After Hours Child Protection Emergency Service – regional Child Protection Service interim protocol

incorporating

Out of home care providers, regions and AHCPES – responding after hours

an interim working agreement

April 2008

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Out of home care providers, regions and AHCPES – responding after hours
an interim working agreement

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Part A:
Out of home care providers, regions and AHCPES – responding after hours
an interim working agreement

1. Introduction

1.1 Background

1.1.1 This interim working agreement is based on consultations that occurred between out of home care providers, regional Child Protection, and AHCPES in September and November 2007. Its efficacy will be carefully monitored, and there will be opportunities for comment, consultation and further revision late in 2008.

1.2 Children in out of home care

1.2.1 Where the risk of harm (including cumulative harm) is assessed as too great for children to remain living at home with parents, the Victorian government, through the Department of Human Services (DHS) Child Protection program, may place a child in out of home care to ensure their safety and wellbeing while problems are addressed.

1.2.2 Nearly all out of home care in Victoria is provided and managed by community service organisations (CSOs), many of which have extensive experience in providing care to vulnerable children. The remainder is provided and managed by Department of Human Services Placement and Support.

1.2.3 The CSOs providing care to children are separate entities but are funded and subject to service agreements negotiated with the Department of Human Services. The department also has responsibility for setting and monitoring standards for the care of children by CSOs.

1.2.4 In accordance with the CYFA, CSOs provide and manage a range of out of home care options to support the best interests of children and young people.

1.2.5 Out of home care can include home-based care, permanent care, kinship care, lead tenant and residential care.

1.3 Responsibilities of out of home care providers

1.3.1 Out of home care providers have specific areas of responsibility in the provision of home-based and residential care placements.

1.3.1.1 Assessment of referral for placement
Out of home care providers are responsible for the assessment of referrals to them from regional Department of Human Services Placement Coordination Units, according to their established eligibility criteria and target group.

1.3.1.2 Caregiver management
Out of home care providers are responsible for the recruitment, assessment, supervision, training and support of home-based carers and the recruitment, training, support and supervision of residential care workers.

1.3.1.3 Pre-placement planning
Out of home care providers, in conjunction with the Child Protection practitioner or

case manager, ensure care and placement plans are developed and implemented for each child placed in out of home care.

1.3.1.4 Case management
Where statutory case management of children in out of home care and on a court order is contracted to a CSO, the CSO case manager is responsible for working with the child and family toward the best interests planning goals. Out of home care providers also have responsibility for the management of the care and placement planning process (incorporating LAC planning tools) for children in their care.

1.3.1.5 Placement management
Out of home care providers are responsible for providing appropriate levels of supervision and support to children in placement.

1.3.1.6 Post placement support
Out of home care providers are responsible for developing and implementing a detailed transition plan for all children transitioning from their care. (Child Protection practitioners will be responsible for this planning where a child is in kinship care.) The transition plan, developed in conjunction with the care team, and including the child (where appropriate), practitioner, case manager, child's family and direct carer, will detail the post placement support services required to assist the transition from care. Post placement support is provided by out of home care providers for up to a three month period following the end of the placement.

2. Regions, AHCPES and out of home care providers - a three-way partnership

2.1 A shared understanding

2.1.1 The best interests of children in out of home care will be served by out of home care providers, regional Child Protection and AHCPES working cooperatively together to ensure their safety. This requires a shared understanding that:

2.1.1.1 Regions are responsible for ensuring that a crisis management plan is developed and maintained for each high-risk client who is in out of home care. The care team will be directly involved in crisis planning.

2.1.1.2 AHCPES has a different role from the regional Child Protection service, as it deals only with emergency situations where a Child Protection service response is required and the matter cannot safely be left until the next working day.

2.1.1.3 Delegations and after hours decision making arrangements are not affected by whether the out of home care provider is a CSO or Department of Human Services.

2.1.1.4 AHCPES intervention will be focussed on ensuring the immediate protection of the child from harm, while minimising disruption or discontinuity of placement, and experiences that may be interpreted by the child as rejection.

2.1.1.5 Decisions about the nature and extent of AHCPES intervention regarding a child known to Child Protection will be informed by any current crisis plan or After Hours Possible Contact, and by the best interests plan, as well as by the immediate situation and the past history.

2.1.1.6 Contact with AHCPES from an out of home care provider after hours will usually be made by the on call manager of the out of home care service. Where this is not possible, another out of home care staff member may contact AHCPES, with the approval of their on call manager. AHCPES should be informed of the process that has been followed at the point of contact.

2.2 Crisis planning and potential AHCPES involvement

2.2.1 The crisis management plan for a child in out of home care is required to detail the course of action to be followed if a crisis situation arises after hours.

2.2.2 It is expected that most situations will be able to be effectively handled by the out of home care provider, with information about the incident then being provided by the out of home care provider directly to the relevant regional Child Protection service at the start of the next working day, and that crisis management plans will reflect this. Refer to appendix 1.

2.2.3 Where, as part of a crisis management plan, a potential role for AHCPES is identified (refer to appendix 1), a representative of AHCPES is to be involved in the development of the plan.

2.2.4 The crisis management plan will be implemented by the out of home care provider if a crisis event occurs for the child. In such circumstances it will be the responsibility of the out of home care provider to determine whether the criteria for contact with the AHCPES specified in the plan have been met.

2.3 Unforseen situations

2.3.1 In addition to contact anticipated in a crisis management plan, contact is to be made by the out of home care provider with AHCPES where a category 1 critical incident occurs, or where a crisis situation arises for any out of home care provider client and an after hours emergency Child Protection response is required. Refer to appendix 1.

2.4 Determining after hours action

2.4.1 AHCPES will assess the information provided by the out of home care provider, determine the AHCPES response, and inform the out of home care provider of this.

2.4.2 Where AHCPES will be taking a role in the situation, the suitable arrangements for further liaison during the after hours period should be clearly negotiated and adhered to by both parties. AHCPES will be responsible for informing the region of the after hours activity on the next working day as part of its usual handover.

2.4.3 Where the out of home care provider has contacted AHCPES regarding an incident, the primary report will be provided to the region by the out of home care provider in the usual way. AHCPES may provide an addendum report if appropriate.

2.4.4 Where AHCPES determines, based on the information provided by the CSO, that they do not have a role in the situation, the CSO will be responsible for determining it's own further action.

2.5 Seeking warrants after hours

2.5.1 The decision to seek a warrant rests with the AHCPES. (Refer to 2.2 above regarding crisis planning. Also relevant are Part B sections 3.3 Crisis Management and 3.5 Placement in a secure welfare service after hours.)

2.5.2 The out of home care provider should ensure the timely provision of relevant information to AHCPES where a warrant may be required. This will include:

- Information about the immediate risk to the child
- Details of the current or likely location of the child.

- End Part A -

Part B:
After Hours Child Protection Emergency Service – regional Child Protection Service interim protocol

1. Introduction

The purpose of this interim protocol is to promote the effective and efficient delivery of service for children with whom both regional Child Protection services (regions) and After Hours Child Protection Emergency Service (AHCPES) have contact.

The protocol provides the framework for all transactions between regions and AHCPES.

The efficacy of this interim protocol will be carefully monitored, and there will be opportunities for comment, consultation and further revision late in 2008.

1.1 Principles underlying this protocol

1.1.1 The Department of Human Services values have equal relevance to both parties to this protocol. They are:

Client focus
Professional integrity and respect
Quality
Collaborative relationships
Responsibility

1.1.2 The statutory responsibilities set out in the *Children, Youth and Families Act 2005* apply equally to regions and AHCPES. Both parties are required to act in the best interests of the child. Any decision or action taken must:

i. protect the child from harm
ii. protect the child's rights
iii. promote the child's development.

1.1.3 In addition, the decision-making principles (ss. 11-14) articulated in the Children, Youth and Families Act (CYFA) must be followed.

1.1.4 The Child Protection Service should be integrated and well co-ordinated to ensure smooth and effective service delivery throughout Victoria.

1.1.5 Regions and AHCPES function in the same legislative, professional, and broad organisational context and consequently have shared objectives, particularly in relation to promoting the best interests of children. However there are specific organisational and operational differences. An understanding of these distinctions by all Child Protection practitioners and managers is necessary for effective service provision.

1.1.6 Both parties to this protocol will act at all times within the spirit of the protocol and will not engage in any practice which undermines the protocol.

1.2 Summary of service roles

1.2.1 **Regional Child Protection**
Each region is responsible for delivering the full range of Child Protection services within its catchment, from receiving reports and referrals through to managing court orders.

1.2.2 **AHCPES**
The AHCPES is a statewide service which operates after hours and is responsible for matters where a child may be in need of a Child Protection service response and the

matter cannot safely be left until the next working day. It does not constitute an extension of the regional Child Protection service and responds only to emergencies.

2. Service descriptions

2.1 Regional Child Protection Service

2.1.1 **Hours of operation**

8.45am – 5.00pm Monday to Friday except public holidays. Regional staff may undertake case practice work outside the operational hours of the service, by arrangement, to best meet the needs of their clients.

2.1.2 **Client profile**

Regions have responsibility for all clients of the Child Protection service within their catchment area.

2.1.3 **Service delivery model**

2.1.3.1 There are three metropolitan and five rural regions, some of which have multiple office locations. Appendix 2 contains details of offices.

2.1.3.2 Regions are staffed by Child Protection practitioners with a range of experience, including new graduates. There is variation between regions regarding how teams are arranged to manage the workflow of the Child Protection service. Most regions have separate units focussed on intake, investigation and court ordered case management. Each unit comprises a unit manager, team leader and Child Protection practitioners. Investigation work is often separated into urgent and planned work, and case contracting is a distinct area within long-term work. Regions also have specialist staff (HRI, HRA, CBCPP). Some teams may have access to case support staff. The Community Care Manager or their delegate may be contacted in specified circumstances after hours.

2.1.3.3 Intake

Regions are responsible for receiving and managing the full range of reports and referrals made to Child Protection. This includes all intakes received during business hours, and follow-up of intakes where first contact occurred after hours. The intake process includes screening and categorisation of each contact through an intake assessment. This may result in no further action, referral and closure, or progression through the Child Protection process.

2.1.3.4 Investigation and assessment

Regions are responsible for investigating reports and completing assessment in relation to other referrals, as determined through the intake process.

2.1.3.5 Protective intervention

Regions undertake all aspects of protective intervention, including preparing and making applications by notice or apprehension through the Children's Court where a child is in need of protection or therapeutic treatment, and case management where an interim order exists.

2.1.3.6 Protection orders

Regions generally have ongoing case management responsibility where a child is subject to a protection order, whether the child is living at home or in out of home care.

2.1.3.7 Regions have case planning responsibility for all clients.

2.1.3.8 Rural regions have arrangements in place to provide an on-call outreach capacity after hours.

2.2 After Hours Child Protection Emergency Service

2.2.1 **Hours of operation**

AHCPES is staffed 24 hours a day but is operational only after hours - from 5.00pm Monday to Friday until 8.45am on the next working day, including 24 hours on weekends and public holidays. AHCPES staff may complete casework, or attend court or training by arrangement, outside the operational hours of the service.

2.2.2 **Client profile**

AHCPES has responsibility for children in need of a Child Protection service response after hours, that is, children in a situation that cannot safely be left until the next working day.

2.2.3 **Service delivery model**

2.2.3.1 AHCPES is located at a single secure site in the Eastern Metropolitan Region. Calls from across Victoria are received and after hours metropolitan outreach work is based at this site. The street address is kept confidential for security reasons, and should not be disclosed to external parties.

2.2.3.2 AHCPES has seven teams of experienced Child Protection practitioners, each with a team leader, working three rotating shifts covering the after hours operational period. There are two operational unit managers, each rostered on for some shifts after hours and otherwise on call, and at certain times there is a SIPW on shift after hours. The Manager of the Central After Hours Service is on call after hours.

2.2.3.3 During business hours senior and administrative staff are available. A court officer manages AHCPES matters before the Melbourne Children's Court, with the assistance of a case support worker where necessary.

2.2.4 **Service delivery after hours**

2.2.4.1 Calls are screened and prioritised, whatever the source or reason for the contact, as either requiring, or not requiring, an after hours response.

2.2.4.2 Where the situation to which a contact relates does not require an after hours response, only the minimum requisite details are collected and recorded. This includes reports where an after hours response is not required.

2.2.4.3 Regional transfers
Where possible AHCPES will accept transfers from regions where the transfer criteria set out in 3.1.2 are met.

2.2.4.4 General access
AHCPES receives calls outside normal business hours made to the Child Protection emergency number (131278) by members of the public, professionals and services, including other emergency services.

2.2.4.5 Priority access
Priority access is given to calls from police and acute health services in emergency situations where an urgent response by AHCPES is required.

Senior departmental managers (CCM or delegate, and above) are able to use this number after hours to initiate contact with AHCPES in situations consistent with this

purpose. Appendix 3 contains details of the guidance provided to police and acute health services regarding priority access.

2.2.4.6 Response
Where an after hours response is required, whether in relation to a new or existing client, AHCPES has the capacity to provide a comprehensive intake, investigative, protective intervention or outreach response as required. Rostered staff conduct outreach visits as required in metropolitan regions. On-call regional staff are available in rural regions to conduct outreach visits when the need arises.

2.2.4.7 Legal action
AHCPES takes legal action after hours where the matter cannot safely be left until the next working day. This includes issuing protection applications by safe custody or applications to breach an order. AHCPES is not to initiate applications by notice and cannot not apply to vary or revoke orders. AHCPES arranges hearings before a bail justice as required. (CYFA, s. 242(3)). Urgent warrants are sought and acted upon as required.

2.2.5 **Service delivery during business hours**

2.2.5.1 General and priority access calls
Where the AHCPES is contacted during business hours, the caller is referred to the relevant region where appropriate. Where the caller wishes to make a report, the address of the caregiver with whom the child usually resides is requested, the caller is provided with the phone number for intake in the correct region, and the call is then transferred automatically to that intake unit.

2.2.5.2 Handover and transfer of cases
Operational staff are available to receive requests from regions for handover of work from 4.30pm on weekdays.

A team leader is available from 8am on weekdays to facilitate handover or transfer of cases from AHCPES to regions.

2.2.5.3 Court – applications initiated after hours
The court officer (CPW4) is responsible for the management of all applications at the Melbourne Children's Court initiated by the AHCPES in relation to both new and existing cases. Details of the AHCPES and SOS Court Officer role can be found in Appendix 4.

2.2.5.4 Other functions
Liaison, including attendance at case conferences, formal supervision, training, administrative and management functions are carried out during business hours.

2.2.6 **High risk infant project**

2.2.6.1 The high risk infant (HRI) project at AHCPES provides early identification and response to children under two years of age. The project also enhances case practice with infants and adds value to the operation of AHCPES.

2.2.6.2 AHCPES contacts involving a high risk infant are identified and referred directly to the regional HRI team, by verbal handover, or more commonly, an email alert.

2.2.6.3 Operational work
A specialist infant protection worker (SIPW) is available on five operational shifts each week from Friday afternoon through to Sunday evening. This allows the SIPW to have direct input into case practice and direction by consultation, supervision of staff, undertaking of case tasks and where appropriate by direct co-work with staff on outreach visits.

2.2.6.4 Through the HRI project, AHCPES has access to regional brokerage funds for high risk infants and their families.

2.2.7 **Central After Hours Placement Service**

2.2.7.1 The Central After Hours Placement Service (CAHPS) is responsible for after hours placements in all metropolitan regions. It operates from 4pm – 2am on weekdays, and from 8am – 2am on weekends and public holidays. Between 2am and 8am the AHCPES night shift team leader is responsible for managing these placement matters.

2.2.7.2 CAHPS responds to requests for metropolitan placements from AHCPES, regional Child Protection (outside business hours), Streetwork Outreach Service, and the Central After Hours Assessment and Bail Placement Service.

3. Operational guidelines

3.1 Transfer of cases from regions to AHCPES

3.1.1 This refers to transfer of case management responsibility from a region to AHCPES for a specific after hours period.

3.1.2 **Transfer request criteria**

a The situation meets the criteria for a response by AHCPES– that is, the situation cannot safely be left until the next working day, and

b The decision that an urgent response is required could not be made until after 4pm, and

c The situation cannot be managed within core business hours (7am – 7pm) by the region.

3.1.2.1 Where there is current activity in a case which may result in AHCPES being contacted by a third party, a transfer should be requested (for example where a child is currently being assessed by a mental health service, or police have been asked by the region to attend at an address, or execute a warrant).

3.1.2.2 These criteria apply whether the matter is a new report, a re-report regarding a previous client, a new allegation regarding an existing client, or an existing client in crisis. Refer to appendix 5.

3.1.3 **Decision to request a transfer**

3.1.3.1 Where the matter meets all the transfer criteria, the decision to request a transfer rests with the team leader in the transferring region. The best interests of the child will be the paramount consideration in reaching this decision. For example, where the report is of a new allegation on an existing case or is a re-report of a recent case, it may be in the child's best interests for the matter to be investigated by regional staff familiar to the child or with the case.

3.1.3.2 Where the transfer criteria are not fully met, the decision to request a transfer rests with the unit manager in the transferring region. Negotiation will occur at a unit manager level between the region and AHCPES to reach agreement regarding how

the Child Protection Service will respond to ensure the child's best interests.

3.1.3.3 A transfer request should not be initiated until critical case information is available on the client information system for consideration by AHCPES. For new intakes this will include client details and the details of call section of the intake record, and for existing cases, a succinct case note providing details of the immediate circumstances. Note that the case record will need to be complete before a transfer can be accepted (see 3.1.4).

3.1.4 Conditions for acceptance by AHCPES

3.1.4.1 A transfer will not be accepted by AHCPES until all relevant available information has been recorded by the region on the client information system.

3.1.4.2 For a new intake, the intake record will be completed.

3.1.4.3 For an existing client, either the case record will be complete, or a succinct case note providing details of the immediate circumstances and other relevant matters will be entered. This may reference specific case notes such as a previously completed comprehensive After Hours Possible Contact which is still accurate, or a current Crisis Management Plan, rather than repeating other relevant information.

3.1.5 Outcome of transfer request

3.1.5.1 The decision about whether a transfer is accepted rests with the AHCPES unit manager on shift. This decision will be made in the context of weighing the request against requests from other units and regions, and with regard to preserving capacity to respond to emergencies that may arise later in the after hours period.

3.1.5.2 As a request for transfer may not be accepted, the region will maintain the capacity to manage the situation fully themselves, until the outcome of the transfer request is known.

3.1.5.3 If a transfer is accepted, AHCPES assumes case management responsibility until the beginning of the next working day.

3.1.5.4 If a transfer request is not accepted, the region retains case management responsibility and will make appropriate arrangements to take whatever action is necessary to ensure the safety of the child until the next working day.

3.1.6 Process

3.1.6.1 Transfer requests may be made from 4.30pm.

3.1.6.2 The transferring region will phone the general access line to inform AHCPES of their request and provide contact details for the approving team leader or unit manager.

3.1.6.3 The AHCPES unit manager will contact the regional team leader or unit manager who has approved the transfer request, with their decision. AHCPES will reach a decision as soon as possible and, except in exceptional circumstances, within 30 minutes from the time that AHCPES was contacted. Where a delay is anticipated, the region will be informed of this and given an indication of the likelihood of acceptance of the transfer. This will enable the region to choose whether to continue to await a decision or withdraw the request and proceed themselves.

3.1.6.4 The outcome will be recorded on the client information system by AHCPES, and will clearly indicate who has case management responsibility for the after hours period.

3.1.7 Warrants

Where a region has assessed that a warrant is required the regional Child Protection practitioner is responsible for obtaining the warrant. A transfer to AHCPES for execution of the warrant may be requested.

3.1.8 **When handover is not appropriate**

3.1.8.1 Region already responding
It is inappropriate to hand over case management responsibility part way through investigation or managing a crisis (for example if, after interviewing a child, a regional Child Protection practitioner believes that a PA or breach is required). AHCPES will not accept a transfer where a regional response has already commenced.

3.1.8.2 Placement breakdown or transport
AHCPES cannot accept a transfer as a result of the breakdown of a placement or because a client is in need of transport. A transfer may be accepted for other reasons where these circumstances also exist.

3.1.8.3 Access
AHCPES does not have a role in supervising access.

3.1.8.4 Supervision of regional staff after hours
Case management remains the responsibility of the region where a regional Child Protection practitioner is working outside normal business hours. Therefore, supervision of the regional Child Protection practitioner remains the responsibility of the regional team leader or unit manager. It is expected that each region will have after hours contact procedures in place for their staff. (This does not apply to rural after hours outreach.)

If an unforeseen crisis arises after hours (for example during a late home visit) and the regional Child Protection practitioner is unable to contact a regional team leader or unit manager, AHCPES will offer immediate support as required, and will assist the Child Protection practitioner to gain access to appropriate regional support by contacting their Community Care manager.

3.2 Placement

3.2.1 **Metropolitan regions**

3.2.1.1 Each metro regional Placement Coordination Unit (PCU) is responsible for ensuring that CAHPS is provided with current information regarding their region's placement occupancy and vacancies by close of business each day.

3.2.1.2 A metro regional PCU will, until 5pm, progress as far as possible a placement search if the request for placement is made prior to 4.45pm.

3.2.1.3 From 5pm metro regional PCUs may contact CAHPS directly to transfer requests made after 4.45pm, and to negotiate whether transfer of work in progress regarding requests made before 4.45pm is possible.

3.2.1.4 From 5pm metro regional Child Protection practitioners with a client in need of a placement may contact CAHPS directly.

3.2.2 **Rural regions**

3.2.2.1 Each rural region has responsibility for managing all placements within their region. This includes ensuring that their after hours outreach teams are able to arrange placements when required after hours.

3.3 Crisis management

3.3.1 **Crisis planning**

3.3.1.1 Regions are responsible for ensuring that a crisis management plan is developed and maintained for each high-risk client. Where the child is in out of home care, the care team will be directly involved in crisis planning.

3.3.1.2 Crisis management plans are to be consistent with relevant protocols, and with the working agreement between CSO placement services, regions and AHCPES (Part A of this document).

3.3.1.3 Where, as part of a crisis management plan, a potential role for AHCPES is identified, a representative of AHCPES is to be involved in the development of the plan. Where a meeting is held to address crisis management, the AHCPES daytime team leader should be invited. (For example best interests planning meeting, care team meeting, SWS meeting)

3.3.1.4 AHCPES is responsible for considering, and as far as possible adhering to, a current crisis management plan where a crisis arises after hours. If AHCPES does not follow the plan, a clear rationale will be recorded, and where appropriate follow-up discussion may occur on the next working day to determine whether an amendment of the plan would be beneficial.

3.3.2 **Possible contacts**

3.3.2.1 Where a region has reason to believe that a crisis may occur in relation to a current client in a particular after hours period, an After Hours Possible Contact should be completed on the client information system.

3.3.2.2 The region should also contact AHCPES by phone if the case is high profile or media attention is anticipated.

3.3.2.3 The aim of the After Hours Possible Contact document is to facilitate continuity of case management. AHCPES will respond in a manner consistent with a current comprehensive After Hours Possible Contact unless the circumstances are different from those anticipated, and the suggested response would not, in the context of new information, be in the child's best interests. If the AHCPES response is inconsistent with the suggested response, a clear rationale will be recorded.

3.3.2.4 Exclusion
Where there is current activity in the case which may result in AHCPES being contacted by a third party, a transfer should be requested. (In these situations, for example where a child is currently being assessed by a mental health service, or police have been asked by the region to execute a warrant, completion of an After hours Possible Contact by the region is not the appropriate method of communication with AHCPES.)

3.4 Rural outreach

3.4.1 **General arrangements**

3.4.1.1 Each rural region will maintain a roster of Child Protection staff on call for after hours visits.

3.4.1.2 Rural regions are responsible for ensuring that the roster is complete and

substitutions are made as required. This includes making back-up arrangements after hours when required.

3.4.1.3 Each rural region will provide AHCPES with up to date information regarding their region's on call roster, mobile telephone and car registration numbers.

3.4.1.4 AHCPES is responsible for ensuring that information supplied by rural regions is correctly collated and accessible to staff on shift.

3.4.1.5 Rural regions are responsible for the training of their staff prior to their inclusion in the after hours roster and for the provision of an appropriate after hours outreach kit.

3.4.1.6 Rural outreach staff members are responsible for the maintenance of their outreach kit.

3.4.1.7 If a rural outreach team requires significant debriefing (beyond the telephone debriefing available with the AHCPES visit supervisor) this will be provided by the region.

3.4.2 **Outreach visits**

3.4.2.1 A decision to commit rural after hours resources is only to be made by AHCPES. Neither day time rural team leaders or unit managers, nor the on-call team themselves have authority to make this decision.

3.4.2.2 Where AHCPES determines that an outreach visit is required in a rural region, the relevant rural primary on-call team will be activated following the agreed procedure. Refer to Appendix 6.

3.4.2.3 The rural outreach team will be supervised for the duration of the visit by the AHCPES unit manager on shift, or, when the unit manager in not available, by the shift team leader or SIPW (if the matter involves a child under two years of age). Regular contact will be maintained throughout, and debriefing offered after, the visit, consistent with agreed safety and supervision procedures. Refer to Appendix 6.

3.4.2.4 Decision making and case management responsibility rests with the AHCPES visit supervisor.

3.5 Placement in a secure welfare service after hours

3.5.1 **Preparation**

3.5.1.1 Where an after hours SWS placement is anticipated, details are to be provided by the region to AHCPES through completion of an After Hours Possible Contact. This should include details of any prior approval for the placement. Refer to 3.3.2.

3.5.2 **Approval after hours**

3.5.2.1 After hours admissions to SWS will only be considered to ensure the immediate safety of the child or young person. Refer to CPPM Advice No. 1459 'Placement in secure welfare services'.

3.5.2.2 The AHCPES shift team leader will seek verbal authorisation from the Community Care Manager (or delegate) of the region with case management responsibility for the child or young person concerned, where the AHCPES assessment is that an after hours placement in SWS is required.

3.5.2.3 If all avenues for contact with the relevant CCM have been exhausted and contact cannot be established within a reasonable time, then, as a last resort, the CAHS Manager may authorise the placement.

3.5.2.4 The region will provide written authorisation for the placement to SWS on the next working day.

3.5.3 **SWS capacity issues**

3.5.3.1 Where SWS is at capacity the usual negotiation process will be followed involving relevant regional CCMs. AHCPES has no role other than to initiate the process. Refer to CPPM Advice No. 1459 'Placement in secure welfare services'.

3.6 Critical incidents

3.6.1 **Immediate response**

Where AHCPES obtains information regarding a serious incident the unit manager on shift or on call, often in consultation with the CAHS manager, is responsible for determining the AHCPES response, to ensure that the immediate needs of all involved in the incident are addressed.

3.6.2 **Contact with on-call staff**

3.6.2.1 Where appropriate, AHCPES will contact the relevant CCM who may provide direction regarding how the situation is to be managed.

3.6.2.2 Where appropriate, and usually after consultation with the CCM, AHCPES will contact the media unit.

3.6.3 **Incident reporting**

3.6.3.1 Where an out of home care provider was first to know of an incident, and AHCPES also becomes aware of the incident, AHCPES will confirm that the provider is completing an incident report. AHCPES may submit an addendum report. (Refer to Part A 2.4 Determining after hours action – 2.4.3.)

3.6.3.2 Where AHCPES is the first to receive information in relation to a serious incident, AHCPES will prepare an incident report in the incident report format.

3.6.3.3 AHCPES does not enter incident reports on the Department of Human Services file recording and information management system (TRIM). A copy of the Incident Report form is completed. This is faxed by the CAHS Manager to the region on the next working day, and the original report is then posted to the region.

3.6.3.4 A case note stating that an incident report has been commenced will be entered on the client information system.

3.6.3.5 The AHCPES daytime team leader may provide details of the incident to the region as part of the verbal handover process. Consideration will be given to contacting a regional manager depending on the circumstances. Management of the handover may have been discussed with the CCM in advance.

3.7 Handover of cases from AHCPES to regions

3.7.1 **Timing**

In relation to all cases with which AHCPES has been involved during any single after

hours period, case management becomes the responsibility of the relevant region from 8.45am on the next working day.

3.7.2 **Case records**

AHCPES will complete case records as required prior to the next working day (except where a matter is still being managed by the night shift after commencement of the working day – in which case, case records will be completed on that working day as soon as possible)

3.7.2.1 Where a case with which AHCPES has had contact did not require an after hours response, limited information will be recorded on the client information system and the region will follow-up as required.

3.7.2.2 Where AHCPES has responded, case records will be completed in a manner consistent with the practice requirements set out in Advice no. 1094 'Case recording' in the CPPM.

3.7.3 **Handover process**

3.7.3.1 AHCPES will provide each region with a list of cases from that region with which there has been contact after hours.

3.7.3.2 Each region will confirm receipt of the list.

3.7.3.3 Each region will promptly accept all new cases transferred to them on the client information system by AHCPES. If a region believes a case transferred to them should properly have been transferred to another region, this will be addressed after acceptance of the transfer from AHCPES, and in a manner consistent with Advice no. 1065 'Inter and intra region transfer of cases'.

3.7.3.4 AHCPES will contact the relevant region by phone (team leader to team leader) regarding urgent, complex, or court matters. The decision to make a verbal handover is determined by the AHCPES shift team leader or at the request of a region when a transfer is negotiated or possible contact discussed. Refer to Appendix 7.

3.8 Melbourne Children's Court

3.8.1 **AHCPES applications – first hearing**

3.8.1.1 The AHCPES team leader or SIPW will negotiate with the region regarding the attendance of regional staff at Melbourne Children's Court (MCC), and the transport of children to court.

3.8.1.2 For existing cases, and where possible for new cases, regions are responsible for the transport of children to court. Where a region is unable to arrange transport in a new matter, AHCPES will assist.

3.8.1.3 The region will nominate a senior staff member responsible for ongoing case consultation or decision making.

3.8.1.4 A single agreed party will provide instruction to Child Protection's legal representative.

3.8.1.5 The AHCPES court officer will liaise with the nominated regional staff member to ensure the best outcomes for the child, and unless otherwise negotiated, will provide instruction to Child Protection's legal representative.

3.8.1.6 Where a regional staff member is present at court, the AHCPES court officer will negotiate whether or not the region will undertake the role of briefing the CAU and providing instructions.

3.8.1.7 For new cases AHCPES will usually retain primary decision making responsibility during the first hearing of an application relating to a new client.

3.8.1.8 For existing cases the region will usually take primary decision making responsibility at court even though the application was initiated by AHCPES.

3.8.1.9 If a regional representative is not present at court, the AHCPES court officer will be responsible for ongoing consultation with the region about new and current clients in relation to the application before the MCC.

3.8.2 **AHCPES applications – Subsequent hearings**

3.8.2.1 The region responsible for the case will manage all subsequent hearings of AHCPES applications.

3.8.2.2 Where an AHCPES staff member is required to give evidence at a contested hearing, the responsible region will request their attendance through the AHCPES unit manager. A subpoena is not required.

3.8.2.3 This request will be made at least five (5) working days before the hearing date, or, if the hearing is set for less than 5 days hence, as soon as the date is known. This will allow AHCPES to contact staff on rostered days off, and to make alternative staffing arrangement for the hearing date where necessary.

3.9 Rural Children's Courts

3.9.1 Rural regions are responsible for arrangements regarding the first and subsequent hearings of applications made by their on call staff after hours.

4. Regular liaison

4.1 Formal liaison

4.1.1 A minimum of two formal liaison meetings between AHCPES and each region will be held each year. AHCPES and regions are jointly responsible for arrangements. Those in attendance will usually be, from AHCPES, the allocated unit manager and the daytime team leader, and from the region, representative unit managers and team leaders.

4.2 Informal contact

4.2.1 From time to time AHCPES teams arrange to visit and meet with regional teams with the intention of developing a current understanding of regional practice and fostering healthy professional relationships with regions.

4.2.2 Regions are encouraged to make arrangements for staff to visit AHCPES by contacting the AHCPES unit manager.

5. Dispute resolution

5.1 Timely response with best interests focus

5.1.1 Dispute resolution should be managed at all times with a focus on the best interests of the child. Where the matter is urgent all parties need to work towards a timely resolution.

5.2 Resolving disputes regarding case handover

5.2.1 **Staff involved**
The staff immediately involved should discuss any disagreement openly with reference to this protocol.

5.2.2 **Line management**
If the dispute cannot be resolved it should the referred by each party to the next level of their respective line management; and progressively as required (team leader to team leader; unit manager to unit manager; AHCPES manager to regional Child Protection manager)

5.2.3 **Final decision**
Where a resolution cannot be reached at Child Protection manager level, the CCM EMR has the authority to make a final decision.

5.3 Complaints

5.3.1 **Case practice concerns**
Where either party to this protocol has concern about how the other party has managed a case, the matter will usually be addressed first through discussion between the relevant regional team leader and the daytime AHCPES team leader. Such contact may be initiated by either party. Where either party is of the view that a satisfactory resolution has not been achieved, they may escalate their concern through line management.

5.3.2 **Internal complaints**
Where one party to this protocol has a complaint about the conduct of a specific staff member or work unit within the service of the other party, this should be addressed initially with the supervisor of the individual or work unit, by someone of equivalent level, being mindful of the need to respect the dignity and privacy of those involved. The matter may be escalated to a more senior level if required.

5.3.3 **External complaints**

5.3.3.1 Where AHCPES receives a complaint from an external party (such as another service or a member of the public) about a region, AHCPES will advise the region on the next working day. Where a caller expresses minor dissatisfaction with a region this may be in the form of a case note. However, the region will instead be informed of any more significant complaint on the next working day as part of the verbal handover by the AHCPES daytime team leader, or by email at unit manager or Child Protection manager level, depending on the circumstances and the nature of the complaint.

5.3.3.2 Where a region receives a complaint from an external party about AHCPES, the region will inform AHCPES promptly by contacting the daytime team leader, unit manager or CAHS Manager as appropriate, depending on the circumstances and the nature of the complaint.

5.3.4 **Briefings and ministerials**

5.3.4.1 Where either party to this protocol is addressing the practice of the other party in a briefing or ministerial, they will consult (Child Protection manager to CAHS Manager) regarding the relevant content, prior to completion of the briefing or ministerial.

Appendix 1: When to contact AHCPES - Guidance for out of home care providers

Contact with AHCPES will be appropriate when, outside business hours, a child or young person:

- is displaying behaviour which places them at risk of immediate harm eg self harming
- requires medical attention as a result of substance misuse, self harm or other risk taking behaviour
- discloses sexual or physical assault
- displays significant signs of emotional trauma
- is missing **AND**
  - there are immediate and significant concerns for the child or young person's safety
  - it is out of character for the child or young person to be missing
  - circumstances surrounding the disappearance are cause for significant concern
- requires medical consent and the out of home care provider is not authorised to give this consent or parents are unavailable, unable or unwilling to give consent
- any other urgent decision is required where the delegation or decision making authority rests with Child Protection (for example placement in SWS, breach of an order, warrants etc).

Except where one or more of the above is also relevant, contact with AHCPES is not necessary where a child or young person:

- is not at immediate or significant risk of harm
- has not returned by curfew
- is displaying behaviour that is difficult to manage
- requires transport to return to placement
- requires approval for leave or access
- is missing from or has returned to placement (except as above)
- is in breach of bail conditions

or

- the decision making authority required to deal with a situation after hours rests with the out of home care provider.

It is expected that out of home care providers will be in a position manage these situations using the support of their own on call arrangements, and will advise regional Child Protection on the next working day where appropriate.

Role of out of home care On Call

It is expected that:

- Out of home care provider staff will follow use their own on call arrangements prior to contacting AHCPES
- The out of home care provider on call manager will consider whether AHCPES needs to be contacted – that is, whether a Child Protection response is required in this after hours period, or whether it is appropriate for the situation to be managed by the out of home care provider and communicated to the regional Child Protection service on the next working day
- When AHCPES is contacted, the out of home care provider will be responsible for its own internal communication subsequent to that contact (for example if contact is made with AHCPES by out of home care provider staff they will be responsible for informing their on call manager of the outcome of that contact)
- Should an on call manager have any concerns about an AHCPES decision, they will contact AHCPES themselves to discuss their concerns.

Appendix 2: Child Protection regions and offices

Metropolitan	Intake location	Child Protection offices
North and West		Footscray
		Glenroy
	√	Preston
Eastern	√	Box Hill
Southern		Cheltenham
	√	Dandenong
		Frankston
Rural		
Barwon South Western	√	Geelong
		Hamilton
		Portland
		Warrnambool
Gippsland		Bairnsdale
		Leongatha
	√	Morwell
		Sale
		Warragul
Grampians	√	Ballarat
		Horsham
Hume		Benalla
		Seymour
		Shepparton
	√	Wangaratta
		Wodonga
Loddon Mallee	√	Bendigo
		Mildura
		Swan Hill

Appendix 3: Priority access for police and acute health services to AHCPES

Police and acute hospitals are able to access AHCPES via a dedicated phone line, in emergency situations.

The number is only for the use of the Victoria Police and Hospital Emergency Department staff and is not to be provided to the general public or other professionals.

The number is referred to as the AHCPES Priority Access Line.

Calls to this number receive a message advising that the call has been elevated to the top of the queue and a Child Protection practitioner will answer the call as soon as possible. After 35 seconds the caller is given the option to record their contact details or to remain on hold. If the caller chooses to leave a message, their place in the queue is maintained and details of the message are taken by the next available practitioner. This option is presented every 30 seconds.

This number is only to be used to report a matter that requires urgent action by AHCPES to ensure the safety of a child. All non-urgent matters are to be reported to the relevant Department of Human Services regional office on the next working day.

Appendix 4: AHCPES and SOS Court Officer role

AHCPES & SOS Court Officer Role

The following provides an overview of the broad features of the Court Officer role:

- The court officer is responsible for the management of all After Hours court applications, new matters and existing regional cases, made by AHCPES & SOS at the MMC.
- The court officer liaises with AHCPES or SOS staff & managers, the CAU, regional workers & other key stakeholders about complex court related issues to ensure the best outcomes and service for children.
- The court officer briefs DHS legal representatives and liaises with regions in relation to AHCPES & SOS applications before the MCC.
- The court officer has the delegation to make case decisions at court on behalf of AHCPES & SOS.
- The court officer is involved in evaluation, including data collection.
- The court officer is responsible for coordinating the role of the case support worker.
- If a dispute arises about case direction between the court officer and regional staff, the court officer follows the appropriate dispute resolution procedures.
- In relation to infant cases, the court officer liaises with the AHCPES SIPW.
- The court officer is responsible for recording case outcomes on the client information system unless otherwise negotiated with regions.
- Where it has been negotiated with a region that AHCPES will arrange to transport children to court, the court officer will arrange this with case support.

Role of the Applicant

Applicants are required to provide the following documents for the court officer:

- Completed outreach visit case notes
- Originals of legal paperwork
- Affidavits of service completed, e.g. PA or Breach, warrants, IAO
- A copy of any other relevant material
- Summary sheet to be completed in conjunction with the supervising team leader or SIPW, which records recommendations to the court including IAO conditions, issues to consider, tasks, client transport details etc.

These documents are to be left with the AHCPES team leader for handover to the court officer.

Role of the AHCPES Team Leader/SIPW

The team leader or SIPW is required to:

- Ensure court sheet is faxed to MCC and CAU
- Provide verbal handover to regions of any after hours applications
- Negotiate with region their attendance at MCC
- Negotiate with region to determine if region can transport children to court as required
- Identify the senior regional staff member responsible for ongoing case consultation, and their contact details
- Advise the court officer of the outcome of the above, and whether a regional worker will be attending MCC
- Support the court officer in the management of the court applications

Appendix 5: Questions for regions when considering a transfer to AHCPES

- Is a Child Protection response required to ensure the child's safety before the next working day?
- Was the decision that an urgent response is required made after 4pm?
- Could this decision have been made earlier?
- Could the situation be managed by 7pm (that is within core business hours) by the region?
- Is a transfer in the child's best interests?
- Has the team leader approved the transfer?
- Have the case recording requirements for a transfer been met?
- If any of the criteria for transfer have not been met:
  - What are the circumstances that may justify requesting a transfer anyway?
  - Has the unit manager approved a transfer request?

Appendix 6: Rural after hours outreach procedures

1. Procedure for contacting the on-call rural team

a. AHCPES contacts the primary on-call team member. If contact cannot be established within a reasonable time, AHCPES contacts the back-up team member. If contact cannot be established within a reasonable time, AHCPES contacts the regional on-call manager (CCM or delegate).

b. AHCPES (usually the Child Protection practitioner who has dealt with the matter) explains the details of the case to the responding team member.

c. The second team member is then contacted by the first team member and practical arrangements are made for the visit.

2. Outreach procedure

a. The AHCPES visit supervisor briefs the on-call team regarding the visit, including identifying tasks, information the team will need to elicit, possible scenarios and interventions, safety plans.

b. Once on an outreach visit, the rural on-call team remains in regular contact with the AHCPES visit supervisor both to ensure staff safety and support, and consistency and quality of case practice and decision making. This will involve consultation regarding assessment and proposed action. Consultation will occur at agreed points during the visit including prior to implementation of a plan and prior to conclusion of the visit.

c. The AHCPES visit supervisor will be available to assist with undertaking difficult or sensitive negotiations.

d. The AHCPES visit supervisor will be available to the rural on-call team for debriefing after the visit.

e. If it appears that more intensive debriefing may be required the regional CCM (or delegate) will be contacted so local arrangements can be made.

3. Safety procedures

a. Generally rural outreach visits will be conducted by two staff.

b. The rural outreach team will ensure that the AHCPES visit supervisor has their phone number, and is aware of their location. The AHCPES visit supervisor will ensure that these details are noted.

c. The visit will be conducted with police if significant safety concerns have been identified.

d. Regular phone contact will be maintained with the AHCPES visit supervisor. Generally this will include:

- call to advise of arrival at the site - AHCPES will record time and location
- recontact at the agreed time – usually between 10 min and 1 hour depending on safety concerns and situation, but may be sooner
- arrange further regular contact if situation appears to be potentially unsafe

- call at any time if the situation becomes concerning.

e. The AHCPES will be responsible for closely monitoring the time of expected contact.

f. If the rural on-call team does not make contact at the agreed time, contact will be initiated by AHCPES.

g. If the rural on-call team does not respond AHCPES police will be asked to attend at the location.

h. The rural out-reach team must contact AHCPES when they have concluded the visit.

4. If mobile telephones are not operating

a. If this is anticipated, alternative plans should be made in advance, and, if there is any doubt about staff safety, a joint visit with police should be arranged.

b. Although the phone may be out of range to AHCPES a local call may be possible. If so, the local police station may be able to assist as a mid point to monitor safety.

c. There may be a land line at the location which staff may be able to use. AHCPES can make or return the call to assist with cost.

d. If a visit is to go ahead in the absence of any contact with the AHCPES visit supervisor, thorough and detailed planning should occur first regarding possible scenarios, strategies and courses of action.

5. Decision making

a. Decision making responsibility rests with the AHCPES visit supervisor.

6. Case recording

a. AHCPES is responsible for completing the intake record or recording details of their contact regarding the matter.

b. The AHCPES visit supervisor will record a brief summary of the visit and rationale for decisions made.

c. The rural out-reach team is responsible for recording details of the visit and any action taken including client information system recording requirements regarding court and so on.

Appendix 7: Questions for AHCPES when preparing to handover to regions

- Are the summary lists of cases ready for handover to each region?
- Have the case recording requirements been met for all cases being handed over?
- For which cases is a verbal handover required?
  - matters in court
  - AHCPES is recommending an urgent regional response prior to 12noon
  - critical incident
  - highly complex or sensitive issues have arisen
  - AHCPES made a potentially controversial decision
  - AHCPES has concern about regional case practice
  - complaint has been received re region

In relation to court matters:

- Is the court sheet complete and ready for faxing to MCC and CAU?
- Does regional attendance or transport of children need to be negotiated?
- Is all paperwork in order for the court officer?
- Is assistance required from the case support worker?
- Who should have case management responsibility for each case?

Appendix 8: Acronyms and abbreviations

AHCPES	After Hours Child Protection Emergency Service
CAHPS	Central After Hours Placement Service
CAHS	Central After Hours Service
CAU	Court Advocacy Unit
CBCPP	Community based Child Protection practitioner
CCM	Community Care manager
CPPM	Child Protection Practice Manual
CSO	Community service organisation
CYFA	*Children, Youth and Families Act 2005*
DHS	Department of Human Services
HRA	High risk adolescent
HRI	High risk infant
IAO	Interim accommodation order
LAC	Looking After Children
MCC	Melbourne Children's Court
PA	Protection application
PCU	Placement coordination unit
SIPW	Specialist infant protection practitioner (worker)
SOS	Streetwork Outreach Service
SWS	Secure Welfare Service