

Western Melbourne  
Child & Family  
Services Alliance

# Operations Manual

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## 1. Introduction

### 1.1 Brief Overview

This document reflects agreements within the Western Melbourne Child and Family Services Alliance (the Alliance) as of January 2016.

This document should be read in conjunction with the [Alliance Website Induction Online Learning Modules](#) for new staff. This online Induction learning module provides information on the Alliance, and the legislative, policy and practice frameworks for Child FIRST and Integrated Family Services.

This document sets out the responsibilities for the management and coordination of roles and responsibilities of the Alliance.

The document provides access to the necessary procedural guidelines, practice guidelines and service tools that are required to effectively implement the Western Melbourne Child FIRST model.

### 1.2 Western Melbourne C&FS Alliance Partners

The Alliance is a partnership involving 10 DHHS funded organisations providing Family Services in the municipalities of Wyndham, Hobsons Bay, Maribyrnong, Moonee Valley and Melbourne. (Refer Memorandum of Understanding)

The partners in this Alliance are as follows:

- [Anglicare Victoria](#) (service provider of Western Melbourne Child FIRST);
- Bapcare;
- Caroline Chisholm Society;
- CatholicCare;
- cohealth;
- ISIS Primary Care;
- MacKillop Family Services;
- City of Melbourne;
- Moonee Valley City Council; and
- Victorian Aboriginal Child Care Agency (VACCA).

Hobsons Bay City Council, Maribyrnong City Council, Wyndham City Council, Melbourne City Mission and Tweddle Child and Family Health Services participate in the Alliance at an executive level.

### 1.3 Alliance Background

For comprehensive information on the Alliance vision, values, objectives, functions and strategic framework please see the Alliance website [Induction](#).

Alliances have three key functions;

1. Undertake catchment planning,
2. Provide operational management of Child FIRST; and
3. Coordinate service delivery at the local and catchment level.

The Alliance will develop a catchment plan which articulates catchment priorities, service planning and development needs and the quality improvement framework for the Alliance. An important aspect of catchment planning is the engagement of and partnerships with other sectors (e.g. Family Violence, Drug and Alcohol and Mental Health) and universal services e.g. Maternal Child Health and schools.

The Alliance Project Manager supports the Alliance and reports directly to the Core Executive Group of the Alliance. However Anglicare Victoria, as the employing organisation, is responsible for the day to day management and support of this position.

Responsibilities of the Project Manager include supporting the Alliance in:

- Progressing catchment planning processes;
- Coordinating data collection across the Alliance;
- Advocating on behalf of the Alliance;
- Facilitating communication and collaboration with the North West Region Alliances and Department of Health and Human Services
- Assisting in the development of service delivery tools, processes and policies; and
- Fostering intra and inter sector relationships.

#### **1.4 Western Melbourne Child FIRST: Core Purpose**

The core purpose of Western Melbourne Child FIRST is to provide a clearly visible and accessible entry point into the Integrated Family Service system in the Western Catchment to provide effective service responses for vulnerable children, young people and families, including the following components:

- Ensure that vulnerable children and their families receive priority access to relevant services to support the child's healthy development and improve parenting capacity;
- Promote earlier and more appropriate referral pathways within and between services, to connect vulnerable children and families with services and supports to address their needs and prevent inappropriate Child Protection intervention;
- Provide intake into an integrated Family Service system at sub/regional level; and
- Provide access to a range of services differentiated to the needs of the family that positively improve the outcomes for children and young people.

The key functions of the Western Melbourne Child FIRST in providing a visible and easily accessible entry into Integrated Family Services for vulnerable children, young people and their families, via the following:

- A single telephone number;
- Provision of information and advice;
- Screening for eligibility and initial assessment of needs and risk and, where necessary consultation with Child Protection and other services;
- Identification of the Aboriginal and Torres Strait Islander and CALD status of children, young people and families;

- Identification of differentiated service responses for families related to the assessment of needs and underlying risks;
- Actively support referrals to other relevant agencies if this is necessary to assist vulnerable children and families;
- Promote and facilitate integrated local service networks working collaboratively to co-ordinate services and support to children and families;
- Actively manage demand across the catchment;
- Determination of the priority of a response, and allocation of families to Integrated Family Services based on need; and
- Timely-responses to children, young people and families through the provision of short term responses where required, prior to allocation to Integrated Family Services.

### **1.5 Western Melbourne Child FIRST Model: Agreed Principles**

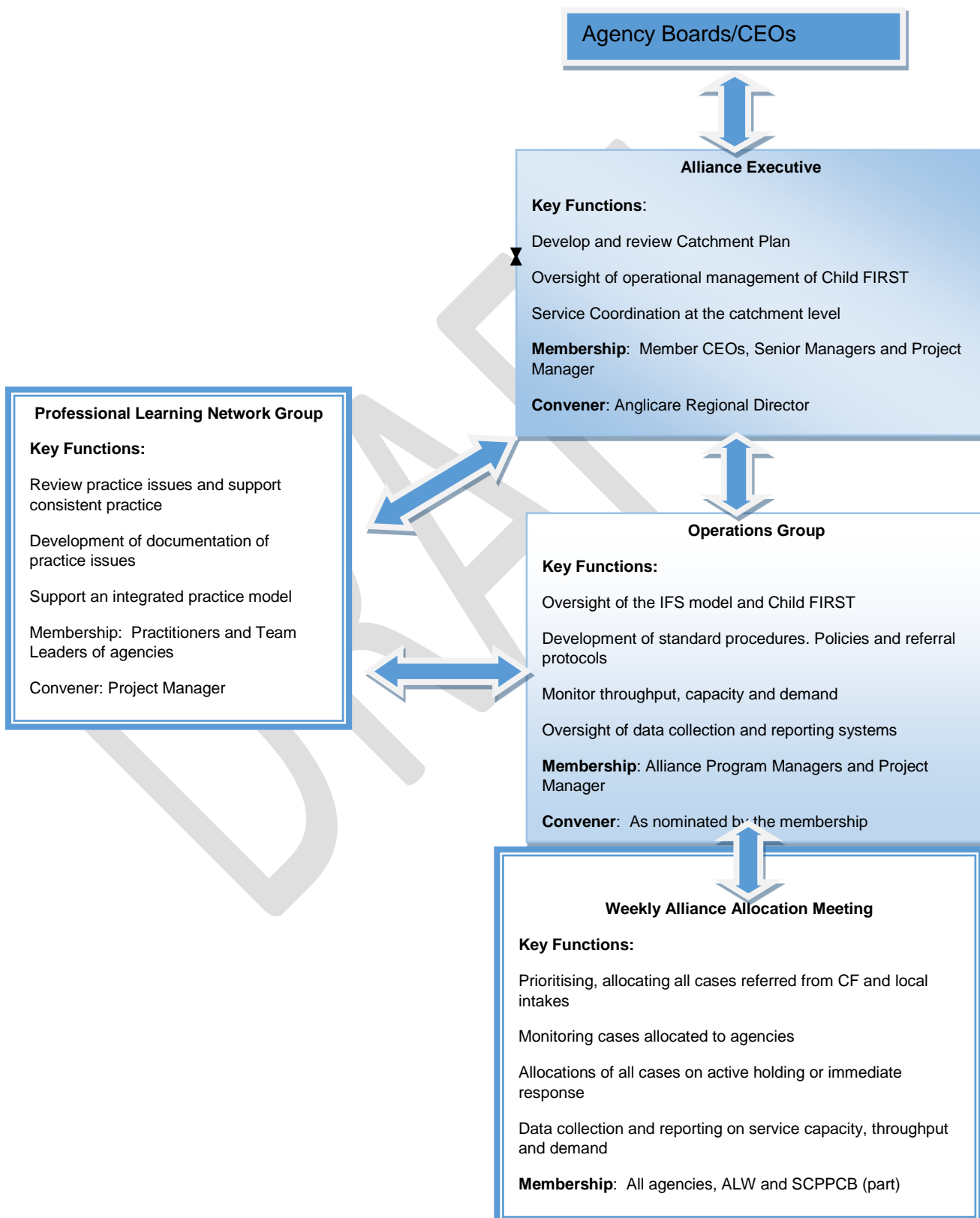
The Alliance has developed a set of service delivery principles to guide member agencies. These principles state that the Alliance Family Services will:

- Be guided by the Best Interests Principles and Framework;
- Be focused on vulnerable children, young people and their families;
- Be readily accessible through easily contactable intake point(s);
- Assist earlier identification of needs, risks and interventions through clear referral pathways and a minimum number of transition points including changes of worker;
- Adopt an holistic approach supporting referrals to other relevant services (non - Family Services);
- Achieve high levels of service coordination through collaborative approaches to case management and review;
- Gain informed consent, acting within the relevant provisions of the Children, Youth and Families Act 2005 and within privacy legislation;
- Prioritise service responses based on need;
- Provide culturally competent responses to Aboriginal families and families from a CALD background at all levels;
- Provide strengths based responses, ecological approaches and flexibly respond to changing needs of children, young people and families;
- Ensure a continuum of service responses from least to most intensive;
- Ensure that vulnerable children and their families receive priority access to relevant services to support the child's healthy development and improve parenting capacity;
- Promote earlier and more appropriate referral pathways within and between services, to connect vulnerable children and families with services and supports to address their needs and prevent inappropriate Child Protection intervention;
- Provide intake into an integrated Family Service system at sub/regional level; and
- Provide access to a range of services differentiated to the needs of the family that positively improve the outcomes for children and young people.

## 2. Alliance Coordination & Management model

### 2.1 The Alliance Coordination and Management Model

The governance, management and coordination functions of the alliance are conducted through the below structures:



### 3. Describing Child FIRST and Local Intake Processes

#### 3.1 Approach and Principles

The Alliance is committed to supporting Western Melbourne Child FIRST as the consolidated intake for the catchment. To enable maximum access for vulnerable children and their families the Alliance recognises that Western Melbourne Child FIRST intake is supported by intake capacity at the local agency level.

The Alliance's model provides that **all referrals** from both Western Melbourne Child FIRST and local agencies **are brought to the Weekly Alliance Allocations Meeting and prioritised based on need** and then allocated to agencies for either casework or into active holding.

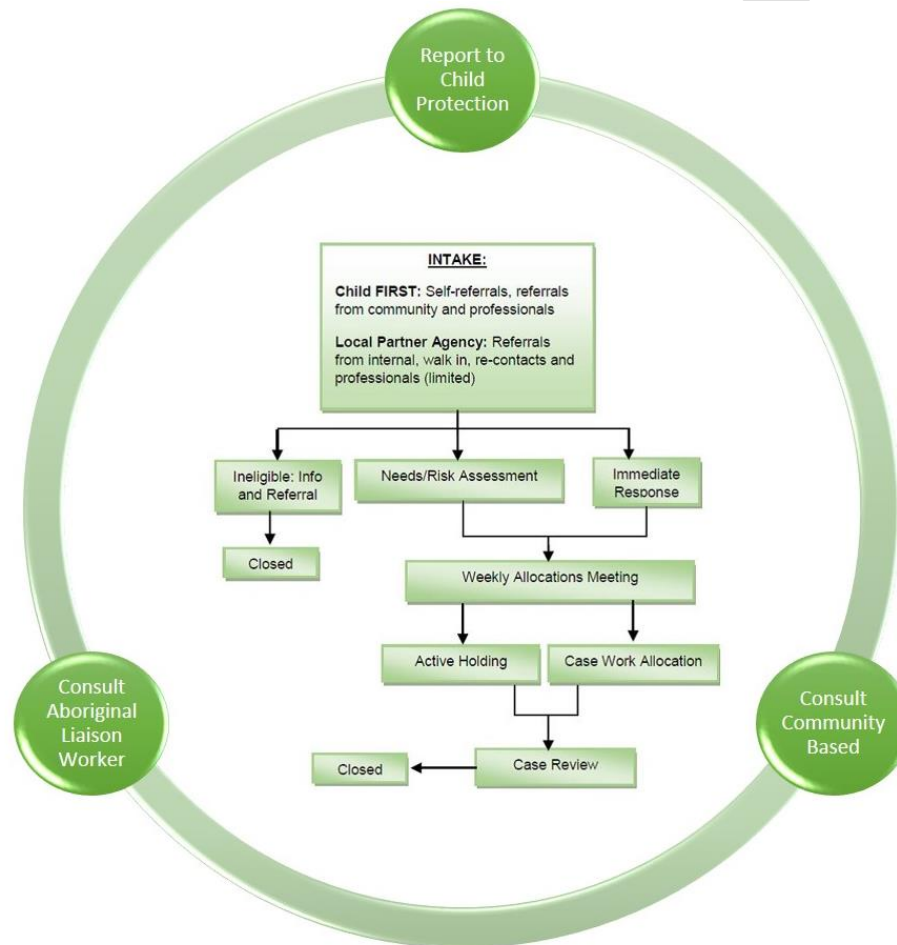
The Alliance has four referral pathways into Western Melbourne Child FIRST, they are:

1. Referrals to Western Melbourne Child FIRST and referrals received by the local partner agencies;
2. Referrals from Child Protection to Western Melbourne Child FIRST;
3. Referral from Victoria Police for referrals in relation to Family Violence (L17s); and
4. Referrals from Victoria Police for referrals for families that require support that are non-Family Violence (VPeR)

A flow chart describing each of the four processes is set out in Diagrams A, C and D.



**Diagram A: Intake into Child FIRST and Local Agency**



\*This diagram shows the pathway through Child FIRST/Local Intake for the majority of families. Individual differences are too complicated to depict.

**Diagram B: Intake of Child Protection Intake referrals into Child FIRST**

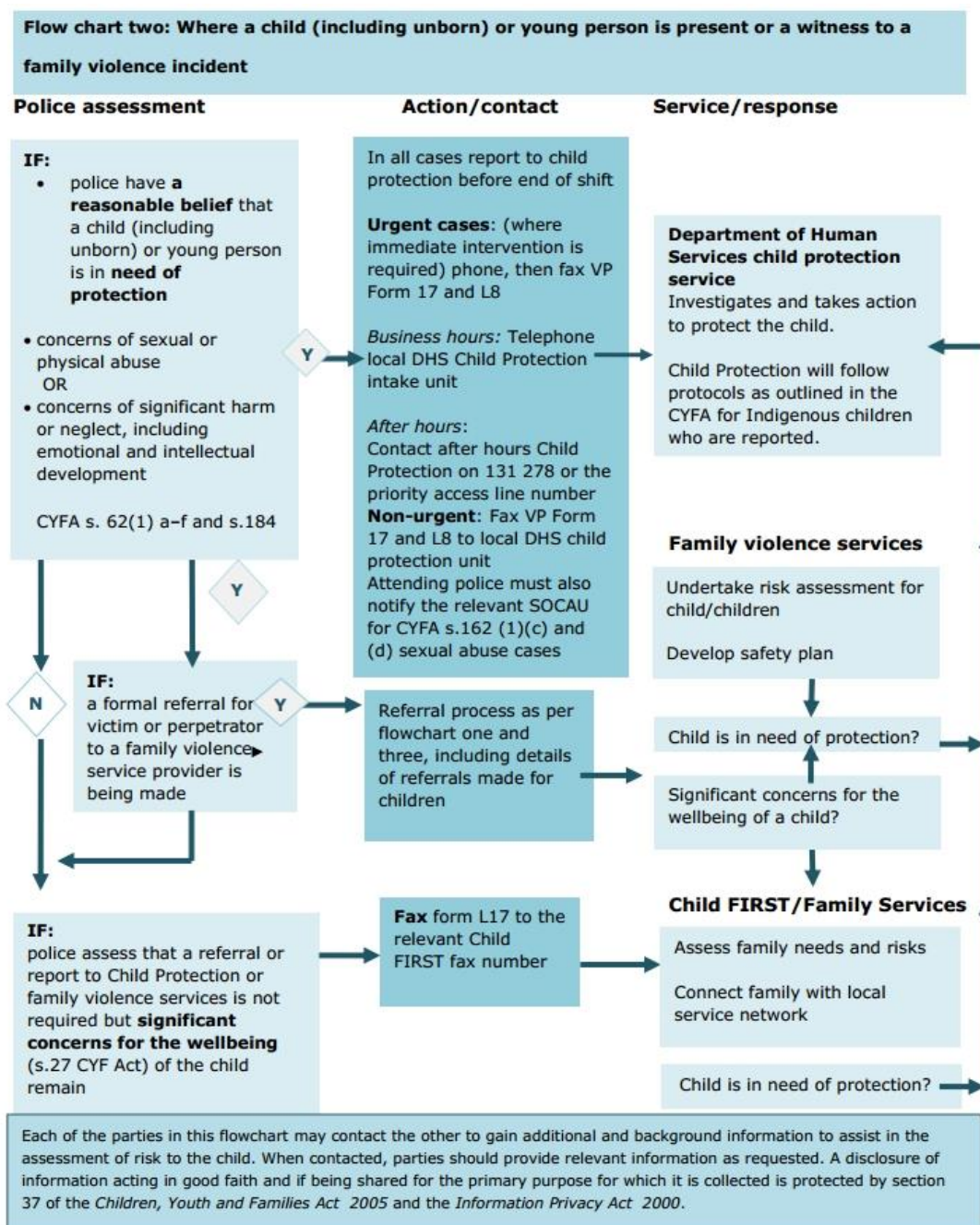
Refer to **Procedural Guidelines for Referral and Consultation**

Child Protection and Child FIRST/Integrated Family Services

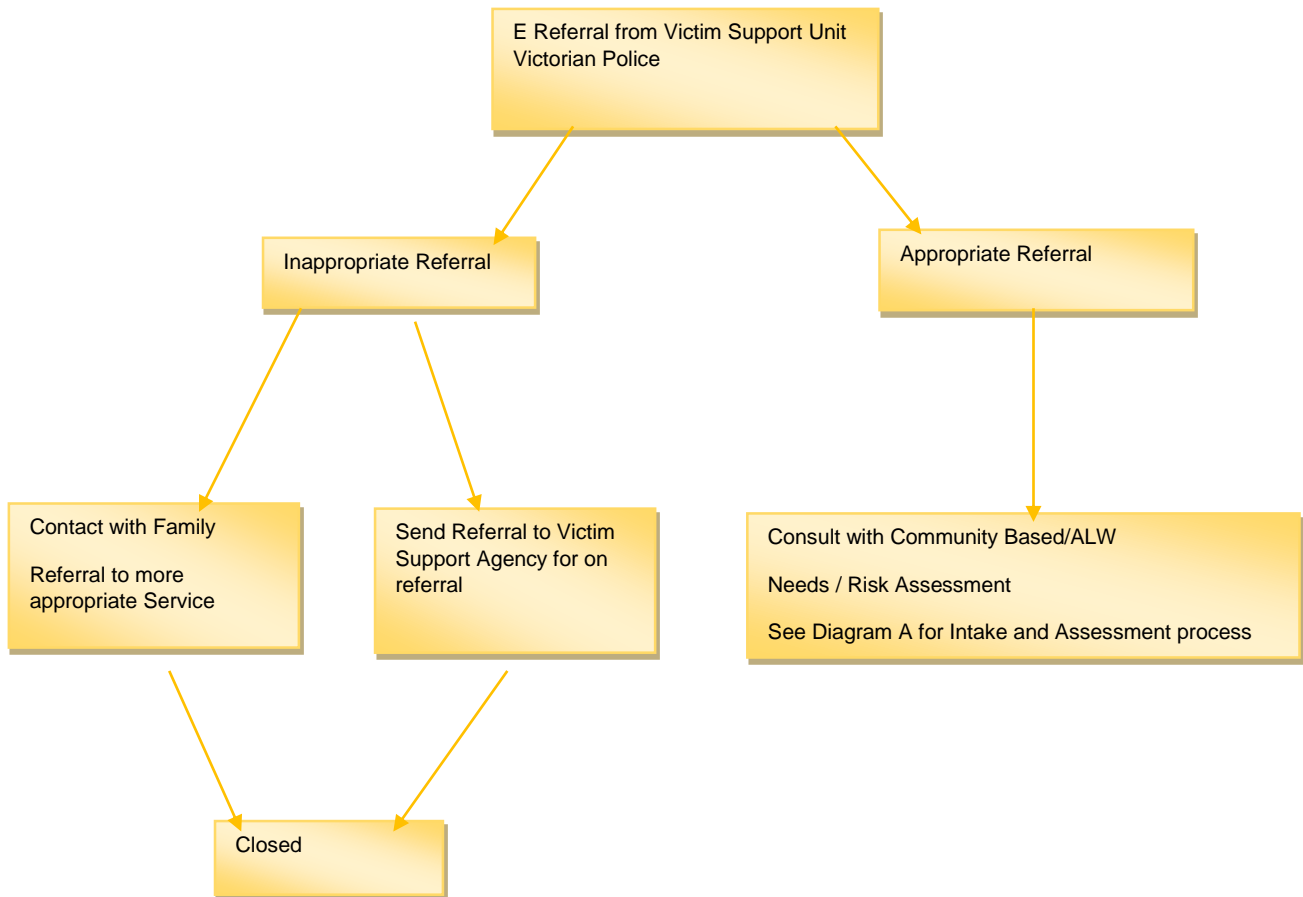
Figure 1 Page 19 ( on website)

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**Diagram C: Intake of Referrals from Victorian Police for Family Violence Referrals**



### Diagram D: Intake of Referrals from Victorian Police for non-Family Violence Referrals



### **3.2 Western Melbourne Child FIRST Staff**

Western Melbourne Child FIRST is staffed by a Team Leader, senior worker and four intake staff and is based at the Yarraville office of Anglicare Victoria.

### **3.3 Referral and Intake by Western Melbourne Child FIRST**

#### **A. Referral to Child FIRST from families, professionals or community members and determining eligibility.**

Screen Duty calls for appropriateness and request referrers to complete referral form and email back

Western Melbourne Child FIRST staff encourage referrers to complete the referral over the telephone. Child FIRST may also accept referrals by fax, email or in person.

For self-referrals the Child FIRST intake worker will determine the eligibility of the family for Family Services and complete the Referral section of the Referral and Assessment Form (on website)

See prompt sheets for further information (on website)

If the family is not eligible for Family Services the intake worker will provide information on and contact details of other potentially suitable service options and record on IRIS as a non-substantive case.

#### **B. Referral to Child FIRST from Child Protection**

The Procedural Guidelines for referral and consultation between Child Protection, Child FIRST and Integrated Family Services will provide the process regarding referrals from Child Protection Teams to Child FIRST.

#### **C. Referral to Child FIRST from the Victorian Police for Family Violence referrals**

Referrals from the police are referred to Child FIRST via fax and responded to during business hours.

#### **D. Referral to Child FIRST from the Victorian Police for non-Family Violence referrals**

Referrals through the e referral process are emailed to Child FIRST via the central email address.

### **3.4 Referral and Local Intake by Partner Agencies**

The local agency taking the referral determines the best manner in which to undertake the referral, which may be via the telephone, an office appointment or home visit.

See prompt sheets (on website).

If the family is not eligible for Family Services the intake worker will provide information on and contact details of other potentially suitable service options and record on IRIS as a non-substantive case.

### **3.5 Managing the Referral Process at Child FIRST and Local Agency Intakes**

#### **3.5.1 Providing Information about Western Melbourne Child FIRST for Child FIRST and Local Intake staff**

Often as part of the initial contact with a family, family member, friend or professional the intake worker will need to explain the role of Western Melbourne Child FIRST, the referral process, information in relation to consent and agencies within the partnership.

The Alliance has developed a [pamphlet](#) for families and a flyer for professionals to explain the role of Western Melbourne Child FIRST and to highlight when to refer to Child FIRST and when to refer to Child Protection.

#### **3.5.2 Prompt Sheets for Providing Information**

The Alliance has developed a number of prompt sheets (on website) which could be used by Western Melbourne Child FIRST and local agency staff to explain the role of the service to referrers.

The following prompt sheets have been developed:

Prompt Sheet 1: Responding to the initial telephone call from Professional Referrers/Referrals from Family Members or other Community Members – at Child FIRST

Prompt Sheet 2: Responding to initial telephone call or office visit for Self-Referrals – at Child FIRST

Prompt Sheet 3: Responding to Referrals where there are Significant Concerns for the Wellbeing of the Child including unborn children.

Prompt Sheet 4: Responding to the Initial Telephone Call or Office Visit –Agency Intake/Duty

Prompt Sheet 5: Responding to a referral from an Aboriginal or Torres Strait Islander Family– Child FIRST and Agency Intake/Duty.

Prompt Sheet 6: Responding to a Referral from a Family from a CALD Background – Child FIRST and Agency Intake/Duty

#### **3.5.3 Clarifying Referrer Details at Western Melbourne Child FIRST and Local Agency Intake**

When a referrer is other than a self-referrer, intake staff will gather information in relation to:

- the families' awareness of the referral. If the referrer has not discussed the referral with the family they may feel comfortable to go back to the family, after they have been able to establish the role of Western Melbourne Child FIRST and that this is an appropriate referral to Family Services.
- their consent to the information being provided.

This assists the intake staff to have:

- an understanding of the level of engagement/motivation that may be anticipated with the family
- assess the best method of engaging directly with the family
- understand how the referrer could assist Western Melbourne Child FIRST or the local agency intake worker to engage the family if this is relevant.
- understanding of the current relationship the referrer has with the family
- how they can appropriately involve the referrer in ongoing support for the family so both the referrer and Family Services are working in partnership with the family.

This also helps to clarify whether the referrers wish to have their details protected. We need to ask the referrer if they have significant wellbeing concerns for the child/children in the family being referred, this triggers a question about whether they wish to protect their identity. The Western Melbourne Child FIRST or local intake staff member is to complete the Referrer's Identity Protected Form, as well as completing the Referral form (without the referrer's details) (both on website).

Where the family is making a self-referral the Western Melbourne Child FIRST or local agency intake worker will collect information about members of their immediate family and current situation, test the best method and times to contact the family member. If there are any safety concerns relating to family violence the caller may not wish to disclose their seeking support and a discussion regarding how best to manage this needs to occur.

### **3.5.4 Managing Referrals from Other Child FIRST/ IFS programs**

**See Transfer Policy** (on website)

### **3.5.5 Managing Referrals of Families where there has been contact with Child FIRST or IFS within the Previous Three Months**

There are some families that are re referred to Child FIRST/IFS a number of times and referrals may be made not long after closure from Child FIRST or IFS. If a family has been referred within three months, where there had been a previous assessment completed by Child FIRST, we will attempt to move the family through to the allocation point as quickly as possible.

Where a family has been referred to Child FIRST and there has been a closure from an IFS agency within the last three months then:

- Child FIRST will clarify with the family if they wish to be re referred to the same agency, though also indicating that this may not be possible and dependent on capacity of the agency
- Child FIRST will contact the agency to request if they are able to undertake the initial assessment. The agency has the final decision whether this is possible, there are range of factors to take into account such as family factors, agency and program needs which will influence this decision
- Child FIRST or IFS will undertake an assessment with the intention that the family is presented to the allocations meeting, so the family can be prioritised with other families referred.
- Where an agency thinks that cumulative harm is impacting on the child or young person, then the IFS Agency Team Leader with the Child FIRST Team Leader will have a discussion

with the Senior Child Protection Practitioner (Community Based)(SCPPCB) team in regard to which service is best to respond to the children's needs.

The closure form (on website) is a critical document in providing Child FIRST, at the intake point, information in relation to families that have had previous IFS intervention. Information in regard to what has worked and what has not worked in relation to the intervention and engagement with the family is important as well as possible areas for further work in deciding whether Family Services would be appropriate again for a family.

### **3.5.6 Prioritising Referrals at Western Melbourne Child FIRST**

The Child FIRST team have a number of processes in place to manage referrals coming in to the Integrated Family Services system. Referrals are given a preliminary prioritisation category at intake and this is recorded. This prioritisation decision can be reviewed when further information is obtained.

### **3.5.7 Urgent/Immediate Response at Western Melbourne Child FIRST and Local Agency Intakes**

For some families referred to Western Melbourne Child FIRST there may be an immediate response that is required, it may be linking a family into respite or a housing service or it may be that material aid is required immediately. The Western Melbourne Child FIRST and local agency intake staff will identify families that require an immediate response and provide this follow up. Wherever possible, Child FIRST will provide the immediate response. However where this is not possible the agency best placed to provide longer term support will be contacted to ascertain their capacity to provide an immediate response. The case will be listed for allocation at the next available Weekly Alliance Allocations Meeting.

If an urgent case is referred to Western Melbourne Child FIRST and requires immediate allocation the Western Melbourne Child FIRST Team Leader is to inform the Manager of Family Services Anglicare Victoria who will send an email to partner agencies requesting agencies to nominate if they have immediate capacity to allocate the family to casework. Where there is no casework capacity available the Operations Chair and Executive Chair are to be alerted.

### **3.5.8 Classifying Referrals by Western Melbourne Child FIRST and Local Agency Intake Staff**

**Refer to Prompt Sheets and IRIS Dictionary (on website)**

## **3.6 The Assessment Process at Child FIRST and Local Agency Intakes**

### **3.6.1 Initial Assessment at Western Melbourne Child FIRST and Local Agency Intakes**

The purpose of the initial assessment stage is to:

- provide sufficient information to enable prioritisation on the basis of need and allocation including an active holding response if required;



- ensure the family has given informed consent for the gathering and sharing of information (subject to Section 36 and 38 of the Children, Youth and Families Act 2005);
- Identification of initial goals for the family to work with Integrated Family Services, these goals may be from the family and the referrer or both.

### **3.6.2 The Initial Assessment Process at Western Melbourne Child FIRST and Local Intake**

Wherever possible the initial assessment with the family is completed over the telephone. However, there are times when the Western Melbourne Child FIRST staff home visit families to complete the initial assessment, the decision to home visit is informed by the referrer, circumstances of the family (e.g. use of interpreter), engagement issues, current circumstances of the family and the worker's own assessment as to the most appropriate way to engage the family.

To assist with engagement Child FIRST and Local Intake staff may visit families with other workers such as Child Protection, the Senior Child Protection Practitioner (Community Based) Child Protection Worker, the Aboriginal Liaison Worker or another agency worker.

Child FIRST consults with SCPPCB and Aboriginal Liaison Worker as appropriate.

### **3.6.3 Consent from Families at Western Melbourne Child FIRST and Local Agency Intakes**

The intake worker will gain consent with families to share information with agencies and consultation with the Senior Child Protection Practitioner Community Based refer to the Procedural Guidelines for Referral and Consultation Child Protection, Child FIRST/Integrated Family Services (on website). Families are informed of the Aboriginal Liaison role and the referral/intake phase and consent is gained in relation to consulting with the ALW.

Where consent is not gained from families in relation to consulting with the Aboriginal Liaison worker or in sharing identifying information with partner agencies the Alliance has the provision of consulting or sharing information in a de identified way. If by consulting, this effects engagement with the family then the consult with the Aboriginal Liaison Worker is about the dilemma between the family's self-determination and the legislative requirement of CF/IFS to consult. The Intake Worker will gain consent with families to share information at WAAM in relation to consultation with SCPPCB and where appropriate with ALW.

Where possible, discuss and gain consent from families for consultation with Child Protection as is best practice. There may be occasions that agencies consult without consent with Child Protection. Reasons include:

- it may not be in the child's best interests e.g. safety risks to the child or
- there may be worker safety issues if they do so.

The intake worker will complete the consent form (on website) with the family, where written consent is not possible the intake worker will obtain verbal consent to share information with the partner agencies.

The intake worker will explain:

- the role and structure of Child FIRST and Integrated Family Services including the agencies in the Alliance.
- information is shared with the other agencies of the Alliance for the purpose of prioritisation and allocation to the most appropriate Integrated Family Services agency (Prompt Sheet 1 and 2 on website).

In obtaining consent to share information with partner agencies at the Weekly Alliance Allocations Meeting Child FIRST and local partner agencies have two options:

1. Families agree to their information being shared and identifying information is presented at the meeting. This is useful as it allows the identification of the most appropriate service to meet the family's needs and also allows discussion in regard to any previous contact with other integrated family services agencies; and
2. Families do not agree to any identifying information being presented, so de identified information is presented to the Weekly Alliance Allocations Meeting.

### **3.7 Active Engagement at Western Melbourne Child FIRST:**

Refer [A strategic framework for Family Services 2007](#)

### **3.8 Providing Feedback to Referrers Responsibilities of Child FIRST and Local Agency Intake Workers**

Feedback is provided to the referrer with permission from the family, the referrer should be informed of the outcome of the referral such as:

- Accepted into Western Melbourne Child FIRST or local agency intake for the initial assessment;
- Non acceptance of the referral and other appropriate services available;
- Where the case may not be progressing e.g. due to family refusing the service or non-engagement with the family and where the family are not engaged discussion in relation to how the referrer may assist in engagement;
- Outcome of the initial assessment; and
- Outcome at the Weekly Alliance Allocations Meeting i.e. accepted for casework or active holding.

Where there has been a significant concern about well - being referral and the referrer's identity has been protected the Western Melbourne Child FIRST or local intake staff may inform the referrer of the outcome of the referral.

### **3.9 Information and Data Management at Western Melbourne Child FIRST and Local Agency Intakes**

Western Melbourne Child FIRST has the capacity to electronically export cases once they have been allocated to an agency for active holding or case work. All allocations made by Western Melbourne Child FIRST to local agencies are completed via the IRIS "refer case" export function. If a case has been open for active holding in one agency but is being

transferred to another agency for allocation to casework the active holding agency will import the case back to Western Melbourne Child FIRST and Western Melbourne Child FIRST will re allocate via the “refer case to the next agency” function.

Where a partner agency receives a local agency referral, the agency enters the case on the agency’s IRIS system, if the case is transferred to another partner agency for active holding or casework the intake agency closes the case at allocation and the allocated agency then opens the case on their IRIS system using the “refer case” option on referral source. This option may also be chosen where agencies are undertaking joint casework and will be a measure of integrated partnership activity, in this situation the agency transferring the case keeps the case open to record joint activities.

Cases are exported back to Western Melbourne Child FIRST by partner agencies for cases allocated from Western Melbourne Child FIRST on closure of the case. Western Melbourne Child FIRST will record a closure date as part of Child FIRST’s own tracking of cases. Cases opened at the local agency level are exported to DHS.

### **3.10 Decision Points at Western Melbourne Child FIRST**

Western Melbourne Child FIRST staff make decisions in relation to referrals at different points in the intake/initial assessment process. The decisions are also made in conjunction with the Team Leader of Western Melbourne Child FIRST. The decisions that may be made in the intake/ initial assessment process may be:

- The family is ineligible for service;
- The family may be eligible for a Family Service response but the family was referred to another more appropriate service;
- That a consultation with the Senior Child Protection Practitioner (Community Based) needs to occur for families not currently known to Child Protection where there are significant concern about the wellbeing of a child;
- That a referrer’s details are to be protected and information is not to be disclosed to the family;
- That information is needed in relation to decision making and consent is not sought from the family to seek this information where there are significant concerns about the wellbeing of a child or young person;
- How best to contact families including families that may not be aware that a referral has been made to Family Services;
- An outreach or immediate response is required to engage this family; and
- A consultation occurs with the SCPPCB where contact cannot be made with families referred from Child Protection or where there is a refusal of service or to provide consent to share information with the other partner agencies.

## **4. Allocation, Prioritisation and Demand Management**

### **4.1 Allocation Meetings**

All referrals into Western Melbourne Child FIRST and local partner agencies are prioritised based on need for casework or active holding through the weekly allocations meeting. See [WAAM Terms of Reference](#).

Agencies that undertake local intake referrals will provide information the following day to the Child FIRST Team Leader.

This information will be provided to the Western Melbourne Child FIRST team leader at least one working day prior to the WAAM.

- where the family provides permission the name of the family, date of the referral, cultural identity, referral source, IRIS case category and suburb
- where the family wishes to have their information de identified the local intake agency is to provide information in relation to the date of the referral, source of the referral, cultural identity of the family, IRIS category and suburb and as much information as agreed to present to enable prioritisation with other families presented on the day.

## **4.2 Western Melbourne Child FIRST and Partner Agency Roles in allocation**

### **4.2.1 Western Melbourne Child FIRST Role:**

The Western Melbourne Child FIRST Team Leader will;

- on a weekly basis, request information in relation to partner agency capacity for active holding,
- Will request casework and anticipated vacancies
- Will request agencies to provide details in relation to local intake presentations and if they require the presence of the SCPPCB or ALW.
- The Team Leader of Western Melbourne Child FIRST will arrange the SCPPCB or the ALW to attend the allocations meeting where necessary.
- CF Intake Workers will present relevant cases at WAAM for allocation.

Each Western Melbourne Child FIRST intake worker who has completed the Referral and Assessment form (on website) with a family (including families receiving an immediate response) will advise the Western Melbourne Child FIRST Team Leader to list the family for discussion at the next Weekly Alliance Allocations Meeting at least one business day before the meeting.

The SCPPCB will attend meetings to discuss all cases referred from Child Protection or where Child Protection is currently involved but may have been referred by another agency. The SCPPCB may also be present for cases where a consult has been made or for which a section 38 consultation is sought (refer Procedural Guidelines).

At the end of the meeting the Western Melbourne Child FIRST staff will provide the referral and initial assessment information to the allocated agency. The Western Melbourne Child FIRST Team Leader or Senior Intake Worker will export the case to the allocated agency and be responsible for updating the tracking sheets for Western Melbourne Child FIRST and local partner agencies to record the allocations meeting decision i.e. casework or active holding, the agency the family has been allocated to and date. The Western Melbourne Child FIRST Team Leader or delegate will be responsible for taking and providing minutes from the WAAM.

#### **4.2.2 Partner Agency Role:**

All partner agencies will be responsible for providing capacity for case work, active holding and issues relating to capacity via the “Anticipated Vacancy and Capacity Report” (on website) as well as updating the Western Melbourne Child FIRST Team Leader on a weekly basis, confirmation of capacity for active holding, casework and anticipated vacancies for the purpose of managing demand and capacity issues.

The partner agency will provide details in relation to the number of cases their agencies will be presenting at the allocations meeting and if they require the presence of the SCPPCB or ALW. This information is to be provided at least one working day prior to the WAAM. The local agency will complete.

The WAAM Presentation form (on website) for each family to be considered at the meeting. Where permission to share details has not been given, only non-identifying details will be recorded.

Where the family is allocated to a partner agency for casework or active holding the intake agency will provide the allocated agency with the referral information and the WAAM Presentation form.

The partner agency will be responsible for providing an update of each family in active holding each week at the allocations meeting using the “Active Holding Update” form (on website). Where an agency is unable to attend, this information should be faxed or emailed to the Western Melbourne Child FIRST Team Leader at least one working day prior to the allocations meeting or if this is not possible information is provided verbally to the Western Melbourne Child FIRST Team Leader.

Where the partner agency has been allocated a local intake case, the allocated agency will need to create an IRIS case file themselves.

### **4.3 Prioritisation and Allocation decisions**

#### **4.3.1 Prioritisation**

The Initial Assessment is presented at WAAM (on website) all families awaiting allocation are reviewed at each meeting as this provides an opportunity to share knowledge about the issues and alternative services which could assist the family, and to continuously monitor and adapt active holding strategies.

Each family is prioritised using a ranking and this ranking is reviewed at each subsequent week, if the family is allocated to active holding.

It is agreed by the Alliance that families who are prioritised as low may be re prioritised as medium or high at the review date for active holding to ensure that families do not remain in active holding for excessive periods.

Cases are prioritised for allocation through consideration of the following factors:

- a) Age and number of the child/ren. Particular indicators to be considered include: an unborn child, child under school age or a child/adolescent involved in high risk behaviour

including child to parent violence, and global delay/significant developmental delay of any child in the family.

- b) Stability and complex family structures (unstable relationships).
- c) Isolation. Particular indicators to be considered include: social isolation including lack of contact with extended family and friends, cultural isolation (disengaged from others from same cultural background, and lack of school engagement).
- d) Complexity. Particular indicators to be considered include: domestic violence, substance abuse, mental health, poverty, neglect, and refugee status.
- e) Parenting capacity. Particular indicators to be considered include: age, previous involvement of parent(s) as children in the Child Protection system, experience of trauma, single parenthood, and parental intellectual disability.
- f) Cumulative harm. Consider the extent to which the child(ren) have been effected over time by any (or any mix of) the above factors.
- g) Length of time a family has been on Active Hold.

WAAM members at the six week review will consider options if a family cannot be allocated, looking at anticipated vacancies and how best to continue to hold a family until a vacancy arises. If there are no anticipated vacancies a contingency response may be triggered (Refer to Contingency Planning Policy, Demand Management, and Active Holding Policy (all on website)).

### **4.3.2 Allocation**

Weekly Alliance Allocations Meeting:

- The Cases with highest priority are allocated to those agencies with appropriate service capacity;
- Once a case is allocated to a partner agency the agency accepts case responsibility;
- Agencies who have capacity but are not present at the meeting will fax client information within two working days
- Where a family has not been allocated for further information gathering by Western Melbourne Child FIRST, the family must be allocated for case work or active hold after two weeks of the initial presentation date.

Where it is not possible to allocate a family for case work, an active holding response will be provided (Active Holding Policy on website). Where an active holding response is not possible the Team Leader Western Melbourne Child FIRST will immediately notify the Manager Family Services Anglicare Victoria and the Chairperson of the Executive. (Demand Management and Contingency Planning on website).

Urgent Allocation:

If the local agency receiving the urgent referral has capacity to allocate the family the partner agency is to advise Western Melbourne Child FIRST of the referral and allocation for recording details of families referred to the Alliance.

## **4.4 Active Holding**

**Refer Active Hold Policy on website.**

#### **4.5 Case Reviews**

**Refer Procedural Guidelines** for information about Consultative Panels on website

#### **4.6 Case closure of cases from Integrated Family Services – information to Western Melbourne Child FIRST**

The purpose of this stage is to ensure that cases are closed in a timely way. The Integrated Family Service agency with service responsibility will close the case when the goals agreed to with the family have been met (in whole or in part) or when, in the opinion of the case worker and her/his supervisor, there is no realistic likelihood of progress and goal attainment. In the latter instance the case may be reviewed at the Weekly Alliance Allocations Meeting to identify any other service options to which the family could be referred.

Agencies will use the Case Closure form (on website) and send the IRIS export to the Western Melbourne Child FIRST Team Leader within five business days of the closure of each case. The case closure ensures that the Melbourne Child FIRST team are able to track cases once the Integrated Family Services worker exports the case back to Western Melbourne Child FIRST. The form also allows the Alliance to collect information in relation to closures such as reason for closure and outcomes as well as having information in relation to the Integrated Family Services worker's recommendations for further work if the family is re referred to Western Melbourne Child FIRST.

Where appropriate the agency will also advise the referrer, the ALW and Child Protection of case closure.

#### **4.7 Demand Management**

The Alliance is committed to managing demand and prioritisation of families for service within the Western catchment. Demand management is the daily management of demand by the Western Melbourne Child FIRST and the alliance partners. The Alliance has developed a number of demand management strategies, as well as a Demand Management Model to assist in managing demand at Child FIRST (on website).

It is important to note that the Demand Management Policy should be read in conjunction with the Active Holding Policy, and the Contingency Planning documents (all on website).

#### **4.8 Contingency Planning**

**See Contingency Policy** (on website)

### **5. Culturally Competent Service Delivery**

The Best Interests Principles, CSO's registration requirements and the provisions of the Strategic Framework for Family Services recognise the importance of culture with respect to

a child's identity and emphasise the need for improved levels of culturally competent service delivery.

“Culture in many ways defines who we are, how we think, how we communicate, what we value and what is important. Culture constantly evolves and adapts and is always a significant and changing influence on us.” (VACCA, Aboriginal Resources and Cultural Guide, 2000, P.6)

The Alliance has two documents to guide culturally sensitive practice within the Alliance:

- Culturally Competent Service Delivery to Aboriginal Families (on website ) and
- Culturally Competent Service Delivery to Families from a CALD Background (on website).

## 5.1 Indigenous Partnership Principles<sup>1</sup>

The Alliance partners acknowledge and respect the following Principles when working in partnership with Aboriginal families, organisations and communities.

- **Traditional Custodians of the Land**
- **Diversity of Aboriginal and Torres Strait Islander Communities**
- **The Significance of Family and Kinship Links**
- **Aboriginal and Torres Strait Islander Status**
- **Aboriginal Concept of Health**

The Alliance partners acknowledge and respect the following holistic definition of health:

“Health does not simply mean the physical well-being of the individual, but refers to the social, emotional and cultural well-being of the whole community. For Aboriginal people this is seen in terms of the whole of life view incorporating the cyclical concepts of life-death and the relationship to the land. Healthcare services should strive to achieve the state where every individual is able to achieve their full potential as a human being of their community.”

NAIHO 1979

Maintaining and strengthening human dignity to support a person's capacity to participate fully in the community is a core value underpinning the Western Melbourne Child and Family Services work.

- **Self Determination and Community Control**
- **Impact of Dispossession and Government Policies**
- **Complementing Services**
- **Collaboration and Trust**
- **Respect and Open Communication**

## 5.2 Child FIRST Aboriginal Liaison Role

Refer to VACCA's Operational Model November 2013 (on website)

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<sup>1</sup> 1. Developed by the Darebin Innovation Family Service



### **5.3 Culturally Competent Service Delivery to CALD Families**

The North & West DHHS Metropolitan Region is the most culturally diverse in Victoria. Forty five percent of people who are born in non-English speaking countries and living in Victoria reside in the North West Metropolitan region. All municipalities in the Western catchment have significant CALD populations. There are also increasing numbers of refugee families living in the catchment. Families from a CALD background may experience language barriers, issues in adjusting to Australian laws, values and cultural norms, barriers to accessing services, physical and social isolation, increased risk to mental health, reduced familial and formal supports, and trauma associated with leaving family, displacement and refugee experiences.

In response to the needs of the CALD community, the Alliance has some capacity to respond to the needs of specific cultural groups through the employment of family services workers from specific cultural groups

Partner agencies in the Alliance have an extensive range of services and programmes specifically for families from CALD backgrounds.

In accordance with a commitment made by the Operations Group in 2015, Integrated Family Services workers from CALD backgrounds are available for secondary consultation to other agencies in the Alliance where this is possible within the resource allocation of agencies

Refer to the Culturally Competent Service Delivery Policy to Families from a CALD background (on website)

## **6. Child Protection Integration**

**See Procedural Guidelines for referral and consultation** (on website).

## **7. Reporting Framework and Responsibilities**

**Refer to Terms of Reference for Executive, Operations, WAAM, PLN** (on website)

## **8. Community Education / Network Roles**

### **8.1 Community Education and Service Promotion**

The Alliance is committed to educating and promoting the service delivery of Western Melbourne Child FIRST and Family Services to the broader community sectors to ensure that there is awareness of the service available to vulnerable children and families. This is also aimed at fostering relationships and links with other sectors that will strengthen capacity for referrals to and work with the broader community.

The Western Melbourne Child FIRST Team are responsible for community education or service promotion regarding Child FIRST and the Alliance and conduct this on a needs basis. Family Service organisations within the alliance are also able to participate in education and promotion.

## 9. Agency Contacts

### 9.1 Alliance Executive Contacts

The Executive Members of the Alliance are:

Regional Director	Anglicare Victoria
Senior Family Services Manager	Anglicare Victoria
General Manager	Baptcare
CEO	Caroline Chisholm Society
Director of Community Services	CatholicCare
Area Manager, Child Protection	DHHS (Child Protection)
Area Manager, Local Connections	DHHS Family Services
Director Community Support Services	ISIS Primary Care
General Manager Community Programs	Mackillop Family Services
Coordinator Family Support and Counselling Team/ Family Services	City of Melbourne
Coordinator of Family Services	Moonee Valley City Council
Manager Children's and Family Team and Manager Aboriginal and Torres Strait Islander Team	cohealth
Manager Early Intervention and Family Services	VACCA
	Maribryong City Council
Director of Community Services	Hobsons Bay City Council
Manager of Early Years and Youth	Wyndham City Council
	Tweddle
	Melbourne City Mission

## 9.2 Alliance Operational Contacts

The Operational Members of the Alliance are:

Program Manager Child FIRST/Family Services	Anglicare Victoria
Team Leader Child FIRST	Anglicare Victoria
Family Services Manager	Baptcare
Clinical Services Manager	Caroline Chisholm Society
Manager, Family Support and Out of Home Care	CatholicCare
Western Melbourne Practice Leader	DHHS Child Protection
Senior Program and Services Advisor	DHHS Family Services
Family Services Coordinator	ISIS Primary Care
Manager Family and Community Services	MacKillop Family Services
Family Support and Counselling Coordinator	City of Melbourne
Coordinator of Family Services	Moonee Valley City Council
Program Manager Integrated Family Services and Specialist Children’s Team	cohealth
Coordinator of ALW/Child FIRST	VACCA
Project Manager	Western Melbourne Child and Family Services Alliance