



**Family &  
Community Services**

# **Joint Practice Guidelines**

For joint work by Community Services and Ageing  
Disability and Home Care for children and young people  
with a disability

**August 2010**

Practice Guidelines for joint work by Community Services and Ageing Disability and Home Care for children and young people with a disability.

Version 2 - Rebranded May 2012

## Table of Contents

<b>1. INTRODUCTION</b> .....	3
1.1 Overview .....	3
1.2 Purpose of the Joint Practice Guidelines .....	3
1.3 Development of the Joint Practice Guidelines .....	4
1.4 Application of the Joint Practice Guidelines .....	4
<b>2. CHILDREN AND YOUNG PEOPLE WITH A DISABILITY IN THE CHILD PROTECTION SYSTEM</b> .....	5
<b>3. PRINCIPLES FOR JOINT PRACTICE</b> .....	6
<b>4. FOUNDATIONS OF COLLABORATIVE CULTURE BETWEEN COMMUNITY SERVICES AND ADHC</b> .....	7
4.1 Leadership/commitment at all levels (head office, regional and local) .....	7
4.2 Recognising shared goals .....	7
4.3 Good understanding of each organisation's operating environment .....	8
4.4 Strong interagency relationships .....	9
4.5 A joint approach to assessment .....	9
4.6 Child centred joint practice .....	10
<b>5. BUILDING STRONG RELATIONSHIPS THROUGH INTERAGENCY MEETINGS</b> .....	12
<b>6. ELEMENTS THAT FACILITATE EFFECTIVE JOINT ASSESSMENT</b> .....	13
<b>APPENDIX 1: Examples of Terms of Reference for meetings</b> .....	17
Governance Meetings .....	17
Meetings about Systemic issues .....	18
Case plan monitoring and review meetings .....	19
<b>APPENDIX 2. Collaboration in practice: Case Studies</b> .....	21
Case Study: Request for Assistance .....	22
Case Study: Parent Withdrawing or Relinquishing Care .....	23
Case Study: CYP Legal Status PRM .....	25
Case Study: Joint Agency Involvement .....	27

## JOINT PRACTICE GUIDELINES

### 1. INTRODUCTION

#### 1.1 Overview

The Memorandum of Understanding between Community Services and Ageing Disability and Home Care (the MoU) sets out a shared commitment to working in close collaboration to deliver services to children and young people with disabilities.

To support this collaboration a Joint Practice Framework has been developed which includes the following elements:

1. **The MoU** - setting out the commitment and principles of working together
2. **Regional Protocols** – setting out the roles and responsibilities for each organisation in relation to joint work
3. **Joint Practice Guidelines** setting out key practice points together with examples from practice to assist effective partnerships
4. **Joint training, monitoring and review** to support effective implementation.

#### 1.2 Purpose of the Joint Practice Guidelines

These Guidelines are designed as a practical resource for staff <sup>1</sup> to be used in conjunction with the Regional Protocols negotiated between Community Services and Ageing Disability and Home Care. They are designed to support collaborative work through:

- Key strategies that contribute to a culture of collaboration
- Case examples of how particular circumstances might be effectively handled collaboratively and with a child focus
- Tools and templates for use in joint work.

It is acknowledged that there are many and varied situations that may arise for practitioners when responding to the needs of children and young people with a disability in the child protection system. The issues arising in the protection of children and young people with a disability are that:

- Indicators of risk of harm may be 'overshadowed' in child protection assessments by the child or young person's disability
- The child or young person with a disability can be vulnerable to particular risks, in particular the risk of neglect
- Specific indicators of abuse or neglect can sometimes be attributed to their disability
- Assessing risk of harm for children and young people with a disability adds another level of complexity to the child protection assessment process and requires expertise and accurate and detailed information about the person's disability, including type, level of support needs, communication abilities and behavioural support
- Children and young with a disability are often involved in multiple care contexts, may have difficulty in getting away from abusers or in acquiring protective behaviours, and can lack oral and communication skills and therefore may be unable to communicate when abuse is occurring.

---

<sup>1</sup> This includes Managers, Caseworkers and specialist staff working for Community Services, Ageing Disability & Home Care and for practitioners working with non-government providers of case management, accommodation and/or support for children and young people with a disability in the child protection system.

These Guidelines are intended to support child focused professional judgement and decision making in relation to these complex situations rather than prescribe responses to them. It is intended that regions use the Guidelines to assist them to develop a collaborative environment, bringing together the expertise of ADHC and Community Services Practitioners from which child-centred joint work is most likely to be consistently sustained thus achieving better outcomes.

It is anticipated that the Guidelines will be iterative, and that imminent changes in child protection legislation, policy and practice will be reflected in the Guidelines over time.

### **1.3 Development of the Joint Practice Guidelines**

These Guidelines were developed in consultation with practitioners and head office staff from both organisations, initially in Northern Region, Hunter Region and Metro South/South West Regions. Secondly, a workshop was held involving practitioners from both organisations and all Regions, who contributed to the development of the Guidelines. The Guidelines are endorsed by the Community Services and Ageing Disability and Home Care Senior Officers Group.

### **1.4 Application of the Joint Practice Guidelines**

- The Guidelines will inform the joint work of both organisations and relevant Non-Government organisations when working with children or young people with a disability in the child protection system.
- All staff of both organisations and Non-Government organisations who have a role in assessment, case planning and management, case work and referral, and specialist services such as therapy, accommodation support and behaviour management, for children and young people with a disability in the child protection system should be familiar with these Guidelines.
- The Guidelines are intended to complement the commitments made by both organisations under the NSW Interagency Guidelines for Child Protection Intervention 2006, or future versions of those Guidelines.
- Practitioners of each organisation are expected to work within the policy and practice parameters of their organisation. The Guidelines do not require divergence from accepted practice in either organisation or the Non-Government providers they fund.

## **2. CHILDREN AND YOUNG PEOPLE WITH A DISABILITY IN THE CHILD PROTECTION SYSTEM**

The Guidelines promote achievement of the best possible outcomes for children and young people with a disability in the child protection system.

The proportion of children and young people in NSW with a disability who are the subject of Risk of Significant Harm<sup>2</sup> (ROSH) or who are in out of home care is small.

However, children and young people with a disability who are involved in the child protection system are among the most vulnerable groups in the community and often have complex needs that require a collaborative interagency response.

At any one time children and young people may be variously a client of one or both of the government organisations who are parties to the MoU, or of a Non-Government service provider.

The intention of the MoU and the Guidelines is that, regardless of lead organisation and other roles, it is understood by all stakeholders that the best interests of the child or young person are paramount.

The 2008 evaluation of the MoU identified areas for practice improvement in relation to children and young people with a disability. These included situations where:

- A family may be withdrawing or relinquishing care of a child or young person with a disability;
- Foster care is deemed to be not viable because of the level of disability of the child or young person;
- In response to a report by DADHC of risk of harm, the CS assessment is that there is not a risk of harm;
- DoCS determine that the issues for the family arise from the child's or young person's disability rather than a child protection issue.

The approach taken here is to provide guidance in relation to establishing a collaborative culture that enables professional judgement and decision making in the best interests of the child or young person.

The Guidelines do not prescribe responses to the above situations, but rather provide resources to improve the capacity of both organisations to share expertise and improve responses to such situations when they arise in the future.

---

<sup>2</sup> Note: The reporting threshold is changing from Risk of Harm to Risk of Significant Harm from 27.01.10.

### 3. PRINCIPLES FOR JOINT PRACTICE

The 2010 MoU between Community Services and ADHC outlines principles for collaborative assessment, planning and service delivery. These Guidelines are based on those principles. In summary, those principles state:

- Child protection is a shared responsibility;
- Decisions about shared clients must be client-focussed and based on the needs of the child or young person rather than determined by availability of services;
- Collaboration between service providers is fundamental to achieving good outcomes for shared clients;
- Both organisations respect the values, culture and heritage of Aboriginal and Torres Strait Islander people;
- Both organisations recognise and uphold the rights of people from culturally and linguistically diverse backgrounds who have a disability, and their carers.

These Guidelines outline good practice that:

- Places the child at the centre of collaboration and decision-making;
- Values evidence that supports casework decisions;
- Places priority on permanency and stability in placements for children and young people;
- Assists in the achievement of positive outcomes for children and young people through organisations' understanding of joint roles and responsibilities.

## **4. FOUNDATIONS OF COLLABORATIVE CULTURE BETWEEN COMMUNITY SERVICES AND ADHC**

The following elements have been identified through consultation with practitioners as the necessary foundations for collaborative, child-focused practice by Community Services, ADHC and Non-Government providers:

- **Leadership/commitment at all levels**
- **Recognising shared goals**
- **Good understanding of each organisation's operating environment (policies, systems roles and responsibilities and constraints)**
- **Strong interagency relationships**
- **A joint approach to assessment**
- **Child-centred joint practice**

### **4.1 Leadership/commitment at all levels (head office, regional and local)**

In relation to interagency work, practitioners report that they often feel constrained by a lack of support from their organisation to work collaboratively.

There may be structural and cultural barriers that cannot be overcome without strong commitment and leadership from all levels within an organisation.

In practice, this means establishing and documenting agreed processes and approaches that are supported by training, ongoing supervision, monitoring and review.

The MoU itself represents a clear commitment from the most senior levels of ADHC and Community Services in relation to joint clients.

In turn, the leadership and commitment from Regional Directors needs to be evident in their joint negotiation and implementation of the Regional Protocols setting out the operational details of how the principles of the MoU will be translated into practice.

Good leadership is also needed at the senior management level to effectively monitor the implementation of the MoU and the Regional Protocol including the integration of these Guidelines in joint training, regular practice reflection and case review.

Regional leadership is essential to nurture and sustain positive interagency relationships throughout both organisations, and within the Non-Government sector. Interagency relationships are another essential aspect of effective joint practice.

In those Regions where staff experience a commitment to joint practice from their Regional Directors, they are more able to develop collaborative and innovative approaches to service delivery.

For practitioners this commitment will be evident through their understanding of their commitments under the MoU and Regional Protocol. In practice this will mean working proactively to organise meetings, share information and develop timely and comprehensive case plans.

### **4.2 Recognising shared goals**

Effective collaboration is driven by a recognised interdependency between service partners. In the case of Community Services and ADHC, the interdependency relates to the commitment to meet the needs of the client.

In Regions where there is a recognition that there is significant common ground between the organisations in terms of what they are working towards for their shared clients, people find the time and energy for the collaborative work and the outcomes are better.

Staff from both organisations have among their core professional values strong commitment to achieving the best possible outcomes for children and young people with a disability. Both organisations and the NGOs they fund are supported by policies and procedures that keep the child's needs at the centre of joint practice.

In the case of Community Services, the mandate is child protection. In the case of ADHC the mandate is the wellbeing of all people with a disability.

The challenge for staff working together at all levels is to appreciate the shared goals they are working towards.

#### **4.3 Good understanding of each organisation's operating environment (policies, systems roles and responsibilities and constraints)**

As an organisation that is responsible for all people (adults and children) with a developmental or intellectual disability, and for broader referrals for all people with any type of disability, ADHC can be difficult to navigate if Community Services case workers are not aware of the relevance of programs and the key contacts.

Similarly, Community Services' focus on children and young people at Risk of Significant Harm can restrict its ability to respond to children and young people where the risk of harm is not assessed as meeting the statutory threshold.

Both organisations have different criteria for assigning priority to particular children or young people. These differences can contribute to disputes about roles and responsibilities for children and young people, and about approaches to case work. By prioritising time for structured cross organisation meetings or training, organisations can assist their staff to work together constructively with a better understanding both of constraints and also of possibilities for working effectively together for the best outcomes for children and young people.

Cross organisation meetings may be structured to achieve local practice improvement such as:

- Better identification of shared clients in the child protection system and in the out of home care system.
- Better documentation by ADHC of ROSH reports.
- Community Services' prompt advice to ADHC on the status of ROSH reports.
- Community Services' consultation with ADHC when conducting secondary ROSH assessments of children or young people with a disability.
- Effective use of Early Intervention services for families with a child with a disability.
- Better support for foster carers of a child with a disability.

Including relevant Non-Government case managers or service providers, has the potential to build relationships and contribute to expertise in working with children and young people with a disability in the child protection system.

Sharing information and developing mutual understanding with one another contributes to realistic expectations of organisation responses and a better understanding of potential pathways to gaining support for children and young people.



#### **4.4 Strong interagency relationships**

Strong professional relationships between managers and practitioners of both organisations and NGOs are the foundation of good practice that achieves the best possible outcomes for children and young people with a disability.

Mechanisms that nurture cross organisation relationships create avenues for open discussion outside the context of specific cases, and promote trust and flexibility in responding to the needs of children and young people with a disability.

The development of cross organisation relationships assist in recognising and valuing the professional expertise of our service partners which in turn facilitates working better together.

This is particularly important when practitioners come from different knowledge bases and conceptual frameworks. In order to work together effectively, practitioners, decision makers and planners need to understand the way others conceptualise and tackle issues.

By using regular cross organisation meetings as a forum to discuss systemic issues, to review joint cases, or to focus on joint practice improvement, organisations are demonstrating a time commitment that contributes to improved outcomes for shared clients and efficiencies in case work.

Successful cross organisation relationships are strengthened by commitment on the part of the Regional Directors and senior staff of both organisations.

Ideally, regular meetings will take place at the levels of Regional Director, Senior Managers and practitioners. Each of these levels of meeting has different aims, objectives and frequencies which are reflected in the Terms of Reference for each (examples of Terms of Reference for cross organisation meetings are provided at **Appendix 1**).

For rural and remote areas where geography can be an obstacle to professional relationships, teleconferencing or videoconferencing can ensure inclusion of key meeting participants. Some meetings may be based on subregional geographic areas, and can be duplicated across the Region with equivalent participants in each area.

Staff confidence and good professional judgement in relation to sharing information is fundamental to the effectiveness and sustainability of cross organisation relationships.

In Regions where regular cross organisation meetings take place find it easier to resolve organisation differences in relation to individual cases, without needing to escalate issues to a higher level.

#### **4.5 A joint approach to assessment**

Community Services' assessment of the needs of children and young people takes place within the statutory child protection response to a ROSH report, as well as in case planning for the placement and support of children and young people .

ADHC assessment procedures include client risk profiles, assessment of risk in domains such as nutrition and swallowing and assessment of wellbeing.

When the child or young person has a disability, the best outcomes are achieved when disability expertise contributes to a joint assessment. In cases where it is not known that the child or young person has a disability, there are various pathways to the diagnosis of disability, after which a joint approach to assessment is good practice.

The aim of both organisations is to keep the family intact where it is safe and appropriate. Assessments of safety, family functioning, as well as assessment of the wellbeing of the child or young person, are shared responsibilities.

Critical to joint assessment is recognition of who is a shared client. The effectiveness of joint assessment is facilitated by:

- Incorporating disability expertise practice in holistic ROSH assessment and identification of disability
- The availability of case management support in both organisations
- Understanding the factors that contribute to prioritisation of responses in each organisation.

Good practice approaches built upon principles outlined above enable organisations to take into account the full case history and risk assessment to determine the best way to meet the needs of the child or young person through joint assessment, case planning and support.

Elements that facilitate effective joint assessment are outlined in section 6.

#### **4.6 Child centred joint practice**

Both organisations support principles that promote child-centred case management.

Both organisations and some NGOs funded by them are responsible in their own right for the case management of children and young people, and have policies and procedures to support case management.

In working with shared clients child-centred practice involves listening, reflection and focussing on what is important for the child and young person. It involves the child or young person having choice. In many cases, it also involves collaboration with the family and others in the circle of support for the child or young person.

Both organisations have a strengths-based and holistic focus. Community Services have specific legislative responsibilities in relation to statutory intervention. ADHC provides services to children, young people and their families that are voluntary.

Integrated evidence-based case planning and case management can be used effectively for the benefit of children and young people. This is facilitated by:

- Complimentary policies and procedures at all levels
- Both organisations jointly document agreement on triggers for joint case management
- The lead organisation involves the partner organisation at the earliest opportunity
- Case management occurs as closely as possible to the child and family in both organisations
- Case management supports self-determination for Aboriginal children and young people and involves Aboriginal staff, communities and service providers
- Both organisations practice integrated case management that enables participation by the child, young person, family and/or carer
- Focus on the assessed needs of the child or young person rather than resources and programs
- Availability of case management support in both organisations
- Shared responsibility of case management
- Shared commitment to the long term stability of the child or young person
- Good linkage and collaboration with other organisations who are involved in providing casework or support to the child or young person

- Regular integrated case management meetings are held to review case plans, and are documented for client files
- Comprehensive documentation in relation to case management, e.g.:
  - documents all aspects of the case plan
  - identifies where consent is required and who provides consent
  - provides transparent documented responsibility for monitoring and progressing case work
  - contributes to timely responses to the needs of children and young people
  - is used to document all cross organisation communication, agreement and approvals.

## 5. BUILDING STRONG RELATIONSHIPS THROUGH INTERAGENCY MEETINGS

The following table provides a summary of the range of interagency meetings that might be useful at different levels within a Region. Examples of possible Terms of Reference are provided at **Appendix 1**.

Focus	Regional management level	Possible Membership	Purpose	Frequency
Governance	Regional Directors	Regional Directors, Community Services' Director Child & Family and the ADHC Deputy Regional Director, Senior Manager Access or other senior officers	Section 5.7 of the MoU requires Regional Directors to be accountable to the Community Services and ADHC Senior Officers Group (SOG) for implementation  These meetings will provide high level governance and issues management for joint work under the MoU	To be determined by Regions
Systemic Issues	Senior Practitioners / Managers	Community Services' Managers Casework, Managers Client Services, Casework Specialists and Manager ISS, and ADHC Managers Access and Casework Consultants C&YP, Manager IRI and Senior Practitioner Case Management	These meetings will focus on systems issues such as communication, information sharing and joint casework and may escalate issues to the Regional Directors' meeting if they are unable to reach resolution of contentious decisions or systems issues	To be determined by Regions
Case plan monitoring and review (see 5.4)	Caseworkers and specialists	Community Services Manager Casework, Caseworkers, Psychologist and other specialist staff involved in casework and ADHC Manager Access, Caseworkers, Psychologist and other specialist staff involved in casework  Consideration should be given to the inclusion in caseworker level meetings of Non-Government case management providers and other specialist providers.	These meetings might focus primarily on case review and reflection, and as such would be restricted in their participants because of confidentiality requirements  These meetings might also raise systems issues for escalation to Manager level meetings	To be determined by Regions  Regular caseworker meetings might occur more frequently than Manager level meetings

## 6. ELEMENTS THAT FACILITATE EFFECTIVE JOINT ASSESSMENT

In order to effectively undertake joint assessment, practitioners will need:

- Clear and unambiguous triggers for joint assessment. For example, all Risk of Significant Harm reports from ADHC may trigger consideration of the benefits of joint assessment, but it may not be necessary to proceed in all cases.
- Clear assignment of lead organisation responsibility for initiating and conducting each joint assessment.
- Agreement on organisation roles and responsibilities in joint assessment.
- Agreement on processes for joint assessment e.g. whether to conduct joint home visits, and whether there will be a prior meeting between organisations.
- A documented action plan following joint assessment with immediate and ongoing roles and responsibilities.
- The ability to continue to work with the family in accordance with their own operating framework.
- Clearly defined review period and /or point for case closure.
- Opportunities for joint reflection at caseworkers' or Managers' meetings.
- To understand the domains that are considered by CS and ADHC in relation to the needs of the child or young person.

The following table identifies the key domains of assessment for Community Services and ADHC:

Domain	ADHC issues to be considered in assessment	Community Services issues to be considered in assessment
Legal Considerations	<p>Who is the legal guardian for the cyp?</p> <p>Are they responsible for making all health and legal decisions?</p> <p>Should a report to the Helpline be made for care and protection?</p>	<p>What is the legal status of the cyp?</p> <p>Is the cyp in need of care and protection?</p> <p>Is this cyp in need of statutory intervention?</p> <p>Is a change to the court order required?</p>
Placement	<p>Where does the child/young person currently/usually live?</p> <p>Are any additional supports required to support the placement?</p> <p>Are there any issues with the current placement?</p> <p>Is an alternative placement required?</p>	<p>Is voluntary temporary care required?</p> <p>Is short term foster care required?</p> <p>What placement option will best meet the needs of a child or young person?</p> <p>Have the permanency planning needs of the cyp been considered?</p> <p>Has restoration (where applicable) and leaving care issues (where applicable) been considered?</p> <p>What is required to support the placement?</p>

		Does the carer require further support needs including training and financial support?
Health and Medical	Does the child/young person have any health care issues and care needs?  Are these needs being adequately addressed?	What are the assessed needs of the cyp's including health, medical and developmental?  What factors regarding the cyp have been identified which increases their vulnerability to harm?  Are the Health, medical and development needs of the cyp adequately addressed by care giver?  What intervention is being provided to support the Health, medical and developmental needs of the cyp?
Safety/OH&S	Are there any factors that could affect safety for the child/young person?	Have safe work practices for client contact been considered?
Behaviour Support & Emotional Wellbeing	Are the emotional and behavioural needs of the cyp being met?	Has the safety, welfare and wellbeing of the cyp been considered within the assessment?  Are the assessed safety, welfare and wellbeing issues of the cyp being addressed within the case plan?  Have the emotional & behavioural developmental needs been assessed?  Are the emotional & behavioural developmental needs being addressed within the case plan & placement?
Social Skills / Relationships with Peers	What social skills / relationships does the child/young person have?  What supports are being provided to support the cyp social skills / relationships?	What type of relationships does the cyp have their peers?  What are the assessed needs of the cyp's including social skill development?  What intervention is being provided to support the cyp's social skills?  Are the cyp's social skill development and peer relationships being addressed within the case plan & placement?
Communication &	How does the child/young person communicate with others?	Is the case plan clearly documented?

Documentation	Is there clear documentation in relation to the cyp plan/needs?	Has the case plan been communicated with all parties?
School & Education / Employment	Is the child/young person engaged in school/education or employment?  Are the cyp needs being met in this area?	What are the assessed educational needs of the cyp?  Does the current school meet the educational needs of the cyp?  Is any intervention required to support the educational needs of the cyp?  Are the cyp's assessed educational needs being addressed within the case plan and placement?
Recreation & Leisure / Community Access	Are the cyp recreation and leisure needs being met?	What are the assessed social and recreational needs of the cyp?  Are the cyp's assessed social and recreational needs being addressed within the case plan and placement?
Family Structure & Social Context	What family supports does the cyp have in place?  Are any additional supports/changes required?	What parental factors are being considered within the assessment? (Including parenting capacity and functioning, and parent / child interactions)  What intervention is being provided to support the family functioning including parenting capacity and parent/ child interactions?  What other significant relationships does the cyp have?  What are the contact arrangements between the cyp and their parents / significant others?  Do the contact arrangements need to be altered?  Are the contact arrangements being supported within case plan and placement?
Formal Supports & Services	What formal supports does the cyp have in place?  Are any additional supports required?	What formal supports and services are in place?  Are any further supports or services required to meet the needs of the cyp?
Informal Supports & Services	What other informal supports does the cyp have in place?	What informal supports are in place?
Culture &	What social values and spiritual or	Are there any cultural issues for consideration within the

Identity	<p>religious beliefs does the cyp have?</p> <p>Is the cyp values and beliefs being adequately supported?</p>	<p>assessment?</p> <p>Has the cyp's cultural identity been considered during the development of the case plan?</p> <p>What are the identified cultural and or religious issues to consider when placing the cyp?</p> <p>Are the identified cultural and or religious issues being addressed &amp; maintained within the case plan and placement?</p>
Case Planning & Case Management	<p>What aspects of case planning and management are held by:</p> <ul style="list-style-type: none"> <li>- ADHC</li> <li>- other agencies</li> <li>- carer</li> </ul>	<p>What aspects of case planning and management are held by:</p> <ul style="list-style-type: none"> <li>- Community Services</li> <li>- other agencies</li> <li>- carer</li> </ul>
Living Skills & Self-care	<p>What living/self-care skills does the cyp have?</p> <p>Is the cyp living/self care skill being met/addressed?</p>	<p>What is the assessed self care and independent living needs of the cyp?</p> <p>Are the assessed self care and independent living needs of the cyp being addressed in the case plan and placement?</p>



## APPENDIX 1: Examples of Terms of Reference for meetings

### Governance Meetings

#### Example of Terms of Reference for Joint Meeting of the Regional Directors of Community Services and Ageing Disability & Home Care under the Memorandum of Understanding signed on XXXXXX.

**Purpose:** To oversee the implementation in XXXXX Region of the Memorandum of Understanding (MoU) between Community Services and Ageing, Disability and Home Care (ADHC). The MoU promotes positive outcomes for children and young people with a disability in the child protection system.

#### Membership:

ADHC	Community Services

#### Objectives:

1. To jointly develop and endorse a joint Protocol for Regional implementation of the MoU, using the Regional Protocol Template.
2. To monitor and jointly report to the Community Services and ADHC Senior Officers Group (SOG) on Regional implementation of the MoU and Regional Protocol.
3. To make the SOG aware of any risks to compliance by the Region of the MoU and Regional Protocol through obstacles to the achievement of positive outcomes for children and young people with a disability.
4. To authorise forums for information sharing and skill development in working with shared clients, including both organisations and relevant Non-Government service providers.
5. To promote good practice in joint work with shared clients, including reference to the Joint Practice Guidelines for joint work with children and young people with a disability.

#### Principles:

The Principles expressed in the MoU apply to meetings held under these Terms of Reference.

#### Processes:

1. The Regional Directors of both organisations will meet (XXXX times) per annum as agreed in the Regional Protocol, to oversee the implementation of the Protocol through the annual work plan developed for this purpose.
2. Meetings will include Senior Managers of both organisations as determined by the Regional Directors.
3. A record of meeting outcomes will be maintained by both organisations.
4. A regular report of Regional issues will be authorised by both Regional Directors and forwarded to the SOG as required through the Regional Report template.

## Meetings about Systemic issues

### Example of Terms of Reference for Joint Meetings of Senior Practitioners / Managers in Community Services and ADHC under the MoU signed on XXXXXX.

**Purpose:** To regularly discuss and review systemic issues impacting on positive outcomes for children and young people with a disability in the child protection system.

#### Membership:

ADHC	Community Services

Relevant Non-Government providers of case management, case work, accommodation and/or support should be invited to participate in at least two meetings per annum to discuss systemic issues.

#### Principles:

The Principles expressed in the MoU apply to meetings held under these Terms of Reference.

#### Processes:

1. Joint meetings will be held at XXXXXX intervals as agreed in the Regional Protocol, including the membership listed above and any additional participants agreed by both organisations.
2. Agendas will be prepared and agreed jointly at least XXXXXX in advance of the meeting.
3. Meetings will be chaired by each of the two organisations on a rotating basis for each meeting/or on an annual rotating basis as agreed.
4. Meetings will be located at the office of the organisation responsible for chairing.
5. Meeting records will document issues discussed and decisions made, and will be maintained by both organisations.
6. Meeting records will be provided to the regular Regional Directors' meeting held as agreed in the Regional Protocol, identifying systemic issues that require the input or agreement of both Regional Directors.
7. Issues will be referred to these meetings from caseworkers and other specialists in both organisations only if attempts to reconcile differences between organisations have not been successful.
8. Issues may be referred back to those practitioners who have raised them for resolution after discussion at these meetings.
9. Actions in relation to issues will be documented and referred to the relevant Manager or Caseworker for follow-up and reporting back to the next meeting.
10. Decisions will be guided by the Joint Practice Guidelines for joint work with children and young people with a disability.
11. These meetings are a forum for discussion of systemic issues only and for reasons of confidentiality individual children and young people will not be discussed.

### Case plan monitoring and review meetings

**Example of Terms of Reference for regular meetings of case managers and/or case workers in Community Services, ADHC and Non-Government organisations to monitor and review the case plans of shared clients under the MoU signed on XXXXXX.**

#### Purpose:

- To monitor the progress of identified individual children and young people covered by the MoU with a disability in XXXXX Region who are shared clients of ADHC, Community Services and Non-Government caseworkers
- To review case plans of children and young people who are shared clients
- To agree on case closure when appropriate
- To refer systems issues that prevent the achievement of good outcomes for shared clients to relevant Managers and to the regular Regional meeting that reviews systems issues.

#### Membership:

ADHC	Community Services	Non-Government organisations

#### Principles:

The Principles expressed in the MoU apply to meetings held under these Terms of Reference.

#### Processes:

1. Meetings will be held at XXXXX intervals as agreed in the Regional Protocol.
2. Meetings will be limited to two hours. Business not able to be conducted at each meeting will be prioritised for the next meeting.
3. Both organisations will maintain and refer to a spreadsheet listing shared clients, as agreed in the Regional Protocol.
4. Participation in meetings will be guided by the casework relationships in place with those shared clients who will be discussed at each meeting.
5. Practice decisions will be guided by the Practice Guidelines for joint work with children and young people with a disability.
6. Where there is disagreement in a meeting about the status of a shared client, the issue will be referred to the relevant Manager of each organisation and, if not resolved, to the regular Regional meeting that focuses on systemic issues for resolution.
7. Participants will be notified of meetings and the agenda XXXXX prior to the meeting.

8. Additional participants may be invited to attend in relation to particular clients.
9. Both organisations and Non-Government providers will participate through practitioners with case management or case work responsibility for each shared client on the agenda.
10. Where full participation in relation to each shared client on the agenda is not possible, prior notice will be given to the meeting chair and an alternative meeting will be scheduled for case discussion by those case managers or case workers.
11. Decisions made at meetings will be documented and maintained on the relevant case file of each client discussed.
12. Issues preventing the achievement of good outcomes for shared clients will be resolved at this meeting. Where this is not possible, issues will be documented and referred to the regular Regional meeting that focuses on systemic issues for resolution.

## APPENDIX 2. Collaboration in practice: Case Studies

Case studies provide a practical and effective way for practitioners to see the application of the Joint Practice Guidelines to their day to day work.

To that end three of the case studies used are based on real cases<sup>3</sup>. However the case studies have been kept broad and brief and do not enable the identification of any specific cases.

The case studies aim to support practitioners to put the principles of MoU, local regional Protocols and components of the Joint Practice Guidelines into practice within their work with children, young people and their families.

Each of the case studies is accompanied by a set of questions designed to assist participants to reflect on various approaches and responses to these potentially contentious situations.

'Possible responses' have been provided to each of the case studies however it should be noted that these should be viewed as potential starting points to be built on and not comprehensive responses.

---

<sup>3</sup> Staff involved in these cases have given permission for their use.

## Case Study: Request for Assistance

### MIRIAM

Miriam's parents Esther and George have requested assistance from Community Services for their 6 year old daughter. A GP and a psychologist have assessed Miriam as having ADHD and a moderate intellectual disability.

Miriam and George have 3 other children under age 5. They moved to Australia from Lebanon and have no family support here. George works long hours in a local grocery business. Esther is concerned that George is increasingly losing patience with Miriam and often hits her when she flies into a tantrum. Esther does not know how to control Miriam's behaviour and is worn out caring for her and the other children.

**Esther makes a request for assistance via the Community Services Helpline.**

#### Questions:

- a. Who is best placed to provide assistance to this family?
- b. What is the role of the Community Services Helpline in this situation?
- c. What principles of the MoU would you utilise in this scenario?

#### Possible Responses:

- a. Whilst the parent has contacted the CS Helpline in this instance, there are other agencies and organisations that could be best placed to assist this family. As child protection is a shared, community responsibility, CS does not need to be involved in all (especially low level) child protection cases. The child is attending school so in this case DET can provide appropriate assistance to the family by way of making referrals and linking in the family to local services or by making a referral to ADHC who in turn may direct the family to further appropriate services. Additionally the GP and psychologist may make appropriate referrals to seek support for this family. Local services are best placed to link stressed families in with appropriate local support services. Collaboration between services providers can take place without CS involvement.
- b. Provision of Assistance by CS may be made by the CS Helpline in this instance by way of making appropriate referrals or providing information to the parents on various services that may assist them. It is highly unlikely that this report would be transferred out to a CSC for further assessment however if it was a referral to Brighter Futures may be considered by the CSC.
- c. Applying the Principles of the MoU / RP:
  - \* Child protection is a shared responsibility
  - \* Both Agencies recognise and uphold the rights of people from culturally and linguistically diverse backgrounds who have a disability and their carers.
  - \* Collaboration between service providers is fundamental to achieving good outcomes for children and young people covered under this MoU.

**Study: Parent withdrawing or relinquishing care**

**MATTEO**

**Matteo is a young adolescent male with a disability who has been in the primary care of his birth parents for the duration of his life. The family have been sporadic users of services, including respite care. They had no previous history or involvement with Community Services and were not known to ADHC as a family with significant needs.**

**The family are from a CALD background, settling in Australia 5 years ago. The father works 7 days a week and the mother is a full time carer to Matteo and his two younger siblings.**

**Reports are received by Community Services in rapid succession alleging that Matteo is violent towards his family members, there is significant risk of harm to the siblings and neither parent is prepared to continue to care for Matteo at home. Letters of support are provided by professionals who advise the parents are no longer able to care for Matteo at home and complaints are made that neither Community Services nor ADHC are responding adequately to the parent's request for Matteo to be placed in out of home care due to his disability.**

**Community Services determine that the issue of relinquishing care arose from Matteo's disability rather than a child protection issue.**

Questions:

- a. How could disputes about service provision be resolved in this scenario?
- b. How would joint assessment support best outcomes being achieved in this scenario?
- c. What principles of the MoU and Regional Protocol could you utilise to assist with resolving issues in this scenario?

Possible Responses:

- ∴
- a. Refer to Regional Protocol (component 8) for staff to identify their local, agreed, dispute resolution processes
  - b. Refer to Practice Guidelines – 4.5 Joint Approach to Assessment; Best outcomes are achieved when disability expertise contributes to a joint assessment; in cases where it is not known that the CYP has a disability there are various pathways to the diagnosis of disability after which a joint approach to assessment is good practice; the aim of both agencies is to keep the family intact where it is safe and appropriate; assessments of safety, family functioning and of the wellbeing of the CYP are shared responsibilities.
  - c. Applying the Principles of the MoU / RP:
    - 3.2 Decisions about CYP covered under this MoU must be child focussed and based on the needs of the child or young person (whether they arise from their disability or child protection issues) rather than determined by availability of resources

- 3.3 Collaboration between service providers is fundamental to achieving good outcomes for CYP covered under the MoU
- 3.5 Both agencies recognise and uphold the rights of people from culturally and linguistically diverse backgrounds who have a disability and their carers.



## Case Study: CYP Legal Status PRM-18

### SALLY

Sally is a 9 year old child who has been placed under the full Parental Responsibility of the Minister until she attains 18 years of age. Sally has been placed with her permanent foster carer since she was 3 yrs old (the foster carer receives a Care +2 allowance).

Sally has physical disabilities which require her to use a wheelchair. She is non-verbal and requires high level of daily care and support. As she is getting older and heavier Sally's carers are struggling to continue to lift Sally in and out of her wheel chair, including in and out of the car and with supporting her in the shower. ADHC provide some support.

A recent case conference involving CS, ADHC and the foster carer highlighted that the placement will be at risk of breakdown if significant practical support is not provided to the carer.

#### Questions:

- a. How can we identify what practical support is needed to maintain the permanent placement?
- b. What shared goals in this case will promote a good outcome for Sally and her carer?
- c. How would sharing information about each organisation's operating environment (policies, systems, roles, responsibilities and constraints) promote a good outcome for Sally and her carer?
- d. What principles of the MoU and Regional Protocol did you utilise to resolve issues in this scenario?

#### Possible Responses:

- a. The CS and ADHC caseworkers could undertake a joint home visit (or negotiate which agency will be responsible) to assess what practical supports are required to support the permanent placement.  
A Case Meeting between ADHC and CS caseworkers and managers could take place to confirm the supports required and to negotiate what funding each agency will seek. Both agencies could share information about each agency's policies, financial guidelines and local procedures for funding submissions and share information about the timeframes involved in seeking funding approval. The meeting could also determine what supports will be provided to the carer in the interim whilst the practitioners await the outcomes of their funding submissions.  
  
Managers could refer to their region's signed Regional Protocol for the next line of dispute resolution if needed and in order to prevent escalation to the Chief Executive level.
- b. Refer to Practice Guidelines - 4.2 Recognising Shared Goals: We share the commitment to meet the needs of the client; we need to recognise that there is significant common ground between ADHC and CS in terms of what we are working towards for the shared client; collaborative work influences best outcomes; both agencies have a strong commitment to achieving best outcomes for children and young people with a disability and are supported by policies, procedures and legislation. The mandate of CS is child protection. The mandate of ADHC is the wellbeing of all people with a disability.
- c. Refer to Practice Guidelines - 4.3 Good understanding of each organisation's operating environment: if each agency is not aware of the other's different focuses and criteria for assigning priority to particular children or young people, disputes can arise and impact on casework. By prioritising time for structured cross organisation meetings and training the agencies can better understand each other's constraints and work constructively towards best outcomes for the CYP.
- d. Applying the Principles of the MoU / RP:
  - 3.1 Child protection is a shared responsibility
  - 3.2 Decisions about CYP covered under this MoU must be child focussed and based on the needs of the child or young person (whether they arise from their disability or child protection issues) rather than determined by availability of services.
  - 3.3 Collaboration between service providers is fundamental to achieving good outcomes for children and young people covered under this MoU

## Case Study: Joint Agency Involvement

### TOM

**Tom is an 11 year old Aboriginal boy residing with his natural mother and younger sibling in a regional town. There is limited other family support.**

**Tom has been diagnosed with a moderate intellectual disability, Autism and Epilepsy. Tom has limited communication and mobility. Tom is dependent in all areas of need and has no ability to feed, clothe, toilet or attend to any activities of daily living himself.**

**There has been a long history of involvement with ADHC direct services, including Case Management, Therapy and Home Care. There has also been a long history of involvement with Community Services, which has primarily involved financial assistance to assist family in accessing specialist appointments, aides for Tom and more recently respite.**

**Recently, Tom's mother stated to Community Services, that she wished to relinquish care of Tom as she could no longer cope with Tom's increasing support needs.**

**Community Services and ADHC had not previously worked together in identifying family support needs, despite involvement of both agencies.**

#### Questions:

- a. How would joint assessment support best outcomes being achieved in this scenario?
- b. What principles of the MoU and Regional Protocol would you utilise in this scenario?
- c. How could disputes about service provision be resolved in this scenario?

#### Possible Responses:

- a. Refer to Practice Guidelines – 4.5 Joint Approach to Assessment; When a CYP has a disability best outcomes are achieved when disability expertise contributes to a joint assessment; the aim of both agencies is to keep the family intact where it is safe and appropriate; assessments of safety, family functioning and of the wellbeing of the CYP are shared responsibilities;
 

Encourage participants to consider how they will involve other agencies including NGO's in assessment e.g. Aboriginal respite service to provide further expertise in relation to working with Aboriginal children and families.
- b. Applying the Principles of the MoU / RP:
  - 3.2 Decisions about CYP covered under this MoU must be child focussed and based on the needs of the child or young person (whether they arise from their disability or child protection issues) rather than determined by availability of resources
  - 3.3 Collaboration between service providers is fundamental to achieving good outcomes for CYP covered under the MoU
  - 3.5 Both agencies respect the values, culture and heritage of Aboriginal and Torres Strait Islander people
- c. Refer to Regional Protocol (component 8) for staff to identify their local, agreed, dispute resolution processes.