries relating to the application of this interface document, please contact:

The Orange Door	
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IFS	
Sasha Lilford IFS Alliance Facilitator P: 0400 061 078 E: Sasha.Lilford@anglicarevic.org.au	
CBCP	
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