



Support & Safety Hub

Operational Guidance between Support and Safety Hubs, Child Protection and Integrated Family Services

Support and Safety Hubs Operational Guidance

Operational Guidance between Support and Safety Hubs, Child Protection, and Integrated Family Services

Support and Safety Hubs Operational Guidance

Aboriginal acknowledgement

The Victorian Government proudly acknowledges Victorian Aboriginal people as the First Peoples and Traditional Owners and custodians of the land and water on which we rely. 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. We acknowledge the ongoing leadership role of the Aboriginal community in addressing and preventing family violence and join with our First Peoples to eliminate family violence from all communities.

The Orange Door

The Orange Door The public branding of the Support and Safety Hubs is The Orange Door. 'The Orange Door' and 'Support and Safety Hub' terms are used interchangeably across policy and communication materials.

To receive this publication in an accessible format phone 9194 3100, using the National Relay Service 13 36 77 if required, or email huboperations@familysafety.vic.gov.au

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Preamble

This Operational Guidance (guidance) was developed by Family Safety Victoria (FSV) in consultation with Department of Health and Human Services (the department), to provide a consistent approach to the interface and referral pathways between Support and Safety Hubs (Hubs) and the Child Protection Program and Integrated Family Services (IFS) from the initial establishment of Hubs operations in 2018.

The intent of the guidance is to outline the working arrangements between Child Protection and Hub services, in the Hub launch site areas. Existing arrangements relating to the interface arrangements between Child Protection, Family Services and Family Violence Services will continue to be referenced in non-Hub areas.

The intent of the guidance is to ensure practical supports are in place for the Hub, Child Protection and IFS workforces, and that there is a shared understanding of each other's role and responsibilities and expectations from the first day of Hubs operation.

The guidance has been developed in the context of the first six months of Hub service commencement, with the expectation that key learnings, practice innovation, IT enhancements, legislative changes, impacting on the operational arrangements between the Hubs, Child Protection and IFS will be reflected in the final Operational Guidance. For the purposes of this document the term 'Hub' is representative of all partner agencies operating within the Hub; noting that all of whom are legislated under the Children Youth and Families Act 2005 to receive and manage referrals as Community Based Child and Family Services.

For queries relating to the application of this guidance, contact:

Support and Safety Hubs Operations Branch

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Introduction

The Victorian Government has committed to implementing all 227 recommendations of the Royal Commission into Family Violence and to delivering on the vision described in *Roadmap for Reform: Strong families, Safe children*.

A key recommendation of the Royal Commission and the Roadmap for Reform was to establish a network of Support and Safety Hubs (Hubs) across Victoria to provide a new way for women, children and young people experiencing family violence, and families in need of support with the care, development and wellbeing of children and young people, to access coordinated support from community, health and justice services.

Hubs will be accessible, safe and welcoming to people, providing quick and simple access to the support and safety they need. The Hubs will also focus on perpetrators of family violence, to keep them in view and connect them to services that assist in holding them accountable for their actions and changing their behaviour.

Ending Family Violence: Victoria's Plan for Change released in November 2016, sets out the Victorian Government's commitment to establish a network of Support and Safety Hubs across all 17 Department of Health and Human Services (DHHS) areas by 2021. The Hubs will be central to Victoria's approach to addressing both family violence and ensuring child safety and wellbeing. The Hubs will also form a critical part of the broader service system response.

The Roadmap for reform: Strong Families, Safe Children (Roadmap) is the Government's blueprint for the re-design of the child and family services system. It outlines the vision, commitment and directions to drive systemic reform of the system, focusing on building the capabilities of families to care for their children, early intervention to address needs and provide supports to prevent escalation to a crisis response, integration of services so families can get the right support easily, and providing a safe, nurturing and permanent home for children.

The *Support and Safety Hubs: Statewide Concept* (Statewide Concept) released in July 2017 describes the intent, scope, key functions and roles of the Hubs and how the Hubs will contribute to the vision and aspirations of Victoria's Plan for Change and Roadmap for Reform. It outlines what the Hubs will deliver across the state as part of the future service system; the approach government is taking, and a number of principles for the design of the Hubs.

Family Safety Victoria (FSV) will oversee the establishment of the Hub network and provide local leadership, facilitation, oversight and infrastructure management in collaboration with Local Hub Establishment Groups and local Hub Leadership Groups who will lead the implementation and management of the Hubs in each area.

The Victorian Government has committed to the initial establishment of five launch sites in the DHHS areas of Mallee, Barwon, Bayside Peninsula, Inner Gippsland and North-East Melbourne from early 2018, with Hubs in all 17 DHHS Areas by the end of 2021.

Hubs will work with children, including unborn children, young people and their families to understand their needs, risk and preferences. Hubs will engage families earlier, to address child wellbeing and safety concerns by providing a coordinated intake for a range of child and family services to reduce the need for a report to child protection.

Family Safety Victoria

Family Safety Victoria (FSV) was established in July 2017 and is Australia's first government agency dedicated to the prevention of family violence. FSV will deliver key initiatives to help protect, support and identify risk for those impacted by family violence and hold perpetrators to account. FSV is also coordinating access to services that support vulnerable children and families.

- FSV is responsible for establishing the Support and Safety Hubs, as well as:
- enhancing existing specialised services for victims of family violence including children, so that the right assistance is available at the right time
- implementing the family violence information sharing scheme (FVISS) and risk assessment and management framework, supported by a Central Information Point (CIP) connecting police, corrections, the courts, DHHS and services to keep victims safe
- delivering the 10-Year Family Violence Industry Plan and houses the new Centre for Workforce Excellence, to build workforce capacity and capability in partnership with the sector
- building an understanding to embed responsiveness to diverse communities across the family violence reforms
- leading engagement with sector, victim survivors, diverse communities and the Victorian community as a whole across all reforms and initiatives
- enhancing perpetrator responses

About the Operational Guidance

This guidance provides a consistent approach to the interface and referral pathways between the Hubs, Child Protection and IFS. The guidance also outlines the role of the Senior Child Protection Practitioner Community Based (SCPPCB) and Child Protection Team Manager (CPTM) in these activities.

This guidance is part of an approach that supports an integrated service system to respond to vulnerable children, (including unborn children), young people and their families within the practice requirements of the Children Youth and Families Act 2005 (CYFA) and the Child Wellbeing and Safety Act 2005 (CWSA).

This guidance is part of the commitment between the Hubs, Child Protection and IFS to deliver coordinated responses to children and families, with clear and consistent processes and practices that apply no matter where in Victoria children and families become involved with the service system.

The guidance:

- establishes consistent operational processes and procedures between Hubs, Child Protection and IFS, including referrals and reporting, consultation, information sharing, collaborative practice approaches and the proactive resolution of differences, and
- promotes high level principles and mechanisms that emphasise a common approach to working together to achieve better outcomes for children, including unborn children, young people and their families

Scope of the guidance

This guidance applies to the initial five launch Hub areas only and acknowledges the ongoing role of the SCPPCB with IFS in these areas.

Areas where Hubs have not yet been established should continue to reference arrangements as outlined in the Procedural requirements for referral and consultation Child Protection and Child FIRST/Integrated Family Services (September 2017).

Access to the Cradle to Kinder and Stronger Families programs will also be via the Hubs in areas where these programs operate. Child Protection referrals to Family Violence Services via the Specialist Family Violence worker will also remain unchanged.

The guidance does not reference processes and procedures as they relate to;

- the prioritisation of cases requiring allocation to a Hubs core service
- demand management strategies and approaches across Hubs and core services

FSV, the department and core services will continue to work together and identify the required processes and procedures underpinning these activities.

The guidance has been developed in recognition that Hubs will be transformative and will deliver a fundamental change to the way government and the community sector work with women, children, individuals, families and perpetrators. These enhancements to the service system will be iterative, providing opportunities for learning, development and innovation to the way Hubs and Child Protection work together and deliver better targeted and coordinated responses.

Purpose of the operational guidance

The guidance recognises the shared responsibility of Hubs, Child Protection and IFS to promote the safety and wellbeing of all children, including unborn children, and young people. It provides information about the operating processes and procedures that support the functions and operations between Hubs, Child Protection and IFS and outlines the:

- pathways for child protection to make referrals for Hub services
- allocations of referrals from Hubs to IFS
- pathways for Hubs and IFS to make reports to Child Protection, when there are significant concerns held for a child or young person's safety and wellbeing.
- role of the SCPPCB and the CPTM in the referral and report process and associated responses
- key contact points between the Hubs, Child Protection and IFS
- information required to support the referral and report process
- dispute resolution process

The guidance aims to ensure that:

- children, including unborn children, young people and their families receive the service response they require
- families experience timely and seamless responses from Hubs, Child Protection and IFS
- a consistent approach to referrals and associated responses between Hubs, Child Protection and IFS is used across all five Hub launch sites

How this guidance relates to existing policies and practices

Hubs, Child Protection and IFS continue to operate within their existing legislation and relevant policy and practice frameworks.

The guidance:

- should be read within the context of the relevant legislation and organisational policies relating to responses to vulnerable children, young people and their families
- is intended to complement existing professional standards and risk management frameworks
- does not replace individual or collective responsibilities of agencies, organisations or individuals

Overarching Legislative and Practice Principles

Legislative requirements of Hubs service providers

Hub partner agencies are all registered as community-based child and family services, community service, under ss 46 and 47 of the CYFA.

Section 61 of the CYFA, describes the key responsibilities of community-based child and family services operating out of the Hub.

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;
- 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

The requirements 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 Child Wellbeing and Safety Act 2005

The *Child Wellbeing and Safety Act 2005* (CWSA) is the overarching legislative framework that supports a shared commitment from all service working with children and families

The Children Youth and Families Act 2005

The *Children, Youth and Families Act 2005* (CYFA) describes the legislative requirements that apply to Hubs and Child Protection, including:

- The purpose of community based child and family services (s.22)
- Child wellbeing reports (to Child Protection) and referrals (to a community based child and family service (ss. 27-34)
- Information exchange and consultation arrangements between the Secretary and a community based child and family service (ss. 36-41)

CYFA requires the Hubs and Child Protection work in ways that reflect the Best Interest 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 CYFA (s.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 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 Interest Case Practice Model, which provides a consistent foundation for working with children, including unborn children, young people and families and informs and supports professional practice and decision making.

In addition to the Best Interests Principles, as outlined in [The Strategic framework for family services](#), Hubs and IFS are also guided by a set of nine principles that focus on outcomes and solutions:

- children’s wellbeing and safety is everybody’s responsibility
- the service system will intervene earlier to protect children and young people and improve family functioning
- all services will strengthen their focus on children’s developmental needs
- services will focus on building the capacity of parents, carers and families
- children’s and family services will be integrated and coordinated
- flexible, timely and solution-focused services will be provided to improve family functioning
- culturally competent service responses will be available for Aboriginal children and families
- culturally sensitive service responses will be available for children and families from culturally and linguistically diverse groups
- Family Services will be outcomes focused in their service delivery and practice approaches

The principles prioritise:

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

For further information on the Best Interest Framework and Best Interests Principles can be found on the Child Protection Manual website <http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/best-interests-case-practice-summary-guide>.

Family Violence Information Sharing Scheme

The new Family Violence Information Sharing Scheme (the Scheme) has been created by the new part 5A of the *Family Violence Protection Amendment Act 2008 (FVPA)*. The Scheme authorises a select group of information sharing entities (ISEs) to share information with one another for family violence or risk assessment and risk management purposes. Most workers within the Hubs, including the SCPPCB in Hubs, will form part of this group of ISE

The legislation also enables the Central Information Point (CIP) to be an effective and timely conduit of information sharing for Hub practitioners and will also allow for information sharing about perpetrators of family violence without their consent (including alleged perpetrators in the case of risk assessment and noting that the sharing of information about the perpetrator is not restricted to the CIP).

The legislation allows for wider information sharing for the purpose of risk assessment and management, removing the requirement that a serious, imminent threat to an individual must be present before information can be legally shared.

The Family Violence Information Sharing Guidelines can be viewed at:

<https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html>

Child Well-being and Safety Information Sharing Scheme

A new Child Well-being and Safety Information Sharing Scheme has also been proposed through the introduction of the Children Legislation Amendment (Information Sharing) Bill in 2017, and is expected to commence in late 2018. The Child Well-being and Safety Information Sharing Scheme is complementary to the Family Violence Information Sharing Scheme, allowing for improved identification and responses to the needs of children and addressing of all forms of harm.

Information sharing and privacy

The ability to share information across the service system will support the risk and needs assessment of vulnerable children and their families, victim survivors of family violence, individuals and perpetrators. Sharing of information will operate in accordance with information sharing and other relevant legislation.

When information is exchanged in accordance with the CYFA, FVPA, the Privacy and Data Protection Act 2014 or Health Records Act 2001, Hubs, IFS and Child Protection 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 the Hub, Child Protection or IFS receive a referral or report relating to significant concerns about the wellbeing of a child (CYFA s.31-34), they can consult with, provide and receive information to and from each other, as well as with other professionals, for the purposes of assessing risk to a child.

Sections 35 and 36 CYFA enable child protection and Hub service providers to consult with, and receive information from, each other, as well as from an information holder, a community service or service agency, for the purpose of assessing risk.

The identity of all people who make any type of report to Child Protection or referral to a Hub must remain confidential. If Child Protection refers a matter to the Hub, the reporter's identity cannot be disclosed to anyone outside of the Hub without written consent (s.41 CYFA).

The SCPPCB or the CPTM in the Hubs may be involved in information sharing with Hub practitioners, when requested, when Child Protection has a history of involvement with the child and family. Child Protection may seek information from the Hubs, at any time when assessing the safety and wellbeing of children, young people and their families

If the Hub identifies that a child or young person referred to the Hub is also an open case with Child Protection, the SCPPCB or the CPTM in the Hubs will facilitate communication between the relevant practitioners by providing the contact details of the allocated Child Protection practitioner.

Operational principles

The operational principles emphasise the shared commitment and joint responsibilities of Hubs and Child Protection to deliver quality services to vulnerable children, young people and their families. Practitioner's interactions will reflect:

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

Active engagement

Hubs, Child Protection and IFS 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 all times.

Hubs, Child Protection and IFS will make all reasonable attempts to actively engage families when 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 support, advice or assistance.

The SCPPCB and the CPTM in Hubs will support engagement with Hub services and IFS, through joint practice approaches, particularly relevant for families who repeatedly come to the attention of Child Protection and the broader service system or who are at risk of disengaging with services and the concerns for the child remain unaddressed or are escalating.

Hubs provide the opportunity to reconsider the way services have traditionally be delivered to families through better informed, tailored and coordinated interventions that aim to secure meaningful engagement and achieve sustainable outcomes.

Allocation from Hubs to IFS

Hubs, Child Protection and IFS will work in partnership to implement effective systems and strategies that provide timely and responsive support for children, young people and their families.

The instruments and mechanisms required to guided and inform responses and decision making relevant to prioritisation and case allocation are currently being developed by FSV in consultation with the department and Hub service providers, and will be reflected in the next draft of this document.

As appropriate, Hubs will seek to build on the experience of existing process and practices of the Child and Family Service Alliances and other allocations process across Family Violence and Family Services systems, to enable a partnership approach to allocation of cases from the Hubs. This process will enable Hub services and IFS to work together to make best use of the range of service resources available to meet the needs of children and families in each area as quickly and effectively as possible.

A commitment to collaborative demand management approaches

Hubs will work closely with its partners to understand and manage current and changing demand. This will include working with Child Protection, the Child and Family Alliance and IFS, building on existing arrangements wherever appropriate.

Current arrangements reflect Alliances having 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. These arrangements will continue with the establishment of the Hubs, noting FSV, in collaboration with the department and core partner services, is developing a Demand Management Framework to support demand management activities across the continuum of service delivery, in the Hubs and through to case management services.

Restricted intake into IFS is *strongly discouraged* and should only be implemented if there is no other option and all resources are used. Hub and department representatives should understand how long restriction is expected, which referrals will be accepted during restriction and what referrers will be advised. A clear communications strategy to relevant stakeholders must support any restricted intake.

In the event of any restricted intake into IFS, Local Connections should facilitate sign off by the Area Director, and notify the Early Pathways unit as soon as possible.

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

The Best Interests Case Practice Model for Aboriginal families specifies the maintenance of and connection to culture as being central to the health and development of Aboriginal children and young people.

These requirements include the need for Hubs to:

- support cultural connection
- uphold the Aboriginal decision-making principles outlined in the CYFA 2005

- 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

Role of the Hubs

The Hubs are a new way for women, children and young people experiencing family violence, and families who need support with the care, wellbeing and development of children and young people to access coordinated support from social, health and justice services.

The Hubs will seek to be culturally safe and respectful of Aboriginal people, meet the diverse needs of the Victorian community and be accessible for people of all ages.

The Hubs will bring together access points for family violence services, family services and perpetrator/men's services. They will bring together existing referral points for victims and perpetrators of family violence (including police L17 referral points), and children and families in need of support (Child FIRST).

The Hubs when fully established will provide:

- a more visible contact point so that people know where to go for support
- an approach across the spectrum of prevention, early intervention and response
- help for people to identify family violence and child and family safety and wellbeing issues
- advice based on the latest risk assessment tools and best available information
- specialist support and tailored advice for victims, families and children, and perpetrators
- a strong focus on perpetrator accountability
- a system-wide view of service capacity, client experience and outcomes.

The Support and Safety Hubs service model (2017) builds on the vision and aspirations as articulated in the Support and Safety Hubs State-wide Concept and provides further refinement of the scope and functionality. It details the baseline requirements, processes and operational specifications for the foundational Hubs model for the five launch areas and how this evolves over time.

The Hubs represent a shift in our approach, and are a critical part of our whole-of-system reform.

The functions of the Hubs will scale up over time and will also play a role in improving the service system because of the unique perspective they will develop on community needs, and service capacity, capability and responsiveness.

The Hubs will connect families in need of support with the care, wellbeing and development of children and young people to services. For all areas where a Hub is established, Child Protection and the wider community and professionals in universal and specialist services will refer to the Hubs where they currently refer to Child FIRST, that is where they do not identify a significant risk of harm, but identify a family in need of support.

Individuals and organisations, including the Hubs and Police, will continue to make reports to Child Protection where they have formed a reasonable belief that a child is in need of protection from significant risk of harm and their parent(s) are unable or unwilling to protect the child.

Hubs will be open during business hours 9.00am-5.00pm Monday to Friday each week (excluding public holidays). After hours services will continue to be provided by Safe Steps, the Men's Referral Service and Child Protection.

Role of Child Protection

While the protection of children is everyone's responsibility Child Protection is mandated through the CYFA to receive reports regarding children in need of protection, assess and investigate protective intervention reports and initiate court applications where it is assessed the child is in need of protection. In addition child protection is responsible for the supervision of and case planning for orders made by the family division of the children's Court. Child Protection practitioners are delegates of the Secretary of the department and 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 CYFA.

Meeting the needs of children and making sure they are safe in the family is a shared responsibility between individuals, the family, the community and government. 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.

Child Protection can accept reports and intervene for children and young people aged between 0 to 17 years. Child Protection can remain involved with young people up to the age of 18 years, if a Children's Court Order is in force. Under the CYFA, Child Protection can also receive reports in relation to an unborn child but its intervention with this cohort is limited and subject to the mother's consent.

The main functions of Child Protection are to:

- accept, investigate and assess reports of alleged child abuse and neglect,
- 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,
- take matters before the Children's Court if the child's safety cannot be ensured within the family,
- provide and fund accommodation services for children and young people who are unable to safely reside with their parents, and
- provide and fund specialist support services to children and young people as needed

Role of Child Protection in the Hubs

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

The two community based Child Protection roles based in the Hubs premises, are the SCPPCB and the CPTM

Both these positions play a significant role in supporting the Hub practitioners and Child Protection colleagues, to provide earlier and more effective intervention for vulnerable children, young people and their families.

In addition to their roles and responsibilities within the Hubs, as well as their continued support to IFS, these roles will continue to attend their DHHS area office, when required, to participate in activities in line with their respective positions. These arrangements will ensure their connectedness to the Child Protection Program and to the statutory nature of their roles.

Role of the Senior Child Protection Practitioner Community Based (SCPPCB)

The SCPPCB in Hubs are part of the Hubs Team and will:

- provide expert advice regarding the safety and wellbeing of children to Hub practitioners and the broader family services, on actual or likely risk of harm to promote the safety of children, including unborn children

- provide access to information about previous assessments and interventions by child protection to assist Hubs in formulating risk assessment and determining 'best fit' service provision, including information additional to that provided by the Central Information Point (CIP)
- participate, where required, in Hub multidisciplinary activities concerning children identified with significant concerns for their wellbeing, with a focus on children and young people recorded on L17 reports and families with histories of non-engagement with services despite repeated presentation to child protection and family services
- be a point of consultation with Hub practitioners regarding children and young people where risk is assessed as escalating or report to child protection is being considered
- open a Child Protection report and facilitate the seamless transition between the Hubs and Child Protection Investigation and Assessment teams, for children assessed as requiring a statutory response.
- support Hub practitioners and broader family services colleagues to focus on the safety and wellbeing of children in all aspects of their work across the continuum of service delivery
- utilise child protection knowledge and skills to assist Hub practitioners, where required, to build capacity and confidence in identifying and managing cases where there is additional complexity and/or risk for children
- manage unborn reports for matters where child protection intervention is likely post birth and where there is no sibling open in the child protection program
- undertake case consultation, case conferencing and joint visits to families, where required, to support the service provider to assess risk and encourage and support their engagement with Hub practitioners where a report to child protection may be otherwise required
- participating in Child and Family Services Alliance operations group meetings to provide advice regarding processes and transactions between Hubs, IFS and child protection
- participate in developing and delivering community education to a broad range of sectors that interface with vulnerable children and families
- continue to provide support and consultation to IFS. This will include the SCPPCB spending time at IFS sites.
- contribute to and maintain accurate data reporting systems, which will assist, in part, in tracking demand for future area based planning
- where practicable, provide consultation to IFS workers before they make a Child Protection report.

Role of the Child Protection Team Manager (CPTM) in Hubs

This position will report to the Child Protection Area Manager and provide leadership and formal supervision to the SCPPCB in Hubs. It's envisaged that this role will also initially offer a level of operational support to the Hub Team, building their relationships across the Hubs service partners, laying the foundations for the development of collaborative partnerships between Child Protection and the Hubs.

The CPTM will be based in the physical Hub premises and will:

- provide leadership, supervision and clinical practice supervision to the SCPPCB in the Area
- support operational management of and work in partnership with the Hubs and IFS and participate in triage of complex referrals to Hubs involving vulnerable children and families, promoting coordinated response and effective interventions
- be responsible for effective service delivery within the SCPPCB space, including the interface between SCPPCB and the Hub, as well as IFS
- participate in and represent Child Protection in appropriate levels of governance arrangements for the Hub

- lead the participation of Child Protection, where required, in Hub multidisciplinary activities concerning children identified with significant concerns for their wellbeing, with a focus on children and young people recorded on L17 reports and families with histories of non-engagement with services
- utilise Child Protection knowledge and skills to lead Hub practitioners and managers, where required, to build capacity and confidence in identifying and managing cases where there is additional complexity and/or risk for children
- along with Hub leadership positions, lead the development and delivery of community education to a broad range of sectors that interface with vulnerable children and families
- where required, participate in dispute resolution processes, where disputes arise between Child Protection, Hubs and IFS
- monitor client outcomes and oversee and contribute to accurate data reporting systems, which will assist, in part, in tracking demand for future area based planning
- participate in family services allocation processes to provide advice and clarification on cases referred by Child Protection

Roles of Child FIRST/ IFS

The primary client group for Integrated Family Services, including ChildFIRST, 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 coming to the attention of statutory child protection if the problems are not addressed

Role of ChildFIRST

Across the state 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.

Within the five launch sites existing ChildFIRST providers are coming together with the other members of the Hubs partnership to deliver Hub services. In these areas Hubs will replace ChildFIRST as the entry point into child and family services across the catchment. Child Protection and the wider community and professionals in universal and specialist services will therefore refer to the Hubs where they previously referred to Child FIRST, that is, where they do not identify a significant risk of harm, but identify a family in need of support.

The responsibilities of Hub service providers within the launch sites are documented in the Hubs funding and service agreement, partnership agreement and service model and specifications

Role of IFS

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 Alliances are responsible for catchment planning, operational management and coordinated service delivery.

In the five launch sites the Alliance will continue to be a key component of the catchment service delivery model and together with the Hub and others will continue to contribute to:

- implementing timely and effective referral pathways between Hubs and all IFS
- 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 the Hub, area Child Protection and Integrated Family Services programs within the catchment

FSV and DHHS will continue to work in partnership to develop and refine the ongoing role of relationship between Hubs and Child and Family Services Alliances in relation to Hub service delivery.

Role of the Hubs Leadership Group

The primary role of the Hub Leadership Group, which also includes departmental representation, is to provide strategic leadership for the Hub, facilitating collective accountability for the effective operations and integrated service delivery of the Hubs' workforce. This will include informing the state-wide design of Hub services, leading establishment activities to ensure Hubs meet the needs of the local community whilst ensuring consistency with the state-wide vision for Hubs; and maintaining strategic oversight of the Hubs management and operations.

In executing this role the Leadership Group will:

- provide strategic, focused executive leadership and input during the establishment phase of the implementation of the Hub
- provide ongoing strategic executive leadership for the Hub
- monitor service delivery in line with service agreements
- be accountable for integrated practice and service delivery, and shared outcomes
- approve the Hub's strategic direction, plans, decisions and reports in line with state-wide strategic direction
- oversee the operation and performance of the Hub
- identify and monitor service risks and gaps, and ensure appropriate plans are in place to mitigate identified risks
- keep FSV, the department and other stakeholders, as relevant, informed of issues and risks
- ensure clear feedback mechanisms with stakeholders
- consider other matters at the Group's discretion

The work of the Leadership Group may include:

- approving the Hub's strategic direction, plans, decisions and reports
- recommending the Hub Centre Manager or FSV take particular action

- establishing working groups or arranging consultants to consider and report on issues
- receiving recommendations and advice from the Local Hub Establishment Group, and or other relevant governance groups, and provide advice to this group about the outcome of actions or decisions that may impact the broader networked service system
- leading local Area communication and engagement strategy

Making recommendations or provide information to:

- a third party, including a local governance body
- a Community Sector Organisation providing functions within the Hub
- FSV (eg. in relation to statewide issues) and
- the department (eg. in relation to contractual issues)

Roles of DHHS, Local Connections

Local Connections promotes the social and economic participation of the local community as well as managing relationships with funded agencies. Two teams undertake agency management in the Local Connections Unit: Agency Connections and Community Participation.

Agency Connections have the primary relationship with agencies and core agency management responsibilities including service agreements, monitoring framework and reviews. Community Participation is responsible for implementing a range of community development and social inclusion approaches that add value to the work of area-based service delivery that enhances the service system and maximises local investment in the development of solutions to local issues.

The role of the Senior Local Engagement Officers provides a primary point of engagement for the department and funded community service organisation (CSO). The position provides local intelligence and oversees core monitoring of CSO performance.

Commitment of participation

Hubs are the key access points for family services and family violence services and will form part of the broader service system, supporting children, young people, individuals and families. Together Hubs and Child Protection will deliver services to children and families.

The guidance is part of the commitment between Hubs and Child Protection to deliver collaborative and coordinated services, with clear and consistent processes and practice standards that apply no matter where in Victoria children and families require support and assistance

Child Protection will actively support the role and function of the SCPPCB and the CPTM based in the Hubs. The SCPPCB role with its legislative obligations is critical in preventing escalation of concerns for the safety and wellbeing of children, ensuring children and families receive the required support from the most appropriate service.

Withdrawal of the SCPPCB or CPTM to address Child Protection demand pressures should not occur routinely or for extended periods. If required to do so, the Divisional Deputy Secretary will undertake the following:

- Formally advise the Hubs Leadership Group of the intention to do so
- Make every effort to ensure that this would be a short term arrangement
- In partnership with the Hub Leadership Group, develop a contingency plans to meet the legislative obligations specifically of the SCPPCB and CPTM role where required

Collaborative partnership: working together to achieve best outcomes for children, young people and their families

Hubs, Child Protection and IFS have shared 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 coordinate. Collaborative practice approaches between Hubs, Child Protection and IFS will ensure that families experience holistic, consistent and seamless support.

The establishment of the Hubs provides the opportunity to build on current joint practice approaches and governance arrangements, and develop new and innovative ways of working with vulnerable families to promote opportunities for genuine engagement and sustainable outcomes.

Hubs, Child Protection and IFS will achieve these collaborative partnerships through a range of practice approaches outlined in this section.

Intake liaison meetings between Hubs and Child Protection

Planned, regular and formal interface arrangements between Child Protection Intake teams, the SCPPCB and Hubs are key strategy to develop transparent and effective communication, manage critical decisions, and provide an opportunity to deal with operational day-to-day systems focussed, theme based issues and data sharing in a timely way.

These meetings should occur regularly. Child Protection Intake and Hubs must both make this a priority to ensure an effective partnership.

Intake liaison meetings provide a forum to discuss:

- case-related themes or patterns of referrals
- systemic issues impacting on service deliver
- staffing updates
- demand updates
- quality issues around referrals or reports between Child Protection Intake and the Hubs

Intake liaison meetings are intended to focus on strategic issues, not individual cases. Case discussions should occur at Team Manager (Child Protection) and Team Leader (Hub) level.

Local consultative panels

Local consultative panels reflect current arrangements between Child Protection, Child FIRST and IFS. They provide a local mechanism for consultation on complex case-related matters and operational issues related to families engaged with family services.

The establishment of the Hubs provides the opportunity to consider maintaining and enhancing the practice of consultative panels and the need to modify current arrangements to align with the Hubs service model and practice roles within the Hub.

With the establishment of the Hubs, consultative panels can provide the:

- opportunity for consultation on complex case-related matters, including clinical practice advice
- opportunity to achieve better outcomes for families
- identification of themes and emerging trends relating to complex families engaged with the Hub and partner services, namely IFS and family violence services to inform service system learning

- opportunity to engage professionals from mental health, disability, alcohol and drugs service, early years or education, as needed to develop comprehensive risk and needs assessments whilst building strong and robust partnerships with the local service network.

Joint practice approaches

Joint practice approaches between Hubs, Child Protection and IFS provide a system for proactive engagement that ensures the best outcomes for vulnerable families as outline in the CYFA. This includes information sharing, shared assessments, joint intervention and involvement of the family. Regular and positive communication is critical to this process.

Joint visits

Joint visits are an important part of collaborative practice approaches between Hub, child protection 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 the Hubs, Child Protection 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 Hub services.

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

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 an unannounced joint home visits should also be made collaboratively and determined to be required on a case-by-case basis.

Case conferences

Child Protection via the SCPPCB, Hub practitioners and IFS practitioners 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
- establishing a care team approach around children and families
- developing and reviewing action plans

Where Child Protection holds case management responsibility for a family they may invite a Hub practitioner and/or IFS practitioner to a case conference or case plan meeting during an open case and prior to a referral being made to the Hub.

The family should be informed of the role of the SCPPCB and consent to their attendance.

Case Coordination

Hubs and Child Protection will collaborate and coordinate responses where:

- Child Protection identifies the need for support for a family, accessed through the Hubs (eg for Family Violence Services) either during or prior to ceasing their involvement.
- A referral/report has been received by both Hubs and Child Protection, including L17 referrals.
- In all circumstances where it is identified that a referral has been made to both the Hub and Child Protection, a decision regarding which agency is best to respond needs to be made and made within 1 business day.
- If Child Protection assesses that the referral does not meet the required threshold for a statutory investigation, CP will close the report and allow the referral to be managed by the Hub.
- Where Child Protection has developed a case plan for a child, they will maintain responsibility for leading and managing its implementation until such time as sufficient safety is demonstrated for the case to be closed.

For further guidance relating to referral pathways between Police and Hubs, please refer to *the Family violence referral protocol between the Department of Health and Human Services, Family Safety Victoria, Department of Justice and Regulation and Victoria Police 2018*.

Referral and reporting processes between Hubs, Child Protection and IFS

The referral and consultation processes between the Hubs, Child Protection and IFS have four high-level operational pathways:

- Referrals from Child Protection Intake to the Hubs
- Referrals from Child Protection after Intake (all other phases) to the Hubs
- Consultation and reports from the Hubs or IFS to Child Protection
- Referrals from the Hubs to IFS

All four referral pathways are underpinned by the expectations that responsibility for good communication processes is shared by all practitioners and team leaders. Two of the key elements for good communication are that there are decision making points that all parties understand and there is clarity about which service holds responsibility for the case at what points along the referral pathway.

The first two pathways recognise that Child Protection can refer families to the Hub at any point during its involvement, from intake through to closure phase, after a protective investigation, long term case management or other statutory intervention.

Referrals from Child Protection Intake to the Hubs

When information provided in a report to Child Protection does not reach the required threshold for statutory intervention but does indicate that a family may be in need of support with the care, wellbeing and development of their children or maybe exposed to family violence, Child Protection Intake will make a referral to the Hubs.

The assessment of the safety, stability and development of the child, including unborn children, will be the basis for any referral to the Hubs. Child Protection will provide a clear assessment to assist the Hubs to actively engage the family in the referral process with all referrals to the Hub endorsed by the child protection Intake Team Manager as a minimum.

Referrals from Child Protection Intake to the Hubs will be assessed by the Child Protection Intake Team Manager or the Intake SCPP, as to whether the referral to the Hub will be a standard or enhanced referral.

Standard Referrals

Standard referrals are referrals direct from Child Protection Intake to Hubs, with no requirement for SCPPCB in Hubs involvement.

Enhanced Referral

Enhanced referrals from Child Protection Intake to the Hubs will require Child Protection to consult with the SCPPCB who will confirm that the referral meets criteria as an enhanced referral. Child Protection Intake will then refer to the Hub, with advice that the SCPPCB has been consulted.

Upon the Hub accepting the referral, Child Protection Intake will close the case.

Enhanced referrals will typically reflect families with a pattern and history of Child Protection reports and investigations, and previous referrals to services with limited or no engagement. Hub practitioners can then decide whether or not they need to engage with the SCPPCB via a section 38 consult under the CYFA, regarding how to best engage a family and whether SCPPCB should play an active part, alongside the Hub practitioner, in this process.

If consulted, the SCPPCB in Hubs will open a section 38 consult on CRIS (Child Protection's client record and information system).

Referral Tool

All referrals from Child Protection Intake to the Hubs will be made using the Child Protection Intake report as the standard state-wide referral document. The report will include:

- a summary of Child Protection history (where relevant)
- the reported concerns for the child and follow up conducted
- the outcome of the Child Protection Intake assessment
- the rationale for the referral
- whether or not the family has been informed of the referral to the Hub
- whether Child Protection would have concerns if the family does not engage with Hub practitioners and advice about how to proceed in this instance

The reporter details may be included in the referral to the Hubs (s41 CYFA). Hub practitioners must ensure that the reporter details, or any other information that leads to the identity of the reporter, must not be disclosed to anyone outside of the Hub. This includes to Hub partner services should subsequent referrals be made.

Acceptance and transition of referral

Where ever possible, it is the intent of Hubs 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 the Hub requests further information from Child Protection, wherever possible, information should be provided within two working days. This is to ensure active engagement and timely intervention.

If the Hub cannot make a decision about acceptance or non-acceptance within two business days, the relevant Hub Team Leader should contact the Intake Team Manager (Child Protection) to advise of the delay and a timeframe for a decision to be made.

For all referrals from Child Protection Intake, Child Protection will advise the family, either verbally or by letter that a referral has been made to the Hub. Hubs will then be responsible for contacting and engaging with the family.

After acceptance of the enhanced referral, Hubs will proceed with attempts to engage the family. If the Hub practitioner is unable to engage the family after reasonable attempts, or if the Hub practitioner is unable to develop a plan with the family that goes towards mitigating risks outlined in the referral, the Hub practitioner should initiate a s38 consult with the SCPPCB in Hubs, who has been made aware of the referral.

Where Hubs do not accept a referral from Child Protection, a written rationale will be provided. Child Protection will then assess whether there is a further role for Child Protection with the family, considering the child's safety, stability and developmental needs.

Relationship management processes should be used at any point if there is any disagreement between the two services and liaison meetings should be used to resolve differences.

Closure

Child Protection will not close any case referred to a Hub until it has confirmed that the Hub has received and accepted the referral. If the Hub does not accept the referral, a rationale will be provided to Child Protection within two working days.

Referrals from Child Protection (all other phases) to Hubs

Any team in Child Protection can refer a case to the Hub at any time during their involvement.

The allocated Child Protection practitioner may play an active role in the referral, transition and ongoing case management and planning.

Local consultative panels can also be used to respond to complex practice issues and ensure a joint service platform to engage and respond to vulnerable families.

Before a referral is made:

In all cases where a referral is made from Child Protection to the Hubs after the Intake phase the referral must be part of an overall case planning process, in accordance with the Best Interests Case Practice Model.

The allocated Child Protection practitioner must seek consent for the referral to the Hub from the family, and ensure the family know the purpose of the referral.

For complex cases, Child Protection, the SCPPCB/CPTM in the Hubs or the Hub 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.

Referrals

The allocated Child Protection practitioner will complete the referral or the relevant Team Manager if the case is unallocated.

A standardised referral tool will be used for all referrals from Child Protection (post intake) to Hubs

The referral will include:

- a current assessment (in line with the Best Interests Case Practice Model) that highlights areas of risk and need
- summary of the actions taken to reduce risk, and the current plan in relation to the child and family for both substantiated and non-substantiated report
- a case plan (if this exists) attached to the referral document
- evidence that the family has participated in discussions about the referral to the Hub

Acceptance and transition of referral

Where ever possible, it is the intent of Hubs 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 the Hub requests further information from child protection, wherever possible, information should be provided within two working days. This is to ensure active engagement and timely intervention.

If the Hub cannot make a decision about acceptance or non-acceptance within two business days, the relevant Hub Team Leader should contact the Intake Team Manager (Child Protection) to advise of the delay and a timeframe for a decision to be made.

Closure

Child Protection will not close any case referred to a Hub until it's confirmed that the Hub has received and accepted the referral. If the Hub does not accept the referral, a written rationale will be provided to child protection within two working days.

Closure should be a planned and negotiated process between Child Protection and the Hubs the key requirements of which are that:

- each party keeps the others informed of the timing for closure
- agreement must be reached about who hold responsibility for management of the case

Reports from Hubs or IFS to Child Protection

Referrals made to the Hubs may result in a report to Child Protection at any time during Hubs involvement when there are immediate safety concerns for a child or young person.

IFS can also make a report directly to Child Protection when there are immediate safety concerns for a child or young person.

Hub practitioners and IFS should consult with the SCPPCB in the Hub when considering making a report to child protection as the SCPPCB will proactively assist in either:

- providing additional information, advice or support to the Hub practitioner and assistance with developing strategies to mitigate risk, diverting families away from the statutory Child Protection system
- opening a Child Protection report and fast tracking the report to the most appropriate Child Protection team for investigation

The Hub practitioner, with their Team Leader's endorsement, can continue to make a report to Child Protection if assessed that one is necessary, regardless of the outcome of the consultation with the SCPPCB or CPTM in their absence.

Consultation with the SCPPCB or CPTM in Hubs

Consultation is a key component of the CYFA. Section 38 CYFA intends for Child Protection to be enabled to consult in response to a report, and to provide information, support and broad advice to a registered child and family service. Section 38 allows for the SCPPCB (as a delegate of the Secretary), to be consulted by Hub practitioners and IFS workers, and receive information from, each other, for the purposes of assessing risk and need.

Hub practitioners should consult with their Team and Practice Leaders prior to consultation with the SCPPCB, regarding interventions to vulnerable children, including unborn children, and young people and their families. IFS workers will also seek support and endorsement by their supervisor before requesting a s38 consult.

Hub practitioners may consult with the SCPPCB in Hubs when:

- they have been advised to do so by their team or practice leader
- significant well-being concerns are identified for a child or young person; or when a report to Child Protection is being considered
- SCPPCB expertise may inform assessment, intervention options and to determine whether a report to child protection needs to be made

- Hub practitioners need to determine if there is any relevant information held by Child Protection, 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 Child Protection will need to be made post birth
- Hubs 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 of a report to Child Protection needs to be made
- a referral is received directly from child protection intake, who have assessed it is requiring involvement of the SCPPCB (known as an enhanced referral)

Hub practitioners should also consult with the SCPPCB in Hubs, following unsuccessful attempts to engage a family or despite having engaged with the family, cannot establish that there is a suitable plan to mitigate the risks to the child.

The plan:

- may have been completed by the Hub practitioner with the family
- may have already been put in place by the family, but still requires the Hub practitioner to assess the viability of that plan
- may already exist and be overseen by another community agency which would require the Hub practitioner to assess the viability of that plan

Process for a section 38 consultation

Consultation with the SCPPCB in Hubs will be undertaken as follows:

- Hub practitioners and IFS workers will seek endorsement from their respective supervisor before requesting a section 38 consultation with the SCPPCB in Hubs.
- The Hub practitioners and IFS worker will complete the section 38 consultation form and send it via email to the SCPPCB. This will provide the SCPPCB 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 the Hubs practitioner completing the section 38 consultation form as soon as possible after the consultation has occurred

- The SCPPCB, Hub practitioner and IFS workers are to engage in discussions about the case, ensuring a shared understanding of the issues and agreed to decisions.
- The SCPPCB recommendations should be added to the consultation form upon completion of the consultation
- The Hub practitioner or IFS worker may need to update or complete a new risk assessment on the basis of the consultation with the SCPPCB.

The section 38 consultation form should be, at its completion, a shared, single document that is uploaded by the Hubs and IFS workers and SCPPCB to their respective case recording systems.

- The SCPPCB will record the consultation on CRIS as a s. 38 (as per the CYFA 2005), unless the decision is to open a report if the SCPPCB decides the matter meets the threshold for statutory intervention.
- If a report is made, the SCPPCB in Hubs, will close any open s. 38 consultation, and will include the consultation in the report.

If it is after hours, and the matter is urgent, the Hub practitioner will contact the After Hours Emergency Child Protection Service.

Outcomes of a section 38 consultation

- If there is a decision to make a report, the SCPPCB in the Hub will register the Child Protection report on CRIS.
- Hub practitioners and IFS workers will record the outcome of the s38 consult on their respective data bases.
- If a decision is made to transfer the case for a Child Protection Investigation Team, the SCPPCB in the Hubs will facilitate this.

Referrals from the Hubs to IFS

As outlined above, in the five launch sites the Child and Family Services Alliances will continue to be a key component of the catchment service delivery model and together with the Hub and others will continue to contribute to implementing timely and effective referral pathways between Hubs and IFS.

FSV and the department will continue to work in partnership to develop and refine the relationship between the role of Child and Family Services Alliances in relation to Hub service delivery. In the interim, Hubs will continue to use the Alliances as the primary mechanism for making referrals to IFS.

For open Child Protection cases, the SCPPCB or CBTM will be available to answer any questions and support the referral process and will be responsible for communicating the outcomes of the allocation meeting to the allocated child protection practitioner and/or their supervisor.

Once the referral from the Hub has been accepted by IFS the allocated Hub practitioner, will:

- make contact with the allocated IFS worker to lead and organise joint handover processes
- work with the allocated 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
- attend joint home visits, as negotiated and required, with the allocated IFS practitioner

The allocated Family Support worker will:

- attend the transition arrangements with the allocated Hub practitioner to discuss the case, clarify roles and responsibilities, and discuss strategies to engage and work effectively with the client
- work with the allocated Hub 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 Hub practitioner
- share information about risk assessment and casework activities that informs the joint assessment, planning, decision making and intervention

For a referral from Child Protection for IFS via the Hub, where the referral is accepted by IFS the allocated Child Protection practitioner will:

- make contact with the allocated IFS worker to lead and organise joint handover processes
- 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
- attend joint home visits, as negotiated and required, with the allocated IFS practitioner
- discuss with the IFS worker the level of involvement for IFS during child protection intervention

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. Relationship management processes should be used if at any point there is disagreement between the two services.

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 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. The child's best interest, as specified in the CYFA 2005, 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 and respective line managers.

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, or in relation to case direction or case management issues.

Key considerations

Relationship management processes should be used if at any point there is disagreement between the two services.

From time to time, differences of opinion between the Hubs, Child Protection and IFS regarding the most appropriate response to presenting risk and need may arise. A dispute resolution process that clearly defines roles and responsibilities in this circumstance is required to ensure service delivery to these families is not compromised.

The allocated Hub, Child Protection or IFS practitioner, with primary case management responsibility will retain case responsibility until the dispute is resolved, unless the risk is at a level that necessitates a statutory Child Protection response.

The dispute resolution process should follow the table 1 below, with an emphasis placed on resolving disputes at the operational level and between the operational management groups.

Where appropriate, escalation of matters relating to the impact of systemic issues on service delivery can be escalated to FSV and DHHS executives and the Hubs Project Steering Committee, if unable to be resolved locally.

Hubs will adopt the use of 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.

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

Table 1: 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	Communicating 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 to be confirmed Hubs and Child Protection intake interface meetings (including IFS where relevant)	Resolve issues or refer to Alliance operations 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	Hubs Leadership Group Hubs Project Steering Committee Other structure to be confirmed, including If appropriate unresolved matters relating to IFS can be referred matters to Alliance executive, FSV and/or departmental executive and 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.

Learning and continuous improvement

The operation and practice of the Hubs will be informed by emerging needs and evidence, and firmly embedded with the principle of continuous improvement. The design and implementation of the Hubs will continue to develop and be informed by community needs, co-design, and practice learnings.

Initially, existing governance arrangements between FSV and Hub launch site will provide the forum to support and contribute to further service improvements and practice learnings from the Hubs operations, and continue to strengthen the working relationship between the Hubs, Child Protection, IFS and Family Violence Services.