

Joint Investigation Response Team (JIRT)

Induction Package



Health



Family &
Community Services
Community Services

Endorsed 4th September 2013 \

The JIRT Induction Package has been designed to be a resource for all staff that are new to the JIRT Program. The material contained within this package has been gathered from the three JIRT agencies, NSW Family and Community Services (CS), NSW Ministry of Health and the NSW Police Force.

The creation of the package has been supported by the JIRT Training Sub-Committee and approved for use by the JIRT Statewide Management Group.

This package is reviewed on a 6-12 monthly basis, with responsibility for this task being rotated between the three agencies, with the lead agency being determined by the Chair for that calendar year.

This document is to be used in conjunction with the procedures and policies relevant to each organisation.

Contents

SECTION 1

Glossary & Acronyms	4
History, Philosophy & Aims of JIRT	6

SECTION 2

Structure & Coordination of JIRT	11
Agency Specific Roles & Responsibilities	13
1. Community Services	13
2. NSW Health	15
3. NSW Police Force	18
4. Senior Administrative Officer JIRT	20

SECTION 3

JIRT Referral Criteria	21
JIRT Process	25
Exchange of Information between Agencies	26
JIRT units Contact Details	27
Health Services for JIRT Clients by JIRT Boundaries	29

Glossary and Acronyms

Term	Description
Caseworker	Community Services employee responsible for working with children, young people and their families, government and non government agencies (includes Child Protection, Out of Home Care and Strengthening Families).
CART	Child Abuse Response Team, as part of CAS (NSW Police)
CAS	Child Abuse Squad (NSW Police)
CDC	Caseworker Development Course
CDP	Caseworker Development Program
CPCS	NSW Health Child Protection Counselling Service also known as PANOC (Physical Abuse & Neglect of Children)
CPEA	Child Protection Enforcement Agency
CPIT	Child Protection Investigation Team
CPU	Child Protection Unit
CRT	Crisis Response Team (Community Services after hours on call)
CS	Community Services (formerly known as Department of Community Services)
CSA	Child Sexual Assault
CSC	Community Services Centre – local Community Services office
CP Helpline	A 24-hour Statewide service for anyone to contact Community Services about the care and protection of children and young people.
CW	Caseworkers (CS)
CWS	Casework Specialist (CS)
DDG	Deputy Director General
DG	Director General
e@gle.i	Electronic Investigation Management
ERISP	Electronic Recorded Interview of Suspected Person
JFSC	JIRT Foundation Skills Course
JIRT	Joint Investigation Response Team
JIRS	Joint Investigation – Rural Strategy (Implemented 1997-2001)
JIT	Joint Investigation Team
JRU	JIRT Referral Unit
KIDS	Key Information and Directory System. It is the Community Services system for keeping records of its clients
LAC	Local Area Command (NSW Police)
LHD	Local Health District
Mandatory Reporter	A person who as part of their work delivers health care, welfare, education, children's services, residential services or law enforcement to children or young people. Mandatory reporters are required under section 27 of the Act to make a report to Community Services if they suspect or have information that a child is at risk of significant harm as detailed under section 23 of the Act.
MC	Manager Casework (CS)
MCS	Manager Client Services (CS)
ODPP	Office of the Director of Public Prosecutions
PINOP	Person in Need of Protection (AVO)
POI	Person of Interest
Report	See Report of Risk of Significant Harm
ROSH	Risk of Significant Harm. A report made to Community Services usually via the Child Protection Helpline to convey a concern about a child or young person who may be at risk of significant harm due to the circumstances outlined in sections 23, 24, 25, 27, 120, 121 and 122 of the Act
SA	Sexual Assault
SAIK	Sexual Assault Investigation Kit

SARA	Safety and Risk Assessment (CS)
SAS	Sexual Assault Service (NSW Health)
SAS1/SAS2	Secondary Assessment Stage 1 & Stage 2 – incorporates various tasks including the NSW Risk of Harm Framework
SHC	Senior Health Clinician (NSW Health)
SITREP	Situation Report (NSW Police)
SMG	Statewide Management Group
SROH	Secondary Risk of Harm (CS)
The Act	Children and Young Persons Care and Protection Act 1998
TL	Team Leader
WAS	Witness Assistant Service (part of the ODPP)

History, Philosophy and Aims of JIRT

History of the Joint Investigation Response Team (JIRT)

1993 Child Protection Interagency Conference held which identified the need for a multi-disciplinary response to investigation and managing child abuse matters. One of the recommendations was the establishment of multi agency investigation teams consisting of Community Services and Police officers. The teams would be co-located to enable a more coordinated response and work collaboratively with other key child protection agencies.

1994 Establishment of 2 co-located Joint Investigation Teams piloted at Bankstown and The Entrance.

1995/6 Evaluation of the Pilot Teams.

The Joint Investigation Team (JIT) Evaluation Report (1996) by Rosemarie Cant & Rick Downie concluded that the overall joint investigation experience for children and their families was positive due to:

- The reduction of emotional trauma to clients – reduced number of interviews, only one contact point for the investigation, appropriate environment for interviews.
- The joint investigation process was more effective – criminal briefs were of a higher standard, a more timely response.
- The JIT approach led to improved levels of cooperation between Community Services and Police.

1996 Child Protection Enforcement Agency (CPEA) commenced (later known as Child Protection & Sex Crimes Squad).

Police and Wood Royal Commission – The Paedophile Enquiry recommended that the JIT model be expanded and made permanent. Services to be established offering a multi-disciplinary response to child abuse matters.

1997 Establishment of 8 permanent Joint Investigation Team (JIT's): Liverpool, Ashfield, Parramatta, Penrith, Wollongong, The Entrance, Newcastle & Kogarah.

Joint Investigation – Rural Strategy (JIRS) was also implemented. This took the form of a non-co-located model, utilising resources in existing rural locations to provide a jointly coordinated response.

1998 Additional Joint Investigation Team added in Chatswood

- *The Evidence (Children) Act 1997* was enacted which enabled the introduction of Electronic Recording of Children's Evidence.

Section 1

History of the Joint Investigation Response Team (JIRT) contd.

- 2000 Audio Recording of Children's Evidence commenced in rural locations, utilising audio cassette recorders.
- 2001 JITS, JIRS and CPITS (Child Protection Investigation Teams) were renamed to JIRT (Joint Investigation Response Teams).
- 2004 First trial of a rural co-located unit commenced in Tamworth.
- 2005 Ashfield JIRT was re located and renamed to Bankstown JIRT. A trial of the co - location of a Health worker at a JIRT office commenced at The Entrance. Further trials have been conducted at several metropolitan and rural sites since.
- 2006 JIRT Review Completed with 18 recommendations made. These are now being rolled out and implemented with a view to:
- Improving JIRT Governance & Response
 - Greater involvement of Health
 - Focus on Aboriginal Community and Culture
- 2008 Based on one of the JIRT Review recommendations; the JIRT Referral Unit (JRU) is trialled. All referrals meeting JIRT criteria are referred to the JRU to determine acceptance into the JIRT program.
- 2009 JRU is permanently implemented.
- NSW Health becomes a full partner in JIRT planning and response.
- Aboriginal Community Engagement plans are implemented. (See next page for further information)
As part of the Safe Families Program, a Senior Health Clinician is placed with the JIRT at Bourke.
- 2010 The addition of a nominated Health worker at JIRTs was welcomed by Community Services and Police, and NSW Health commenced the staged rollout of coverage of Senior Health Clinicians across all JIRT offices.
- 2012 JIRS (Joint Investigation Response Squad) renamed to Child Abuse Squad (CAS)
- The JIRT Foundation Skills Course (JFSC) is piloted and now encompasses participants from all three JIRT agencies

Section 1

Enhanced JIRT services to Aboriginal children and young people

Enhanced access to JIRT services and an improved response to Aboriginal children and young people following reports have been consistent themes of the Aboriginal Child Sexual Assault Taskforce (ACSAT) Report *Breaking the Silence, Creating the Future* (2005), the JIRT Review (November 2006), and the Interagency Plan (2007). It was also reinforced in the *Keep Them Safe* recommendations (2009), and is documented in the *JIRT Aboriginal Community and Culture Project Plan*

The overall aim of the JIRT Aboriginal Community and Culture Project is to improve outcomes for Aboriginal children and young people. Specifically, actions under the project aim to provide appropriate JIRT interventions when JIRT staff are working with Aboriginal children, young people and families.

JIRT initiatives arising from the Aboriginal Community and Culture Project include:

- *Guidelines for developing a Community Engagement Plan with local Aboriginal communities (March 2008)*. To provide an understanding of community engagement and outline the process for developing community engagement plans in partnership with local Aboriginal communities.
- *JIRT Aboriginal Consultation Protocol (December, 2008)*. Guidelines to assist JIRT staff in utilising existing Aboriginal staff from within the three JIRT agencies for consultation on matters concerning Aboriginal children and young people.
- *Safe Families involvement in supporting Aboriginal children and young people from Safe Families Focus Communities (June 2010)*. Formalises Safe Families role in providing support to Aboriginal children and families during or following a JIRT investigation.
- *Enhanced JIRT services to Aboriginal children and young people (Enhanced Services) Memorandum (18 May – updated January 2012)*. Guidelines to support a more flexible assessment by the JIRT Referral Unit of sexual abuse referrals involving Aboriginal children and young people.

Section 1

Philosophy of the Joint Investigation Response Team (JIRT) Program

- Child protection is a community and government responsibility.
- NSW Health, the NSW Police Force, and NSW Community Services (CS) are partners in the JIRT Program.
- A child's safety, welfare and wellbeing is paramount.
- Close links between child protection agencies enhances coordinated and timely service delivery.
- Children, young people and families experience better outcomes as a result of joint investigation and response by JIRT agencies.
- Joint investigation links the risk assessment and protective interventions of Community Services with the criminal investigation of Police and prosecution systems of the Office of the Director of Public Prosecutions (ODPP) as well as the crisis and ongoing therapeutic counselling and medical assessment as provided by Health Services.
- Team work and cooperation is a major component of joint investigation and requires a mutual understanding of the roles of Police, Health and Community Services. Joint investigation enhances the effectiveness of the investigative process and support for families.
- The focus is on the needs of the child and young person so the best possible outcome is achieved.
- Agency staff from the three agencies complete the compulsory JIRT Foundation Skills Course (JFSC). This Course is reviewed and endorsed by the JIRT Statewide Management Group (SMG).
- A joint investigation and response involves a CS Caseworker and a Police Investigator, who are both JIRT trained, investigating a report of serious child abuse where there is a possibility that the alleged abuse constitutes a criminal offence. Liaison with the Senior Health Clinician enhances this response and follows up to ensure that the support needs of the child, young person and family are considered.

Section 1

Aims of the Joint Investigation Response Team (JIRT)

- Provide a timely and comprehensive investigative interview process, which minimises delay and promotes information exchange between the relevant agencies.
- Conduct investigative interviews in environments that are child/young person focused and promotes participation of the child/young person.
- Enhance the standard of briefs of evidence presented to court jurisdictions.
- Proceed with charging offenders.
- Assess the individual needs of children, young people and non-offending family members.
- Ensure timely referrals to counselling services for children, young people and their families.
- Utilise protective intervention to ensure safety of children and young people.
- Ensure timely access to care and support services, throughout the joint investigation process, and beyond.
- Minimise the number of investigative interviews.
- Support the non-offending parent or carer.
- Identify and prosecute offenders.
- JIRTs continue to operate under the direction of the Statewide Management Group comprised of the Senior Executives of NSW Community Services, NSW Police Force, NSW Health and the Office of the Director of Public Prosecutions (ODPP). The SMG meet on a regular basis to oversee all operational aspects of the program.

Section 2

Structure and Coordination of JIRT

Office Locations

In both co-located and non co-located JIRTs, Community Services and Police work jointly to provide a response to children, young people and their families. This includes joint interviews, joint planning, joint debriefing etc.

NSW Health is now co-located with Community Services and Police at a number of JIRTs across the state. In other areas the partnership is managed through consultation, referrals and formal networks such as Local Management Groups. Both Community Services and Police work closely with local Health staff, facilitated by the Senior Health Clinician, to ensure clients get timely access to health services. This includes forensic medical examinations and referrals for counselling.

There are currently 22 JIRT units across NSW, of these 11 are co-located JIRT units and 11 are non co-located.

Co-located

Co-located teams consist of specially trained Managers Casework and Caseworkers from NSW Community Services and Team Leader's and Investigators from the NSW Police Force. These staff work together out of the same office. Many JIRT units also have a Senior Health Clinician located at the same office.

Non Co-located

Non co-located JIRT units utilise a different service model. There are 11 JIRT Police units across the state. These Police have the same role as their counterparts in the co-located JIRT teams, but do not share their office space with Community Service staff or a Senior Health Clinician. The joint response is provided with Community Services through JIRT Managers Casework and specially trained Caseworkers who are based in the Community Services Centres around the state, and a specialist Senior Health Clinician connected to the JIRT unit.

Section 2

JIRT Referral Unit (JRU)

In September 2008 the JRU was established as a central state-wide triage processing site for assessing incoming referrals from the Child Protection Helpline against the JIRT criteria. The JRU is staffed by all three agency partners and the procedure of decision making is conducted jointly by all three partners. Accepted cases are sent to the relevant JIRT units and Health service, rejected matters are sent to local CS CSCs and where appropriate also forwarded to the LAC and Health provider.

JIRT Management

JIRT is jointly managed by NSW Department of Family and Community Services (Community Services), the NSW Police Force and NSW Ministry Health.

JIRT Statewide Management Group (SMG)

Senior representatives of the NSW Police Force (NSWPF), NSW Community Services (CS), NSW Health and the Office of the Director of Public Prosecutions (ODPP) meet bi-monthly to review operational policy and procedure and develop child protection investigation policies.

Local Management Group (LMG)

Joint investigation is co-ordinated locally through a regular interagency meeting. The local management group meet every 2 months and include representatives from NSW Community Services, the NSW Police Force and NSW Health.

The group reviews local operations and addresses local issues including the development of and implementation of policies and procedures. Issues around interagency partnerships are discussed and resolved. Case studies are completed for the purpose of practical improvement.

Policy issues are identified and reports prepared for the SMG. Matters that are not resolved by the LMG are referred to the JIRT SMG.

Statewide JIRT Conference

A regular Conference is held every two years for JIRT staff. The focus of the Conference is to share information, showcase initiatives and achievements and incorporate opportunities for collective learning.

Section 2

Agency Specific Roles and Responsibilities

Community Services

Community Services Caseworker

- Prioritise the safety, welfare and wellbeing of the child/young person and family in all casework.
- Undertake joint investigations and assessments about allegations of child abuse.
- Work in partnership with the NSW Police Force and NSW Health to meet the needs of children, young people and families.
- Participate in joint briefings and debriefings with the CS Manager Casework, the Police Team Leader, the Police Investigator and Senior Health Clinician.
- Develop case plans and interview plans with agency partners and other stakeholders as required.
- Joint interviewing of children/young people.
- Assess the risk and safety of children and young people using the relevant risk assessment guides.
- Gather and document evidence and information and record it as per Community Services Casework Practice.
- Participate in case consultations for matters receiving an ongoing JIRT response by two or more JIRT agencies.
- Maintain records and information on child protection files and KiDS.
- Provide information for and participate in case meetings.
- Facilitate and advocate for the participation of children, young people and families in casework i.e. case meetings, case plans and interviews.
- Prepare assessment reports and court documents (for Children's Court, Criminal Court and Family Law Court) about children, young people and their families.
- Provide statements to Police.
- Attend Court (Children's Court and Criminal Court).
- Liaise with the CSCs and other agencies and stakeholders to discuss continuity of the delivery of care and support services.

Section 2

Community Services

Community Services Manager Casework

- Prioritise the safety, welfare and wellbeing of the child/young person and family in all casework.
- Work in partnership with the NSW Police Force and NSW Health to meet the needs of children, young people and families.
- Undertake joint investigations and assessments about allegations of child abuse.
- Conduct joint briefings and debriefings with CS caseworker, Police Team Leader, the Police Investigator and Senior Health Clinician.
- Interview children/young people, family members and offenders when required.
- Ensure delivery of ongoing care and support services to the child/young person through consultation with the CSCs as required.
- Participate in case consultations for matters receiving an ongoing JIRT response by two or more JIRT agencies.
- Conduct Case Reviews with staff.
- Chair CS case meetings and approve and review written case plans/interview plans.
- Prepare Community Services and Ministerial correspondence as required.
- Review relevant administrative and financial systems including KiDS records for child/young person.
- Prepare Client Critical Incident Briefings as required.
- Participate in dispute resolution procedures if required.
- Refer to Community Services Casework Practice for roles and responsibilities of Managers Casework and working with community partners.
- Conduct LPR Briefings and LPR Debriefings.
- Participate in Local Management Group and provide secretariat function as required.
- Manage administration of the office with the Police Team Leader.
- Supervise the JIRT Senior Administration Officer.
- Provide professional supervision to Community Services CW.
- Attend Court (Children's Court and Criminal Court).

Section 2

Agency Specific Roles and Responsibilities

NSW Health

Senior Health Clinician

- Promote the safety, welfare and wellbeing of the child, young person and family by
 - working in partnership with the NSW Police Force and NSW Community Services (CS) to meet the needs of children, young people and families.
 - represent Health in the Local Planning and Response meetings (LPRs) with JIRT partners.
 - liaise with on- call crisis services for after hours medical and counselling advice and service.
 - facilitate access to Local Health District information on children referred to JIRT and sharing of information with JIRT interagency partners.
 - develop Safety, Welfare and Wellbeing Summaries (SWWS) and interview plan with interagency JIRT partners.
 - build rapport and assisting non-offending parents/carers of children and young people referred to JIRT.
 - orientate and working with appropriate support people as required.
 - facilitate referrals to Health and other services as agreed in the SWWS.
 - participate in debriefing processes with JIRT partners, to share information that may have an impact on case planning and future intervention for the child, young person and family.
 - participate in case consultations for matters receiving an ongoing JIRT response by two or more JIRT agencies.
 - participate in dispute resolution procedures, if required.
 - participate in the Local Management Group and providing secretariat function as required.
- Develop, implement, monitor and evaluate community engagement plans in partnership with local Aboriginal communities to improve outcomes for Aboriginal children and young people.
- Provide timely, high level advice on strategic, policy and operational health issues to children and young people who have experienced sexual assault, physical abuse and neglect and their non offending family members in relation to JIRT.
- Convene and where appropriate chairing interagency working groups or forums relevant to children and young people who have experienced sexual assault, physical abuse and neglect and their non offending family members in relation to JIRT.
- Liaise and negotiate with other agencies including Department of Family and Community Services and the NSW Police, and other key stakeholders on issues relating to children and young people who have experienced sexual assault, physical abuse and neglect and their non offending family members;
- Adhere to the Charter of Victims Rights.

Section 2

NSW Health

NSW Health Services

NSW Health delivers a variety of specialist services to children, young people and their families when abuse has occurred. This response to children, young people and families after abuse has occurred is extremely important. Early intervention following a disclosure of sexual assault aids in reducing the short and long term effects of trauma and associated problems such as mental health issues and substance abuse.

The support that NSW Health Services provide to the family also helps to prevent denial or minimisation of the abuse which often occurs following disclosure, and so helps to protect the family at a time when they are vulnerable.

It is important that contact with the non-offending family is made promptly after a referral is received from the JIRT Referral Unit (JRU). The Senior Health Clinician (SHC) attached to each JIRT office can provide information on services provided locally, and facilitate access. This may include advice about which Health service is most appropriate, and information about any local non government organisations that provide relevant support services. SHCs enhance the JIRT response in a variety of ways and participate throughout the JIRT process as an equal partner. The roles and responsibilities documents attached provide more information about the ways that Senior Health Clinicians and other specialist Health workers respond to the child protection and therapeutic needs of children, young people and families.

An overview of the NSW Health Services that respond to children, young people and families after abuse has occurred is as follows:

Sexual Assault Services (SASs)

There is a network of 55 NSW Health Sexual Assault Services delivered by Local Health Districts throughout NSW. SASs provide onsite and outreach crisis and ongoing counselling, medical and forensic services, and support including court support to adult and child victims of sexual assault and non-offending family members. NSW Health Sexual Assault Services also participate in, and conduct, a range of activities in response to sexual assault including advocacy; community development; education and awareness raising; prevention; and professional training and consultation.

Child Protection Units (CPUs)

There are 3 Child Protection Units (CPU) which provide crisis and ongoing counselling, medical and forensic services and support to children and young people who are victims of sexual and physical abuse and neglect and their parents or carers. These services are located in the Children's Hospital Westmead, John Hunter Hospital (Newcastle) and Sydney Children's Hospital (Randwick).

CPUs also provide consultation on child protection health issues.

Section 2

Child Protection Counselling Services (CPCSs)

There is a network of 17 NSW Health Child Protection Counselling Services (CPCS) delivered by Local Health Districts. Child Protection Counselling Services (also known as Physical Abuse and Neglect of Children or PANOC Services) provide specialist counselling and casework services to children and young people and their families where physical abuse, emotional abuse, neglect or exposure to domestic violence has occurred within the family and has been substantiated by Community Services and/or the Joint Investigation Response Team. The aim is to work towards safety and healing for the child or young person, whether this occurs in the family home or in out of home care. Some children receiving services from a CPCS may also have experienced sexual assault in the context of other abuse.

Referrals for children, young people and their families to specialist CPCS can only be made by the Community Services or Joint Investigation Response Teams. Where appropriate, referrals can also be accepted from the Children's Court. Generally CPCSs offer medium to long term, rather than crisis interventions.

CPCS also provide consultation and support for workers on child protection issues and concerns, as well as education and training about child protection issues.

Section 2

Agency Specific Roles and Responsibilities

NSW Police Force

Police Officer

- Prioritise the safety, welfare and wellbeing of the child/young person.
- Work in partnership with NSW Community Services and NSW Health to meet the needs of children, young people and families.
- Undertake investigations jointly into reports of child abuse with CS and NSW Health, where criminal offences are detected.
- Participate in joint briefings and debriefings with the Police Team Leader, CS Manager Casework and Senior Health Clinician.
- Develop interview plans with agency partners for interviewing children.
- Joint interviewing of children/young people with CS.
- Conduct criminal investigations including the collection of physical evidence, obtaining formal statements from witnesses and interview of suspects.
- Initiate appropriate criminal proceedings.
- Protect the child and non offending parent by application for AVOs when necessary.
- Prepare briefs of evidence.
- Provide an on-call response to urgent child protection matters out of hours on a rotational basis.
- Provide information for case meetings as required.
- Maintain COPS, Case Management and E@gle.i information management systems.
- Maintain JIRT Database system entries.
- Participate in local level dispute resolution procedures if required.
- Participate in Local Management Group meetings as required.
- Uphold the Service Code of Conduct and Ethics, and appropriate anti-corruption plans.
- Adhere to the Charter of Victim's Rights.

Section 2

NSW Police Force

Police Team Leader

- Assess and allocate referrals from the JIRT Referral Unit for criminal investigation.
- Work in partnership with NSW Community Services and NSW Health to meet the needs of children, young people and families.
- Coordinate Police only responses and provide advice to Local Area Commands as required.
- Undertake joint briefing and debriefing with Police, CS and Health staff.
- Joint interviewing of children/young people with NSW CS as required.
- Conduct criminal investigations including the collection of physical evidence, obtaining formal statements from witnesses and interview of suspects.
- Oversee criminal investigations conducted by staff.
- Conduct case reviews with staff members.
- Responsible for brief handling within the team.
- Coordinate the local after hours Police response.
- Ensure sitrep, briefing notes, operational orders are completed in a timely manner.
- Prepare Service and Ministerial responses as required.
- Coordinate and be responsible for relevant administration and financial systems including Police rosters, annual leave, duty books/notebooks/diaries, overtime, CMF and COPS, Case Management and E@gle.i information system.
- Conduct monthly team meetings.
- Attend bi-monthly Local management group meetings.
- Participate in case consultations for matters receiving ongoing JIRT response by two or more JIRT agencies.
- Attend case meetings as required.
- Monitor staff workload and any welfare issues that arise.
- Conduct CMS with staff.
- Uphold the Service Code of Conduct and Ethics, and anti-corruption strategies.
- Adhere to the Charter of Victim's Rights.

Section 2

Senior Administrative Officer, JIRT

The administrative officer position is located in a co-located Joint Investigation Response Team. Each JIRT comprises of Caseworkers, Manager Casework, Senior Health Clinicians, Police Team Leader (rank of Sergeant) and NSW Police Officers ranging in rank from Constable to Detective Senior Constable.

The position holder will work as a member of the team and will ensure the delivery of administrative and clerical services to Police, Community Services and Health colleagues, and maintain a range of administrative systems for this Team.

Key responsibilities

- Provide a range of administrative & clerical services within the JIRT unit that contribute to the efficient and effective operation and the delivery of services to clients.
- Maintain databases, prepare and reconcile accounts for payment and produce records that contribute to the maintenance of the Financial Management System.
- Provide customer service by answering reception inquiries, answering incoming telephone calls and referring calls to the appropriate source, screening calls, providing information and referring inquiries to contribute to the office's effectiveness in communication and responsiveness to customers.
- Prepare appropriate correspondence, as required.
- Maintain records of motor vehicle fleet usage within the JIRT Office; ensure all office returns, repairs and disposals occur as required to contribute to the effective administration of the vehicle fleet.
- Maintain filing systems, and ensure the accurate and safe storage of information, including records and registers of mail and ministerial correspondence, distributing mail, maintaining records and reporting on this information in a timely and accurate manner.
- Monitor, order and distribute stores for the JIRT office, maintain records of orders, costing and contracts.
- Adhere to EEO policies and programs and maintain a central focus for the office in matters relating to WH&S.
- Adhere to administrative systems in accordance with standard Departmental and NSW Police Force procedures, guidelines and schedules.
- Adhere to NSW CS, NSW Police Force Codes of Conduct & Ethics.

The Senior Administrative Officer, JIRT is also responsible for adhering to the JIRT Administration Operating Guidelines.

http://docsonline.dcs.gov.au/docsintwr/assets/main/document/jirt/jirt_adminopsguidelines.pdf

Part-time Senior Administration Officers also work in most non co-located Community Services JIRT offices and provide administrative support for Community Services staff and co-located Health Staff.

JIRT Referral Criteria

Joint Investigation Response Team (JIRT) criteria

Physical abuse criteria

Physical abuse criteria are referred to JIRT where they involve:

Severe or serious physical injury / injuries (for guidance, refer to the *JIRT injury guide table*) to a child or young person that:

- Are caused by another person 10 years or over, and
- Are suspicious and/or
- Deliberate and/or
- Are inconsistent with the explanations provided

The presence of one or more of the injuries / indicators from the *JIRT injury guide table* does not automatically denote a referral to JIRT. When making a determination about whether or not a matter is appropriate for JIRT referral, you must consider the level of severity of the injuries / indicators presented.

Sexual abuse

Sexual abuse is any sexual threat imposed on a child or young person. Adults, adolescents or older children, who sexually abuse children or young people, exploit their dependency and immaturity, coercion that may be physical or psychological is intrinsic to child sexual abuse and differentiates child sexual abuse from consensual peer sexual activity.¹

Referral criteria for sexual abuse reports:

- Disclosure and/or evidence of sexual assault.
- Any reports of sexual abuse of a child under the age of 18 years where the alleged offender is over the age of criminal responsibility i.e. 10 years.
- Presentation of physical indicators consistent with sexual abuse e.g. venereal diseases, pregnancy, unexplained bruising on or bleeding from genitals, presence of semen on child, unexplained bruises to breast, and
- The CSC will assess reports of sexualised behaviour and allegations where offenders are 10 years and under.

Neglect

Neglect is the failure to provide the basic physical and emotional necessities of life. Neglect may be an ongoing situation and can be caused by a repeated failure to meet the child or young person's basic physical and psychological needs.²

Referral criteria for neglect reports:

- Extreme neglect resulting in physical harm e.g. burns from nappy rash
- Malnutrition and/or dehydration from withholding of food and fluids.

¹ Definition: Interagency Guidelines for Child Protection Intervention, Commission for Children and Young People, NSW 2000.

² Definition: Interagency Guidelines for Child Protection Intervention, Commission for Children and Young People, NSW 2000.



JIRT Referral Criteria

JIRT injury guide table

Indicators and markers

- bruising or tiny multiple haemorrhages (petechiae), abrasions / lacerations / incisions, particularly to a child's face, neck, ears or scalp, or any other body part, in a child not able to walk or pull itself to standing position.
- pattern bruising such as slap marks, belt marks, bite marks, marks made with a looped cord or other object marks, on any child/young person
- multiple bruises on any child/young person
- number of bruises which are of different ages on any child/young person
- bruising in unusual locations, e.g. the back, buttocks or genitals abdomen

(NB: Bruises of different ages may demonstrate a history of injuries)

- bruising, abrasion or laceration of the scalp
 - skull fracture
 - intracranial injury:
 - subdural haemorrhage
 - subarachnoid haemorrhage
 - brain injury including swelling or bleeding into brain
 - retinal haemorrhages (indicated by bleeding in the eye)
- (NB: Intracranial injuries may indicate what is referred to as "Shaken Baby Syndrome")*

- any fracture in a child not able to pull to a standing position and/or not walking
- any unexplained fracture
- multiple fractures of varying ages

- contact burns
- scalds, including immersion in hot liquid

- any injury to the following organs:
 - liver; pancreas, spleen; kidney/bladder; adrenals; bowel; heart; lung
- immersion injuries, e.g. drowning in bath
- suffocation and recurrent apnoea
- strangulation
- ingestion of poisons / substances / medications
- female genital mutilation



Family &
Community Services
Community Services



Health



Section 3

JIRT Referral Criteria

Referrals for joint investigation

The *Children and Young Person's (Care and Protection) Act 1998* sets out the grounds for reporting suspected risk of harm regarding a child or young person. Joint Investigation by a Community Services Caseworker (CW) and Police Officer occurs when there is a possibility that the abuse constitutes a criminal offence.

The Child Protection Helpline normally makes referrals to JIRT; however, re-referrals may also be made by Community Services Centres (CSC).

The physical abuse criteria is used to determine which cases should properly be referred to JIRT. Appropriate referrals maximise the effectiveness and efficiency of JIRT work and can ultimately result in better child protection outcomes.

Determination of JIRT referrals

The JIRT Referral Unit (JRU) is a co located interagency team comprising senior representatives and staff from CS, NSW Police and NSW Health. The unit is equipped with a decision making team comprising of senior representatives from each JIRT agency with the expertise to review, assess and determine the suitability of referrals for entry into the NSW JIRT program.

Critical to the successful operation of the JRU is the co-location of JIRT agencies to review, share information and assess referrals against JIRT criteria for accept/ reject decision making. Matters accepted for a JIRT response are referred to the covering JIRT unit to receive a coordinated response by the three JIRT agencies. Rejected matters are referred to the covering Community Services Centre (CSC), Area Health Service and/or Local Area Command (LAC) for a response. Additional information, the decision and rationale for the decision is clearly documented for each referral to the JRU.

Referrals received after hours are coordinated by the CS Helpline and on-call JIRT police and are transferred to the JRU the next working day along with any additional information on a completed CS After-Hours response for formal acceptance into the program.

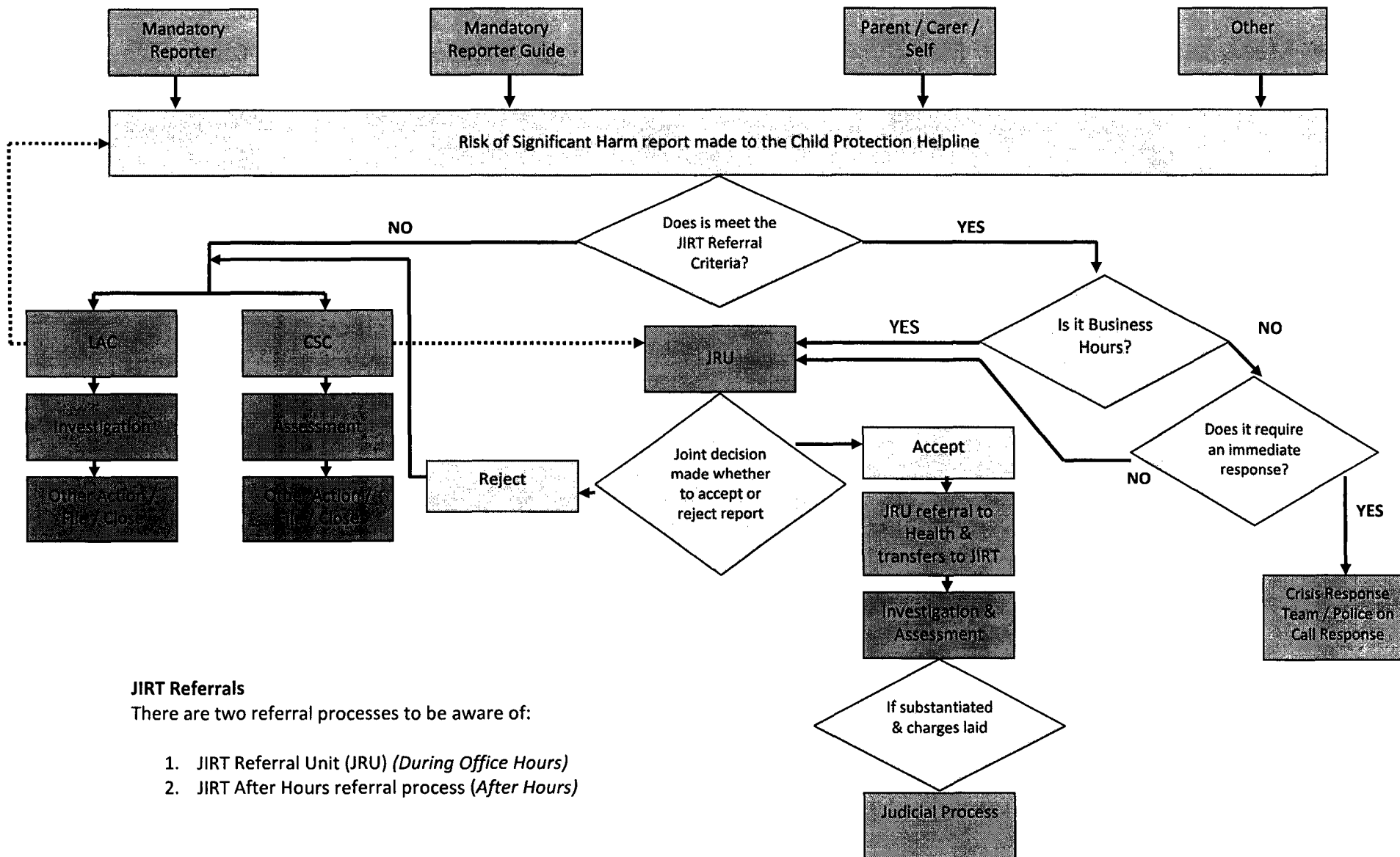
The purpose of the JRU is to:

1. Improve outcomes for clients with the sharing and recording of tri-agency information to inform JIRT decision making.
2. Improve operational consistency in the application of acceptance criteria for JIRT referrals.
3. Enhance local JIRT units' capacity to implement the JIRT response procedures.
4. Assist CS' CSC, Police and Health to determine further action required for rejected work.
5. Improve CS' capacity for reporting on various data relating to JIRT referrals.



JIRT Referral Process

Section 3



JIRT Referrals

There are two referral processes to be aware of:

1. JIRT Referral Unit (IRU) *(During Office Hours)*
2. JIRT After Hours referral process *(After Hours)*

Section 3

JIRT Process

JIRT Police On Call Response

The Child Abuse Squad (CAS) is responsible for providing the Police response to child protection in NSW. This response is on a 24/7 basis with CAS and every JIRT office rostering one officer to perform on call duties.

CAS allocates a senior officer (Zone Coordinator or Zone Manager) who performs on call duties by way of providing managerial response to on call inquiries. This officer provides technical and operational advice to the On Call CAS Police Officer and where necessary implements tactical options and deployment of additional resources.

Each CAS office allocates an officer who possesses the skills and knowledge necessary to be able to respond to an on call inquiry. This may be in the form of verbal advice or attending a call out situation pertaining to their JIRT area.

The following is the current on call process for CAS Police:

1. On call duties occur between the hours of 5pm to 7am weekdays and 24 hours on weekends and public holidays.
2. The CAS Police officer is supplied with an on call mobile telephone and vehicle from their JIRT office.
3. Generally the on call CAS Police officer will respond to an on call inquiry from the Crisis Response Team (CRT) based at the NSW Community Services Child Protection Helpline.
4. On these occasions the officer is to assess the information provided and decide if a call out response is required. The level of response is assessed in line with the current JIRT criteria.
5. The on call CAS officer is to contact the on call CAS Coordinator/Manager if they require assistance in the decision making process of their response to the on call inquiry or if further resources are required.
6. On all occasions where a CAS Police officer intends to respond to an after hours inquiry, the CAS on-call Manager/Coordinator will approve the response and the State Crime Command On Call Response Assessment Form, must be completed and emailed to the Commander CAS by 8am the following business day.
7. The Child Protection Helpline will refer all After Hours JIRT responses to the JRU to determine formal acceptance into the JIRT Program the following business day.

Section 3

Exchange of Information between Agencies

Exchange of information is governed by legislation and agency policy and procedure. As equal partners, exchange of information between agencies is an essential component of working to protect children. Consultation with your manager is essential in the first instance.

Exchange of information between NSW Police Force, NSW Family and Community Services and NSW Health

The Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009 inserts new information sharing provisions, *Chapter 16A*, into the *Children and Young Persons (Care and Protection) Act 1998*. The NSW Police Force, NSW Health, NSW Community Services and other prescribed bodies are able to exchange information under Chapter 16A.

Information exchanged under *Section 248* or *Chapter 16A* should occur in a timely manner. Exchange of information under *Chapter 16A* can occur either verbally or in writing depending on the circumstances.

The Auspice of JIRT allows for JIRT agencies to share information held jointly by the three agencies. On the basis that information is jointly owned, no authority is required to permit the NSW Police Force, NSW Ministry of Health or NSW CS to access the information.

Please note, the identity of the reporter cannot be disclosed to anyone without the reporter's consent, or unless directed by a magistrate or judge during a court proceeding, under section 29 of the *Children and Young Persons (Care and Protection) Act 1998*

For further information about the guidelines for exchange of information please refer to the '*Child Wellbeing & Child Protection – NSW Interagency Guidelines*' at the following address:

http://www.community.nsw.gov.au/kts/guidelines/info_exchange/info_index.htm

This website contains the following useful forms.

- Letter for providing information under *Chapter 16A*
- Checklist for providing information or responding to *Chapter 16A* information request
- Letter requesting information under *Chapter 16A*
- Checklist for requesting information under Chapter 16A
- Letter agreeing to a *Chapter 16A* request
- Letter declining a *Chapter 16A* request
- Checklist for receiving information under Chapter 16A

Reminder: JIRT agency partners can exchange information verbally if it relates to the safety, welfare or wellbeing of a child or young person.

Forms to be used by NSW Community Services staff in relation to exchange of information can be accessed from the following site.

<http://docsonline.dcs.gov.au/risk-assessment-and-intervention/forms--risk-assessment-and-intervention.html>

Joint Investigation Response Team Offices 5.09.2012

OFFICE	PHONE	FAX	STREET ADDRESS	POSTAL ADDRESS	DX	CSCS SERVICED
--------	-------	-----	----------------	----------------	----	---------------

NSW Health Sexual Assault Services for JIRT clients by JIRT Boundaries

Co-located JIRTs	LAC	CSCs	Health Services	Business Hours	After Hours	Additional Comments
------------------	-----	------	-----------------	----------------	-------------	---------------------

Co-located JIRTs	LAC	CSCs	Health Services	Business Hours	After Hours	Additional Comments
---------------------	-----	------	-----------------	-------------------	-------------	---------------------

Go-located JIRTs	LAC	CSOs	Health Services	Business Hours	After Hours	Additional Comments
---------------------	-----	------	-----------------	-------------------	-------------	---------------------

JIRTS	Business Hours	Business Hours	Additional Comments
-------	----------------	----------------	---------------------

JRTs	Number of JRTs	SOS	Health Services	Business Hours	After hours	Additional comments
------	----------------	-----	-----------------	----------------	-------------	---------------------