**The Orange Door in Bayside Peninsula**

and

**Child Protection/Integrated Family Services**

Local Interface Arrangement

May 2025

Endorsement and Review

The original 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 is reviewed on an annual basis.

Last update: 16 May 2025

Review date: May 2026

Content

[1. Acknowledgments 2](#_Toc198307131)

[1.1. Aboriginal Acknowledgment 2](#_Toc198307132)

[1.2. Victim Survivor acknowledgment 2](#_Toc198307133)

[2. Preamble 2](#_Toc198307134)

[2.1. Family Safety Victoria (FSV) 2](#_Toc198307135)

[2.2. Child Protection/Integrated Family Services 2](#_Toc198307136)

[2.3. Purpose 3](#_Toc198307137)

[2.4. Related Documents 3](#_Toc198307138)

[3. Roles and Responsibilities 3](#_Toc198307139)

[3.1. TOD 3](#_Toc198307140)

[3.2. Operating hours 4](#_Toc198307141)

[3.3. CP/IFS 4](#_Toc198307142)

[4. Governance 6](#_Toc198307143)

[5. Risk Assessment and Information Sharing 6](#_Toc198307144)

[5.1. Multi-Agency Risk Assessment and Management Framework (MARAM) 6](#_Toc198307145)

[5.2. Information Sharing 6](#_Toc198307146)

[5.3. Requesting Information from TOD 7](#_Toc198307147)

[5.4. Requesting Information from IFS/CP 7](#_Toc198307148)

[6. Dispute Resolution 9](#_Toc198307149)

[7. Local Arrangements 10](#_Toc198307150)

[7.1. Referral, Assessment and Allocation 10](#_Toc198307151)

[7.2. After Hours 17](#_Toc198307152)

[7.3. Outreach 18](#_Toc198307153)

[8. Contact Information 19](#_Toc198307154)

## Acknowledgments

### Aboriginal Acknowledgment

We acknowledge and respect the Traditional Owners of the landBunurong people of the Kulin Nationand pay respects to their elders, past and present. 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.

### 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.

## Preamble

### 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) supports 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.

### 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.

### 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 nor 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 inBayside Peninsula and CP/IFS
* ensure agreed practical supports are in place and a shared understanding of roles and expectations are established and maintained.

### Related Documents

This document should be read in conjunction with the [Statewide interface between CP/IFS and TOD](https://www.vic.gov.au/sites/default/files/2019-05/Interface-between-Child-Protection-Integrated-Family-Services-and-The-Orange-Door.pdf). This statewide document is currently under review.

A suite of other related documents supports this Local Interface Arrangement between TOD inBayside 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 Allocation summary form
* TOD Closure Form
* TOD Integrated Allocations Framework.

## Roles and Responsibilities

### 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. An Access Point site is also located at 184 Salmon Street, Hastings and 973 Nepean Hwy Bentleigh to service clients in the north of Bayside Peninsula.

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
* The Department of Families, Fairness and Housing including Family Safety Victoria

### Operating hours

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

### 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
* Better Health Network (formerly 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.

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

* Discuss and manage the interfaces between TOD, CBCP and IFS
* Track demand and capacity
* Discuss and plan responses to identified risks or issues arising
* Upline 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. In 2023 the IFS Alliance Management and Operations meetings were combined and now meet bi-monthly. The SSN, IPL, CYPPL and CBCP TM sit on the IFS Alliance Management- Operations component of the meeting.

## Risk Assessment and Information Sharing

### 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).

### Information Sharing

Sharing of information between TOD inBayside 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 inBayside Peninsula and CP/IFS are prescribed Information Sharing Entities (ISEs) and Risk Assessment Entities (RAEs) under the FVISS and CISS. Therefore, TOD inBayside Peninsula and CP/IFS give precedence to a victim-survivor’s right to safety and agency over a right to privacy of a person who uses violence and are authorised to share information related to a person who uses violence without their 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 which previously delivered services to the family and may contribute to the risk assessment and subsequent intervention by TOD.

### 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](mailto:BPA@orangedoor.vic.gov.au) with the following details:

* full name and date of birth of all known client/s (victim, person who uses violence 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.

### 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 at the SIT phase for all referrals involving children.

The following email should be cut, pasted, populated and sent to bpa.tod.cbcp@dffh.vic.gov.au:

*Good morning/afternoon,*

*The Orange Door received a referral via Victoria Police (L17 Portal)*

* *Dated (date of incident)*
* *L17 Referral Narrative*
* *Victim Survivor Name/DOB*
* *Adult Using Family Violence Name/DOB*
* *Child/ren Name/DOB (if known)*

*The Orange Door has assessed the above report as requiring an urgent response (include for T1 urgent screens only – all others to be responded within 24 hours).*

*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 is linked to the appropriate supports.*

*If this case is currently open at Child Protection, please advise The Orange Door of the office, program and name of CP Practitioner to enable The 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 request a Risk Based consult with CBCP when:

* It was a recommendation from CPP4s CBCP in the SIT phase
* They have been advised and it has been endorsed 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. If it is after 4.30pm, TOD will call CP After Hours on 131278

Consultation with the SCPPCB will be undertaken as follows:

* TOD practitioner will seek endorsement from their Team Leader 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](mailto: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.  The agreed response time to a risk based consult is three working days.
* 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.
* 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.
* Note that a risk based consult is not required for an enhanced referral. With enhanced referrals the TOD prac should email the inbox stating they wish to open a risk based consult and providing the family details.

Possible outcomes from a Risk Based Consult can include:

* Case recommendations and guidance, advice and assistance with risk assessment
* Case conferences
* Intake report.

## Dispute Resolution

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

* Improved outcomes for women, children and young people that may be experiencing family violence and/or child wellbeing concerns
* Enhanced accountability of people who use violence by TOD inBayside 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 | Hub 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 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](https://dhhsvicgovau.sharepoint.com/sites/FamilySafetyVictoria/Shared%20Documents/FeedbackManagementProcedure9Dec19.pdf), December 2019.

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

## Local Arrangements

### 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 SIT team will consult with CBCP about urgent cases requiring CP involvement
* CBCP will advise if the case requires urgent consult
* SIT 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 risk based consult 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](mailto:CBCP.BPAUnit@dffh.vic.gov.au). A CBCP duty worker will contact the TOD A&P practitioner to acknowledge receipt of the risk based consult and provide recommendations within three working days.

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 SIT):

* Identify the agency involved
* Contact the agency Team Leader to discuss the content of the L17 referral if it is identified that there are parenting/IFS goals **and FV is not the primary need**
* If the agency assesses that the client would benefit from the consistency of the IFS worker and requires no further intervention from TOD, SIT will share the details of the incident and close at screen with ‘Engaged with service’.
* If the IFS team leader and TOD identify that the client would benefit from speaking with a consistent worker however requires immediate protective measures, it can be agreed that TOD can ensure safety via Brokerage whilst the IFS agency remains the lead.
* If the agency feels that this family may require a more specialised FV lens for safety than IFS can offer, then TOD will proceed with the normal L17 triaging and response (noting that the family is involved with an IFS agency).
* Where the agency is willing to respond to the L17, TOD will share only the relevant information in the L17 narrative and send it to them

#### Enhanced Referrals

CP Intake may make Enhanced Referrals to TOD. This will involve CP intake 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.

* When a TOD practitioner is assigned an enhanced referral, they will immediately open a risk based consult by emailing the CBCP inbox requesting to open a risk based consult, listing the names and CRIS numbers of the children. An enhanced referral does not require completion of the risk-based consult form.
* CBCP will confirm receipt of the risk based consult request and arrange to meet with the TOD practitioner within 24 hours to collaboratively discuss how to best engage the family.
* When consulted by a TOD practitioner, CBCP will open a Risk Based consult on Client Record and Information System (CRIS).

#### Intake

* CP Intake will make referrals to TOD by emailing [BPA.referrals@orangedoor.vic.gov.au](mailto:BPA.referrals@orangedoor.vic.gov.au).
* The Orange Door will complete a service 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 on 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 structured 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.
  + TOD will assign to a TOD practitioner 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 via CBCP.

Should there be any issues in relation to Child Protection Intake Referrals then it should be addressed between TOD SIT Team Leader and the Statewide Intake Team Manager in the first instance. Should this be unable to be resolved, then please raise to CBCP Team Manager, CYPPL, IPLs and SSN.

#### Post-intake

CP will complete the statewide Referral In tool from Child Protection (post-intake) to Family Services and submit to CBCP for review. Once CBCP determines the referral is appropriate, they will submit it to TOD, 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 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.referrals@orangedoor.vic.gov.au](mailto:BPA.referrals@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](mailto: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 previously identified as suitable for redirecting to IFS are those triaged as families with children aged 3 years and under, and CP referrals.

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 the Referral Out Form and send to [BPA.referrals@orangedoor.vic.gov.au](mailto:BPA.referrals@orangedoor.vic.gov.au) advising that the outcome of assessment is requiring an allocation to 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 an email received by TOD)
* Agencies take assessments with a view to offering IFS, where appropriate and capacity allows. This reduces the client’s need to repeatedly tell their story and supports continuity of service.

Should the client not meet the threshold for IFS service, the IFS agency will send the closure form to [BPA.referrals@orangedoor.vic.gov.au](mailto:BPA.referrals@orangedoor.vic.gov.au)

When agencies complete assessments on behalf of TOD, child wellbeing partner agencies 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.

#### TOD Allocations to IFS (Excluding VACCA IFS)

TOD in Bayside Peninsula is the intake point for all family services in the area (with the exception of direct self-referrals to community service organisations). When a TOD practitioner identifies a referral where child wellbeing is a presenting feature, and where the parent or carer consents to support, they may allocate the family to a core IFS provider.

Where an allocation includes a client/s who identifies as Aboriginal or Torres Strait Islander, clients will be offered the choice of a TOD response from an Aboriginal or a mainstream team. To ensure a culturally appropriate response to the case, a consultation with the Aboriginal Practice Leader (listed in section 8) will be undertaken for all Aboriginal clients progressing through a mainstream TOD team. Aboriginal clients will also be offered the choice of a referral to an Aboriginal or mainstream IFS. Where a client elects an Aboriginal service, the referral will progress through the TOD Aboriginal allocation process.

To allocate a family to a core IFS:

* A TOD practitioner will develop a CWB assessment and, on CRM, complete a service plan with the action type ‘allocations’[[1]](#footnote-2)
* TOD practitioner will email their Integrated Team Leader the case number and flag documents for review and endorsement
* Once the case has been reviewed and endorsed, the TOD Integrated Team Leader will upload the practitioner’s email trail to the drop box for IFS allocations on SharePoint.
* The Business Support Team then adds the client documents identified in the email to the drop box, for consideration by the TOD Child and Young Person’s Practice Leaders (CYPPL) and the Integrated Practice Lead[[2]](#footnote-3) (by 3pm Tuesday)
* The CYPPL will review the IFS Allocations Register ahead of the Weekly IFS Allocation meeting
* At the Weekly IFS Allocation meeting on Wednesday at 1:30pm the CYPPL, IPL, IFS Facilitator and APSS representative will formally allocate cases to IFS providers, based on relative priority across the Bayside Peninsula area. A CBCP practitioner also attends to present the CP post intake allocations.
* TOD Administration will email individual agencies the relevant SharePoint hyperlinks to allocated cases by COB Wednesday.

#### Acceptance of TOD IFS Allocation

Upon receiving an email from TOD Administration re allocated cases, IFS will:

* Access the allocated client information via their agency’s SharePoint folder found at [Agency Allocations](https://dhhsvicgovau.sharepoint.com/:f:/r/sites/BPA-Governance/Shared%20Documents/Regional%20Collaboration/BPA%20Allocations/Agency%20Allocations?csf=1&web=1&e=tv7SRT)
* Email [bpa.referrals@orangedoor.vic.gov.au](mailto:bpa.referrals@orangedoor.vic.gov.au) with allocation acceptance, or otherwise within 48 hours of receipt of allocation
* Inform the referring practitioner from TOD in Bayside Peninsula of the receipt of the allocation and, where known, the IFS practitioner's name or details of the existing care team
* When intervention with the family concludes, IFS will email the referring practitioner from TOD in Bayside Peninsula the outcome, e.g., family did not engage, parent completed x, y, z etc. This will be recorded on the CRM.

Urgent IFS allocations may be progressed out of session, by agreement with the recipient agency.

#### Weekly Integrated Allocations Meeting

The weekly Integrated Allocations Meeting brings together TOD, Community-Based Child Protection, the IFS Partnership Facilitator 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 Wednesdays at 1:30pm, 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.

#### TOD Allocations to VACCA IFS

In contrast to the mainstream TOD allocations process, TOD allocations to VACCA must be emailed directly to the [southernallocations@vacca.org](mailto:southernallocations@vacca.org) by Wednesdays at 4:00 PM.  VACCA allocations meetings occur weekly on Thursdays at 10:30 AM.

All VACCA allocations from mainstream TOD Assessment and Planning practitioners must be preceded by an Aboriginal Consultation with the TOD BPA or SMA Senior Aboriginal Practice Leader.

#### *Re-Referrals within 3 months of closing to an IFS*

Where a family that has been previously allocated and received active service from an IFS agency re-presents to TOD within three months of the date of TOD closure, it is agreed that the case will be redirected by SIT 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 triaging and assessment by the IFS 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.
* Please refer to section 7.1 Police referrals which outlines how to manage new L17 referrals within a 3 month period.

Following assessment through the brief intervention function, IFS may determine that:

* *The brief intervention is sufficient and subsequently closes the case*
* IFS will email a closing summary to [BPA.referrals@orangedoor.vic.gov.au](mailto:BPA.referrals@orangedoor.vic.gov.au) advising of the outcome.
* *A further IFS period of service of 40 or 110 hours is required*
* IFS will email [BPA.referrals@orangedoor.vic.gov.au](mailto:BPA.referrals@orangedoor.vic.gov.au) advising that the case is progressing to IFS and should be counted towards the agency’s allocation target.
* *Agencies no longer need to provide a Transition form to TOD.*
* On completion of the period of service, IFS will share a case closure report with TOD.

When a further 40 or 110 hour period of service is flagged by IFS with TOD, the TOD Business Support Team (BST) will:

* Create a screen, open a case and add the IFS email to the service plan
* Add the case to the allocations register for consideration at the weekly IFS Allocation meeting
* Once allocated to the IFS agency, record an IFS allocation target for the case.

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](mailto: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)*

When a core service is making an internal referral, the core agency will send a Referral In Form to TOD. At the completion of the service response, a closure document will be emailed 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](mailto: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 through the weekly TOD allocation process.

#### *Allocation capacity and process*

The throughput model adopted in TOD Bayside Peninsula is an area-based systems model that relies on an understanding of capacity across 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 services allocations is pre-agreed with DFFH APSS and additional capacity is flagged by core services, when available. Any changes to weekly agency capacity should be emailed to the Alliance Facilitator by COB Monday.

TOD will send referrals to IFS agencies by COB each Wednesday.

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

#### IFS extended hours process

Under exceptional circumstances, IFS providers may work with a family requiring extended hours. To seek endorsement for an extended hours’ target please follow the following steps:

* Email your DFFH Agency Performance and System Support Adviser (APSS) and the family services APSS representative in Bayside Peninsula Area (BPA) with your request for extended hours.
* If approved by APSS, IFS agency to forward the approval email to the following:
* [BPA.referrals@orangedoor.vic.gov.au](mailto:BPA.referrals@orangedoor.vic.gov.au)
* CYPPL ([Karen.Piscopo@orangedoor.vic.gov.au](mailto:Karen.Piscopo@orangedoor.vic.gov.au))
* IPL (kelly.mcgrath@orangedoor.vic.gov.au
* Alliance Facilitator Sasha.Lilford@anglicarevic.org.au
* And the agency’s Family Services Manager
* TOD will add the extended hours family to the Allocations Register. As with all internal referrals, the target will be allocated on a priority basis so it may not be allocated immediately, but within a month of request.
* IFS providers should keep IRIS open with the family until the second target/hours block have been utilised.

Please note that the extended hours process is to be used in extenuating circumstances only, with clear reasoning required. Where support can be provided in the community, these requests will not be granted.

#### Allocation outcome

As noted above, IFS agencies have two business days 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 two business days of receipt of allocation, will communicate in writing the decision and rationale to TOD CYPPL, SSN, APSS and the Partnership Facilitator.

The Agency Program Manager (or equivalent) is strongly encouraged to contact the CYPPL 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.referrals@orangedoor.vic.gov.au](mailto:BPA.referrals@orangedoor.vic.gov.au) with the subject line “Case closure”.

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

* The assigned CP prac, where CP is open with the family
* CBCP.BPAUnit@dffh.vic.gov.au. if the case is closed with CP. IFS should include dot points regarding closure and whether a s38 is warranted. CBCP will forward case closure to CP.Admin.BPA@dffh.vic.gov.au to upload onto CRIS.

### After Hours

*Safe Steps* is a statewide family violence service which provides 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 clients 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**

### Outreach

#### Joint visits

As per Interim Advice Child Protection, released 21/02/25, CBCP will only participate in joint visits, meetings and calls with TOD when there is an open (post-intake) CP report to Child Protection.

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. CBCP will only participate in home visits where a post-intake report to CP is open.

Where a post-intake report to Child Protection is open, home visit dates and times will 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 do not take place in TOD. If TOD practitioners have concerns for the safety and wellbeing of children, they would open a risk based consult with CBCP.

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

## Contact Information

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

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| **The Orange Door** | | |
| Amy Swan  Service System Navigator  Bayside Peninsula Orange Door  P: 0437 616 767  E: [Amy.J.Swan@familysafety.vic.gov.au](mailto:Amy.J.Swan@familysafety.vic.gov.au) | Karen Piscopo  Child and Young Person Practice Lead  Bayside Peninsula Orange Door  P: 1800 319 353  E: [Karen.Piscopo@orangedoor.vic.gov.au](mailto:Karen.Piscopo@orangedoor.vic.gov.au) | |
| Kelly McGrath  Integrated Practice Leader  Bayside Peninsula Orange Door  P: 0404 480 729  E: [Kelly.McGrath@orangedoor.vic.gov.au](mailto:Kelly.McGrath@orangedoor.vic.gov.au) | Karen Derschow  Senior Aboriginal Practice Lead  Bayside Peninsula Orange Door  P: 0428 055 030  E: [Karen.Derschow@orangedoor.vic.gov.au](mailto:Karen.Derschow@orangedoor.vic.gov.au) | |
| **IFS** | | |
| Sasha Lilford  IFS Alliance Facilitator  Anglicare Victoria  P: 0400 061 078  E: [Sasha.Lilford@anglicarevic.org.au](mailto:Sasha.Lilford@anglicarevic.org.au) | |  |
| **CBCP** | | |
| Audrey Jacoby  Community Based Child Protection  Team Manager  P: 0437 121 300  E: [Audrey.Jacoby@dffh.vic.gov.au](mailto:Audrey.Jacoby@dffh.vic.gov.au) | |  |
| **DFFH** | |  |
| Liliana Bartolomeo  Adviser, Agency Performance and System Support  Bayside Peninsula Area, South Division  DFFH  P: 0447 815 758  E: [Liliana.bartolomeo@dffh.vic.gov.au](mailto:Liliana.bartolomeo@dffh.vic.gov.au) | |  |

1. For Adolescent violence in the home allocations (KFS) TOD pracs must ensure that the young person using violence is identified as such within the CRM case role. This is essential for the allocation to be processed by the core service. [↑](#footnote-ref-2)
2. TOD staff to refer to [BPA Allocations process June 2023.dotx](https://dhhsvicgovau.sharepoint.com/:w:/r/sites/OrangeDoor/Area%20information%20%20Operational/Bayside%20Peninsula%20Operational%20Information/Procedures%20(local)/Allocations/Allocations%20implementation%20July%202023/BPA%20Allocations%20process%20June%202023.dotx?d=w0869e54defac4223a00011daf8a6d020&csf=1&web=1&e=LG8wlM) [↑](#footnote-ref-3)