



# JIRT Program

## Local Planning & Response (LPR) Procedures

### CONTEXT

Joint investigations of child abuse by the NSW Police Force and Community Services, supported by Health, have been conducted in New South Wales since 1997. A comprehensive operational review of the NSW JIRT program in 2006 recommended that Health be included as a full partner in JIRT decision-making and planning. (*JIRT Review, November 2006*: <http://docsonline.dcs.gov.au/docsintwr/assets/main/document/jirt/review.pdf>)

Under the three way partnership, joint decision-making commences at the JIRT Referral Unit (JRU) with the three partner agencies collectively reviewing and assessing each referral against JIRT criteria to determine whether a matter is accepted for a joint response.

### **Overview of Local Planning and Response**

The joint response continues for every matter transferred to a JIRT unit for action. The three agencies each source additional relevant information, collectively review the information and plan the local response which best addresses the child or young person's safety, welfare and wellbeing at a *Local Planning and Response Briefing Meeting*. With very few exceptions, the local response necessarily includes field action by Community Services for the purpose of conducting a *Secondary Risk of Harm* assessment regardless of a Police determination not to pursue a criminal investigation. Health facilitates access to information and referrals within the Health system, which supports the victim and the non-offending carers. At a minimum, the joint response continues at a *Local Planning and Response Debriefing Meeting*, where the agencies collectively review the information gathered during the field response and plan subsequent action.

These procedures are designed to assist staff in jointly planning the local response for each accepted JIRT referral. The document outlines joint procedures and agency specific tasks in jointly planning, documenting and reviewing the local response and is to be used in conjunction with the procedures and policies relevant to each agency.

### **Key Principles**

- The child or young person's safety, welfare and wellbeing are of paramount importance
- Responses planned and conducted within an interagency framework result in better outcomes for children, young people and their non-offending family members or carers
- Joint planning is a critical precursor to every response
- An agency's responsibility to provide a service is not negated by another agency's decision or inability (supported by internal policies and procedures) not to provide a service.

### **Joint Planning aims to**

- Support a comprehensive investigative and assessment process which minimises delay and promotes information exchange between the NSW Police Force, Community Services (CS) and Local Health District.
- Enhance timely access to care and support services for the child, young person and non-offending family members/carers throughout, and beyond, the joint response
- Coordinate agency intervention to minimise the number of investigative and assessment interviews conducted

## 2 BUSINESS RULES

1. The three JIRT partner agencies will share information relevant to the safety, welfare and well-being of a child in accordance with Chapter 16A and s248.
2. A Local Planning and Response (LPR) Briefing and Debriefing Meeting should be held for every accepted referral
3. The response is planned jointly by the three agencies irrespective of which agency, or combination of agencies, is responsible for actioning the plan
4. Consultation between the JIRT partner agencies should occur prior to contact with the child, young person or their non-offending parent/s or carer/s
5. The three JIRT agencies should be represented at each LPR Briefing and Debriefing Meeting
6. All LPR decisions are made jointly by JIRT agency managers
7. Where agreement about the plan for intervention or future case planning cannot be reached by the agencies, the agency initiating the dispute will escalate the matter to their line manager for resolution, in consultation with their agency counterparts, within the required response timeframes.

### 3 ACRONYMS

<b>AC</b>	Assessment Consultation Record	<b>PAC</b>	Pre Assessment Consultation Record
<b>AVO</b>	Apprehended Violence Order	<b>SAS</b>	Sexual Assault Service
<b>COPS</b>	Computerised Operational Policing System	<b>SAS1</b>	Secondary Assessment Stage 1 Record
<b>CPCS</b>	Child Protection Counselling Service	<b>SROH</b>	Secondary Risk of Harm Assessment
<b>CW</b>	CS JIRT Caseworker	<b>SAS2</b>	Secondary Assessment Stage 2 Record
<b>CS</b>	Community Services	<b>SWWS</b>	Safety Welfare and Wellbeing Summary
<b>JRU</b>	JIRT Referral Unit	<b>Ch 16 A</b>	Chapter 16 A of the Children and Young Persons (Care and Protection) Act 1998
<b>KIDS</b>	Key Information and Directory System	<b>TL</b>	Police JIRT Team Leader
<b>LPR</b>	Local Planning and Response	<b>SARA</b>	Safety and Risk Assessment
<b>LHD</b>	Local Health District	<b>S248</b>	Section 248 Request for Information
<b>MCW</b>	CS JIRT Manager Casework	<b>SHC</b>	Senior Health Clinician

## GOVERNANCE

### AGENCY REPRESENTATION AT BRIEFING AND DEBRIEFING MEETINGS

- **Agency attendees** should be:

<b>Police</b>	Team Leader, Allocated Investigator
<b>CS</b>	Manager Casework, Allocated Caseworker
<b>Health</b>	JIRT Senior Health Clinician or delegated Health representative.

- **Additional attendees**

The need for additional attendees is informed by the unique characteristics of each accepted JIRT referral and determined on a case by case basis. Additional attendees may include, but is not restricted, to the following: Medical Practitioner (where possible a Paediatrician) and NSW Health Counselling staff; Manager Casework or allocated Caseworker, Community Services Centre; Manager Casework, Safe Families Representative, SCC Homicide Squad Representative, Local Area Command.

- **Scheduling, Chairing and Documenting**

Responsibility for scheduling, chairing and documenting briefing and debriefing meetings will be decided locally by the Manager Casework, Team Leader and Senior Health Clinician. It is recommended that regular meeting times are scheduled, with the capacity to have additional meetings to plan and debrief urgent matters.

The chair agency is responsible for ensuring that Briefing Meetings are scheduled to enable the response to occur within the required timeframes: within 24 hours, 72 hours or 10 days. Debriefings are to occur as soon as possible after the interview with the child.

- **Following an after-hours response**

There are times when the Child Abuse Squad, Community Services Caseworkers and on call Health service workers respond to a child after hours, in consultation with or at the direction of the Helpline Crisis Response Team or SAS On-Call Coordinator/Manager. The Helpline then forward the plan to the JRU for review on the next business day. If the plan is accepted by the JRU a Briefing Meeting is to occur if the child has not been interviewed, or if the Manager Casework, Team Leader and Senior Health Clinician consider it necessary. If the child has been interviewed as an after- hours response, then only a Debriefing Meeting is required.

## 1 Accepted Referrals

- Matters accepted for a JIRT intervention are transferred to the JIRT unit by the JIRT Referral Unit (JRU).
- The JRU will advise the JIRT unit by phone of any urgent matters that require a **< than 24 hour** response. Agencies are reminded to share relevant information to facilitate prompt and efficient planning and decision making.
- Briefing Meetings must be scheduled to ensure that the field response occurs within the *Required Response Time* allocated at the Helpline or the JRU:
  - within 24 hours
  - within 72 hours
  - within 10 days

CS	POLICE	HEALTH
<ul style="list-style-type: none"> <li>• Accepted JIRT matters are transferred by CS JRU to the owning JIRT unit on <b>KiDS</b></li> <li>• The <b>JIRT Manager Casework (MCW) or delegate</b> <ul style="list-style-type: none"> <li>➤ Routinely monitors KiDS for incoming accepted JIRT referrals.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Accepted JIRT matters are transferred by Police JRU to the owning JIRT unit on <b>COPS</b> and the <b>JIRT Database</b>.</li> <li>• The <b>Police Team Leader (TL) or delegate</b> <ul style="list-style-type: none"> <li>➤ Routinely monitors COPS and the JIRT Database for incoming accepted JIRT referrals.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Accepted JIRT matters are faxed or e-mailed by Health JRU to the <b>Senior Health Clinician</b> or delegate.</li> <li>• The <b>Senior Health Clinician (SHC) or delegate</b> <ul style="list-style-type: none"> <li>➤ Routinely monitors incoming faxes and e-mails for accepted JIRT referrals.</li> </ul> </li> </ul>

## 2 Determine Pre Briefing Meeting contact with child, young person and/or non-offending carer/s

The JIRT agencies should consult <sup>1</sup>prior to any contact with the child, young person and/or non-offending carer/s except where the report is made directly to the partner agencies.

- The purpose of consultation is to:
  - ◆ determine if immediate contact with the child, young person and/or non-offending carer/s is required
  - ◆ allocate responsibility for the contact
  - ◆ identify the services that may be available for child, young person and/or non-offending carer/s

CS	POLICE	HEALTH
<ul style="list-style-type: none"> <li>• The <b>Manager Casework (MCW)</b> <ul style="list-style-type: none"> <li>➢ Reviews the accepted <i>Plan</i> on KiDS</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The <b>Police Team Leader (TL)</b> <ul style="list-style-type: none"> <li>➢ Reviews the accepted job on COPS and the JIRT Database</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The <b>Senior Health Clinician (SHC)</b> / delegate           <ul style="list-style-type: none"> <li>➢ Reviews the JRU Health referral</li> <li>➢ Identifies the nature and availability of immediate services that may be offered to the child, young person and/or non-offending carer/s</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Collectively, the <b>TL, MCW</b> and <b>SHC</b>/ delegate determine           <ul style="list-style-type: none"> <li>➢ Who will be contacted</li> <li>➢ By whom and when</li> <li>➢ What information will be provided to the child, young person and/or non-offending carer/s</li> </ul> </li> </ul>		

<sup>1</sup> Although consultation should occur prior to contact with the child, young person or non-offending carer, an exception is where the report is made directly to the partner agency. In these circumstances it is reasonable for that agency to make contact and meet customer service expectations by explaining receipt of the report and what the joint process entails.

### 3 Information Gathering, Recording and Sharing

- As equal partners in the JIRT Program, the three agencies can share information relevant to the safety, welfare and wellbeing of a child or young person without a written Chapter 16A request for information.
- On receipt of accepted reports, each JIRT agency will gather relevant agency information to share with agencies at the **Briefing Meeting**.
- Information gathered by each agency is recorded on the **Additional Information (Form 1) template** and **electronically** forwarded to the partner agencies prior to the Briefing Meeting.
- Where written information cannot be provided prior to the Briefing Meeting, agencies will provide the information at the briefing meeting.
- If there is no relevant additional information, completion of Form 1 is not required. If no information is available, this should be indicated on Form 2.

CS	POLICE	HEALTH
<ul style="list-style-type: none"> <li>• The <b>Manager Casework (MCW)</b> allocates the <i>Plan</i> to the Caseworker<sup>2</sup></li> <li>• The <b>Caseworker (CW)</b> <ul style="list-style-type: none"> <li>➢ Gathers additional information which may include:                             <ul style="list-style-type: none"> <li>○ Relevant child protection history relating to the child, young person or other persons identified in the report</li> <li>○ specific community information (this is especially important for indigenous communities)</li> <li>○ other local information (e.g. worker safety issues)</li> <li>○ current issues for the child and/or family if there is an open Plan at a CSC</li> <li>○ if there is an open Plan at the CSC, contact details of allocated caseworker/MCW</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The <b>Team Leader</b> allocates the <i>Job</i> to an Investigator</li> <li>• The <b>Investigator</b> <ul style="list-style-type: none"> <li>➢ Reviews COPS and the Police JIRT Database and gathers information that is relevant to the safety, welfare and wellbeing of the child or young person. This may include relevant history regarding the:                             <ul style="list-style-type: none"> <li>○ child, young person, and non-offending carer/s</li> <li>○ alleged perpetrator</li> <li>○ known associates of the child, young person and non-offending carer/s</li> <li>○ known associates of the alleged perpetrator</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The <b>Senior Health Clinician / delegate</b> <ul style="list-style-type: none"> <li>➢ Undertakes reasonable steps to locate and provide relevant information held by Health starting with the Local Health District (LHD), based on the indicators / information in the current and previous reports to CS (e.g. Mental health or Drug and Alcohol issues).</li> <li>➢ The information may include details of Health involvement with the family and/or others in the report relevant to the safety, welfare and wellbeing of the child or young person.</li> <li>➢ Access a Medical Practitioner (where possible a Paediatrician) to provide medical advice to the Briefing Meeting if required.</li> </ul> </li> </ul>

<sup>2</sup> For unallocated plans, the MCW will assign information gathering tasks to a Caseworker.



<ul style="list-style-type: none"> <li>• The <b>Manager Casework (MCW)</b> ensures that           <ul style="list-style-type: none"> <li>➤ relevant information is recorded on Form 1: CS <i>Additional Information</i></li> <li>➤ the information is electronically forwarded to the TL and SHC/ delegate prior to the Briefing Meeting</li> <li>➤ Where written information cannot be provided prior to the Briefing Meeting, the Manager Casework will provide the information at the briefing meeting</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The <b>Team Leader (TL)</b> or delegate ensures that           <ul style="list-style-type: none"> <li>➤ relevant information is recorded on Form 1: Police <i>Additional Information</i></li> <li>➤ the information is electronically forwarded to the MCW and SHC/ delegate prior to the Briefing Meeting</li> <li>➤ Where written information cannot be provided prior to the Briefing Meeting, the Team Leader or Delegate will provide the information at the briefing meeting.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The <b>Senior Health Clinician (SHC)</b> / delegate ensures that           <ul style="list-style-type: none"> <li>➤ relevant information is recorded on Form 1: Health <i>Additional Information</i> template</li> <li>➤ the information is forwarded electronically to the MCW and TL prior to the Briefing Meeting</li> <li>➤ Where written information cannot be provided prior to the Briefing Meeting, the SHC/ delegate will provide the information at the briefing meeting</li> </ul> </li> </ul>
--	---	--

**4 Local Planning & Response Briefing Meeting – Attendance, Agenda, Recording**

- The purpose of the Local Planning & Response Briefing Meeting (Briefing Meeting) is to share relevant reasonably accessible agency information to inform the development of the investigative response.
- The plan comprises details of the referral, worker safety and cultural considerations, the Safety Welfare and Wellbeing Summary, and the Debriefing Date.
- It is ideal that key personnel responsible for actions and decision making in relation to a case are in attendance. However, from the perspective of the NSW Police if an investigator is performing operational investigative work then the Team Leader can be the sole representative to share relevant information and function as the conduit for allocation of tasks to the investigator. If the Team Leader is not available, their delegate can perform their role.

CS	POLICE	HEALTH
Briefing Meetings are attended by <ul style="list-style-type: none"> <li>• the <b>Manager Casework</b> and</li> <li>• the allocated <b>Caseworker</b></li> </ul>	Briefing meetings should be attended by <ul style="list-style-type: none"> <li>• the <b>Team Leader</b> and</li> <li>• the allocated <b>Investigator</b></li> </ul>	Briefing meetings are attended by <ul style="list-style-type: none"> <li>• the <b>Senior Health Clinician</b> / delegated Health representative</li> <li>• the allocated NSW Health Counsellor where appropriate</li> <li>• the <b>Senior Health Clinician</b> / delegate will make contact with relevant medical practitioners to determine availability and attendance or to provide information for the Briefing meeting, where appropriate</li> <li>• Health staff may attend the Briefing Meeting in person or via telephone as appropriate</li> </ul>

- Additional Attendees**
- The need for additional participants is determined on a case by case basis.

- Agenda**
- The Briefing Meeting agenda follows the **Local Planning & Response Meeting Briefing Template (Form 2)**.

- Recording and Circulation of Briefing Template (Form 2)**
- The Team Leader, Manager Casework and Senior Health Clinician will develop local systems to ensure the prompt and efficient recording and circulation of the

completed Form 2.

- The completed Form 2 is to be circulated as soon as practicable after the meeting.
- Any requested changes to the Form 2 must be requested in writing to the minute taker as soon as practicable.
- Any agreed amendments to the record must then be recirculated promptly.
- All agencies are required to meet their normal record keeping requirements.

#### 4A LPR Briefing Meeting – Safety Welfare and Wellbeing Summary

- The **Safety Welfare and Wellbeing Summary (SWWS)** is part of the **Briefing Template (Form 2)** and is completed during the Briefing Meeting.
- It identifies risks and actions to build safety for the child and young person and is a summary of the agreed issues, tasks, responsibilities and time frames for the JIRT response.
- The SWWS is completed for each referral and updated at the Debriefing and, where appropriate, Case Meeting/s.

CS	POLICE	HEALTH
<p>Agency role:</p> <ul style="list-style-type: none"> <li>➤ Plan and undertake the Secondary Risk of Harm Assessment (SROH) or SARA</li> <li>➤ Where the child/young person's immediate safety cannot be assured, plan and action protective intervention</li> </ul>	<p>Agency role:</p> <ul style="list-style-type: none"> <li>➤ Plan and undertake assessment of the immediate risks posed to the child/young person by the alleged offender</li> <li>➤ Plan and action interim safety intervention</li> <li>➤ Strategise the investigative approach</li> <li>➤ Conduct the investigation and, where appropriate take further action.</li> </ul>	<p>Agency role</p> <ul style="list-style-type: none"> <li>➤ Assess the need, and where appropriate arrange access to Health services including: <ul style="list-style-type: none"> <li>○ medical and/or forensic examination</li> <li>○ Crisis counselling and support for the parent / caregiver as designated by service policy/protocol.</li> <li>○ Referral pathways</li> </ul> </li> </ul>
Collectively, the agencies plan a coordinated response		

## 5 LPR Briefing Meeting – SWWS: Interview Planning

An Interview Plan should be developed prior to interviewing the child or young person.

- It is highly recommended to use the **JIRT Interview Plan Template (Form 3)** when
  - The interviewer is new to the JIRT framework, i.e., under 6 months experience as a JIRT interviewer.
  - The child is of Aboriginal or CALD background.
  - The child has a significant disability e.g. Intellectual delay, Autism, ADHD
  - The child is under the age of 5
  - The child has experienced significant trauma.
  - The child has a prior history for not engaging in a JIRT interview.
- Lead interviewer responsibility is determined during the Briefing Meeting. This role may be assigned to either the allocated Caseworker or Investigator.
- The Interview Plan is developed by the lead interviewer and the secondary interviewer.
- The lead interviewer's line manager is responsible, if required, for reviewing and approving the Interview Plan prior to the interview.

### CS

### POLICE

### HEALTH

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• <b>The lead interviewer</b> <ul style="list-style-type: none"> <li>➢ Leads development of the Interview Plan by the agreed date</li> <li>➢ Records the Interview Plan on the JIRT Interview Plan Template (Form 3), if required.</li> <li>➢ Submits the Interview to his/her supervisor for approval, if required.</li> <li>➢ Provides the secondary interviewer with an electronic copy of the endorsed Interview Plan prior to the interview</li> <li>➢ Attaches a hard copy of the Interview Plan to the Debriefing Template (Form 4)</li> </ul> </li> <li>• <b>The secondary interviewer</b> <ul style="list-style-type: none"> <li>➢ Contributes to the development of the Interview Plan by the agreed date</li> <li>➢ Supports the Investigator during the interview as per the endorsed Interview Plan</li> <li>➢ Is to take comprehensive notes during the interview.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• The Senior Health Clinician           <ul style="list-style-type: none"> <li>➢ The SHC may participate in the development of the interview plan providing specialist knowledge or input where appropriate.</li> </ul> </li> </ul> |
|--|--|

**6 LPR Debriefing Meeting – Attendance and Agenda**

- The purpose of the Local Planning and Response *Debriefing Meeting* is to share information about the field response and plan future intervention with the child, young person and carer/s.
- The plan comprises the outcome of the response, review of the Safety, Welfare and Wellbeing Summary, details of ongoing planned action and where appropriate, a Case Consultation date.
- A *Debriefing Meeting* will occur as soon as practicable following the field response. This will usually be following the interview with the child or young person.
- In some instances, the Caseworker and Investigator may wish to debrief with their supervisor on the outcome of any field visits, including issues of possible contention, interview technique etc prior to the *Debriefing Meeting*. If this is the case, a *Debriefing Meeting* must still be held with all three agencies in attendance.
- It is ideal that key personnel responsible for actions and decision making in relation to a case are in attendance. However, from the perspective of the NSW Police if an investigator is performing operational investigative work then the Team Leader can be the sole representative to share relevant information and function as the conduit for allocation of tasks to the investigator. If the Team Leader is not available, their delegate can perform their role.

CS	POLICE	HEALTH
<p>Debriefing Meetings are attended by</p> <ul style="list-style-type: none"> <li>• The Manager Casework <b>and</b></li> <li>• The allocated Caseworker</li> </ul>	<p>Debriefing Meetings are attended by</p> <ul style="list-style-type: none"> <li>• The Team Leader <b>and</b></li> <li>• The allocated Investigator</li> </ul> <p>If the involvement of Police has finalised and the debrief is continuing to discuss issues relevant to the other partner agencies than the police representative can leave the meeting.</p>	<p>Debriefing Meetings are attended by</p> <ul style="list-style-type: none"> <li>• The Senior Health Clinician / delegate where possible,</li> <li>• The allocated NSW Health Counsellor</li> <li>• The Senior Health Clinician / delegate will make contact with the relevant medical practitioners to determine the availability and attendance or to provide information for the Briefing meeting where appropriate.</li> </ul>
<p><b>Additional Attendees</b></p> <ul style="list-style-type: none"> <li>• The need for additional attendees is determined on a case by case basis.</li> </ul>		
<p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• The Debriefing Meeting agenda follows the <b>Local Planning &amp; Response Debriefing Template (Form 4)</b>.</li> </ul>		

**Recording and Circulation of the Debriefing Template (Form 4)**

- The Team Leader, Manager Casework and Senior Health Clinician will develop local systems to ensure the prompt and efficient recording and circulation of the completed Form 4.
- The Form 4 should capture relevant additional information held by any agency.
- The completed Form 4 is to be circulated as soon as practicable after the meeting.
- Any requested changes to the Form 4 must be requested in writing to the minute taker as soon as practicable.
- Any agreed amendments to the record must then be recirculated promptly.
- All agencies are required to meet their normal record keeping requirements.

## 7 Case Meetings

- The purpose of Case Meetings is for the JIRT agencies still involved with the child, young person or family to share relevant information that may assist to ensure future action is appropriate and continues to address the child or young person’s needs, including a review of the SWWS.
- Case meetings are an important element of case management and can occur throughout the case planning process and are a major casework tool for keeping the SWWS current, relevant and focussed.
- Only the relevant agencies still involved with the child, young person or family participate in Case Meetings.
- The relevant agencies will decide on who chairs and records the meeting on a **Case Meeting (Form 5) template**.
- The record keeper will send an electronic copy of the Case Meeting record to other participants ASAP following the meeting.
- Changes required in relation to the Case Meeting record must be made in writing to the record keeper.
- All agencies are required to meet their normal record keeping requirements.

CS	POLICE	HEALTH
<ul style="list-style-type: none"> <li>• CS JIRT participate in Case Meetings when considered appropriate by the MCW.</li> </ul>	<ul style="list-style-type: none"> <li>• Any request to participate in a case meeting can be made and will be assessed by the Team Leader or delegate.</li> </ul>	<ul style="list-style-type: none"> <li>• Where Health are still involved in the matter, the following Health representatives may attend a case meeting where appropriate:                             <ul style="list-style-type: none"> <li>– Paediatrician</li> <li>– Senior Health Clinician</li> <li>– Allocated Counsellor</li> <li>– Future service representative following confirmation of referral.</li> </ul> </li> </ul>

## 10 Case Closure

- Agencies will close a case when there are no outstanding tasks allocated to them in the SWWS.
- Where one agency has made a decision to close or transfer a case, then they are to advise other JIRT partners if relevant. For example CS have completed the risk assessment and there are no ongoing ROSH concerns but the family are still waiting for a counselling referral to be allocated, then CS advising the SHC of case closure is appropriate. If this same family is involved with Sexual Assault Counselling for 6 months, there is no need for the SHC to advise that the family are finishing with this service 6 months after CS has closed their plan.