

NSW HEALTH

Human Services
Community Services

JIRT Program

Local Planning & Response (LPR) Procedures

—MRM—

CONTEXT

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

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

Overview of Local Planning and Response

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

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

Key Principles

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

Joint Planning aims to

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

2 BUSINESS RULES

1. A Local Planning and Response (LPR) Briefing and Debriefing Meeting is held for every accepted referral
2. The response is planned jointly by the three agencies irrespective of which agency, or combination of agencies, is responsible for actioning the plan
3. Consultation between the JIRT partner agencies must occur prior to contact with the child, young person or their non-offending parent/s or carer/s
4. The three JIRT agencies will be represented at each LPR Briefing and Debriefing Meeting
5. All LPR decisions are made jointly by JIRT agency managers
6. Where agreement about the plan for intervention or future case planning cannot be reached by the agencies, the agency initiating the dispute will escalate the matter to their line manager for resolution, in consultation with their agency counterparts, within the required response timeframes.
7. The three agencies will share information relevant to the safety, welfare and wellbeing of a child without a *s248 request for information*

3 ACRONYMS

AC	Assessment Consultation Record	MCW	CS JIRT Manager Casework
AHS	Area Health Service	PAC	Pre Assessment Consultation Record
AVO	Apprehended Violence Order	SAS	Sexual Assault Service
COPS	Computerised Operational Policing System	SAS1	Secondary Assessment Stage 1 Record
CPCS	Child Protection Counselling Service	SROH	Secondary Risk of Harm Assessment
CW	CS JIRT Caseworker	SAS2	Secondary Assessment Stage 2 Record
CW	CS JIRT Caseworker	SWWS	Safety Welfare and Wellbeing Summary
CS	Community Services	S248	Section 248 Request for Information
JRU	JIRT Referral Unit	TL	Police JIRT Team Leader
KIDS	Key Information and Directory System		
LPR	Local Planning and Response		

GOVERNANCE

AGENCY REPRESENTATION AT BRIEFING AND DEBRIEFING MEETINGS

- Agency attendees will be at a minimum¹

Police	Team Leader, Allocated Investigator
CS	Manager Casework, Allocated Caseworker
Health	JIRT Senior Health Clinician or delegated Health representative. If appropriate, the Clinician will also participate in meetings. The Senior Health Clinician will have knowledge of local Child Protection Counselling Services and Sexual Assault Services and must be able to access a medical expert if required. Health will make the decision as to whether a Medical Practitioner (where possible a Paediatrician) is required to participate and if so make arrangements for their participation.

- Additional attendees

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

CHAIR AGENCY

- The *Chair Agency* role is rotated annually between three JIRT agencies and mirrors the Statewide Management Group secretariat agency.
- The *Chair Agency* is responsible for convening and chairing Briefing and Debriefing Meetings.
- The *Chair Agency* is responsible for ensuring that *Briefing meetings* are scheduled to enable the response to occur within the required time frames: within 24 hours, 72 hours or 10 days.
- In the event that the chairperson is not available to attend a Briefing or Debriefing Meeting, the *Chair Agency* will ensure that there is a robust backup plan so that the chairperson's absence does not jeopardise the timeliness of the response.

¹ There will be a small number of referrals where Briefings may occur prior to agency case allocation. In these instances, the Briefing Meeting will proceed as planned and the allocated Caseworker/Investigator/delegated health representative will be briefed by their Managers following case allocation.

MINUTE TAKING

- Responsibility for minuting Briefing Meetings is determined on a case by case basis.
- The agency allocated this task at the Briefing Meeting will also minute the Debriefing Meeting.
- The minuting agency is responsible for ensuring an accurate summary of the meeting is recorded on the appropriate template and electronically circulated to each agency within one business day of the meeting.

BRIEFING AND DEBRIEFING MEETING SCHEDULE

- *Briefing and Debriefing Meetings* may be held by phone or face to face.
- The *Chair Agency* may arrange a permanent tele conference booking number to facilitate ease of conference calling.
- The *Chair Agency*, in consultation with the JIRT partner agencies, will establish a regular meeting schedule for Briefing and Debriefing Meetings.
- Only urgent matters, will require a Briefing Meeting outside planned meeting times.
- The *Chair Agency* is responsible for convening urgent Briefing Meetings outside planned meeting times.

1 Accepted Referrals		
<ul style="list-style-type: none"> • Matters accepted for a JIRT intervention are transferred to the JIRT unit by the JIRT Referral Unit (JRU). • The JRU will advise the JIRT unit by phone of any urgent matters that require a < than 24 hour response • Briefing Meetings must be scheduled to ensure that the field response occurs within the <i>Required Response Time</i> allocated at the Helpline or the JRU: <ul style="list-style-type: none"> • within 24 hours • within 72 hours • within 10 days 		
CS	POLICE	
<ul style="list-style-type: none"> • Accepted JIRT matters are transferred by CS JRU to the owning JIRT unit on KIDS • The JIRT Manager Casework (MCW) <ul style="list-style-type: none"> ➤ Routinely monitors KIDS for incoming accepted JIRT referrals. 	<ul style="list-style-type: none"> • Accepted JIRT matters are transferred by Police JRU to the owning JIRT unit on COPS and the JIRT Database. • The Police Team Leader (TL) <ul style="list-style-type: none"> ➤ Routinely monitors COPS and the JIRT Database for incoming accepted JIRT referrals. 	<ul style="list-style-type: none"> • Accepted JIRT matters are faxed or e-mailed by Health JRU to the Senior Health Clinician or delegate. • The Senior Health Clinician (SHC) / delegate <ul style="list-style-type: none"> ➤ Routinely monitors incoming faxes and e-mails for accepted JIRT referrals.

2 Determine Pre Briefing Meeting contact with child, young person and/or non-offending carer/s		
<ul style="list-style-type: none"> • The JIRT agencies <u>must consult</u> prior to any contact with the child, young person and/or non-offending carer/s • The purpose of consultation is to: <ul style="list-style-type: none"> ◆ determine if immediate contact with the child, young person and/or non-offending carer/s is required ◆ allocate responsibility for the contact ◆ identify the supports that may be available for child, young person and/or non-offending carer/s 		
CS	POLICE	
<ul style="list-style-type: none"> • The Manager Casework (MCW) <ul style="list-style-type: none"> ➤ Reviews the accepted Plan on KIDS 	<ul style="list-style-type: none"> • The Police Team Leader (TL) <ul style="list-style-type: none"> ➤ Reviews the accepted job on COPS and the JIRT Database 	<ul style="list-style-type: none"> • The Senior Health Clinician (SHC) / delegate <ul style="list-style-type: none"> ➤ Reviews the JRU Health referral ➤ Identifies the nature and availability of immediate supports that may be offered to the child, young person and/or non-offending carer/s
<ul style="list-style-type: none"> • Collectively, the TL, MCW and SHC/ delegate determine <ul style="list-style-type: none"> ➤ Who will be contacted ➤ By whom and when ➤ What information will be provided to the child, young person and/or non-offending carer/s 		

3 Information Gathering		
<ul style="list-style-type: none"> • On receipt of accepted reports, each JIRT agency will gather relevant agency information to share with agencies at the Briefing Meeting. • Information gathered by each agency is recorded on the Additional Information (Form 1) template and electronically forwarded to the partner agencies prior to the Briefing Meeting. 		
CS	POLICE	
<ul style="list-style-type: none"> • The Manager Casework (MCW) allocates the <i>Plan</i> to the Caseworker² • The Caseworker (CW) <ul style="list-style-type: none"> ➢ Gathers additional information which may include: <ul style="list-style-type: none"> ○ Relevant child protection history relating to the child, young person or other persons identified in the report ○ specific community information (this is especially important for indigenous communities) ○ other local information (eg. worker safety issues) ○ current issues for the child and/or family if there is an open Plan at a CSC ○ if there is an open Plan at the CSC, contact details of allocated caseworker/MCW 	<ul style="list-style-type: none"> • The Team Leader allocates the <i>Job</i> to an Investigator • The Investigator <ul style="list-style-type: none"> ➢ Reviews COPS and the Police JIRT Database and gathers information that is relevant to the safety, welfare and wellbeing of the child or young person. This may include relevant history regarding the: <ul style="list-style-type: none"> ○ child, young person, and non-offending carer/s ○ alleged perpetrator ○ known associates of the child, young person and non-offending carer/s ○ known associates of the alleged perpetrator 	<ul style="list-style-type: none"> • The Senior Health Clinician / delegate <ul style="list-style-type: none"> ➢ Undertakes reasonable steps to locate and provide relevant information held by Health starting with the local AHS, based on the indicators / information in the current and previous reports to CS (eg. Mental health or Drug and Alcohol issues). ➢ The information may include details of Health involvement with the family and/or others in the report relevant to the safety, welfare and wellbeing of the child or young person. ➢ Access a Medical Practitioner (where possible a Paediatrician) to provide medical advice to the Briefing Meeting if required.

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

4 Information Recording and Sharing

- As equal partners in the JIRT Program, the three agencies can share information relevant to the safety, welfare and wellbeing of a child or young person without a s248 request for information.
- Each agency is responsible for gathering, recording and sharing information relevant to the safety, welfare and wellbeing of a child or young person in a timely manner.
- Each agency will record any additional information gathered on the Additional Information (Form 1) template and electronically forwarded to the partner agencies prior to the Briefing Meeting for consideration at the meeting.
- Where written information cannot be provided prior to the Briefing Meeting, the agency/ies must provide electronically to the minute taker within one business day of the meeting.

CS	POLICE	
<ul style="list-style-type: none"> • The Manager Casework (MCW) ensures that <ul style="list-style-type: none"> ➢ relevant information is recorded on Form 1: CS <i>Additional Information</i> ➢ the information is electronically forwarded to the TL and SHC/ delegate prior to the Briefing Meeting • Where written information cannot be provided prior to the Briefing Meeting, the MCW will ensure that the information is electronically forwarded to the Minute Taker within one business day of the meeting. 	<ul style="list-style-type: none"> • The Team Leader (TL) ensures that <ul style="list-style-type: none"> ➢ relevant information is recorded on Form 1: Police <i>Additional Information</i> ➢ the information is electronically forwarded to the MCW and SHC/ delegate prior to the Briefing Meeting • Where written information cannot be provided prior to the Briefing Meeting, the TL will ensure that the information is electronically forwarded to the Minute Taker within one business day of the meeting. 	<ul style="list-style-type: none"> • The Senior Health Clinician (SHC)/ delegate ensures that <ul style="list-style-type: none"> ➢ relevant information is recorded on Form 1: Health <i>Additional Information</i> template ➢ the information is forwarded electronically to the MCW and TL prior to the Briefing Meeting Where written information cannot be provided prior to the Briefing Meeting, the SHC/ delegate will ensure that the information is electronically forwarded to the Minute Taker within one business day of the meeting.

5 Local Planning & Response Briefing Meeting – Attendance, Agenda, Recording		
<ul style="list-style-type: none"> The purpose of the Local Planning & Response Briefing Meeting (Briefing Meeting) is to share relevant reasonably accessible agency information to inform the development of the investigation plan. The plan comprises details of the referral, worker safety and cultural considerations, the Safety Welfare and Wellbeing Summary, Agency Administrative Tasks and the Debriefing Date. 		
CS	POLICE	
Briefing Meetings are attended by <ul style="list-style-type: none"> the Manager Casework and the allocated Caseworker 	Briefing meetings are attended by <ul style="list-style-type: none"> the Team Leader and the allocated Investigator 	Briefing meetings are attended by <ul style="list-style-type: none"> the Senior Health Clinician / delegated Health representative the allocated Clinician where appropriate the Senior Health Clinician / delegate must be able to access a Medical Practitioner (where possible a Paediatrician) to participate in the Briefing meeting where appropriate Health staff may attend the Briefing Meeting in person or via telephone as appropriate
Additional Attendees <ul style="list-style-type: none"> The need for additional participants is determined on a case by case basis. 		
Agenda <ul style="list-style-type: none"> The Briefing Meeting agenda follows the Local Planning & Response Meeting Briefing Template (Form 2). 		
Recording and Circulation of Minutes <ul style="list-style-type: none"> The Briefing Meeting minutes are recorded by the allocated minute taker on Form 2. 		

- The Minute Taker will attach the Additional Information provided by the agencies to the Minutes and electronically forward to the MCW, TL and SHC/ delegate within one business day of the Briefing Meeting.
- There will be a small number of occasions where circulation of minutes is delayed pending receipt of written agency information. These situations need to be monitored closely by the MCW, TL and SHC / delegate to ensure that they do not impact on the timeliness of the response.
- Any requested changes to the Briefing record must be requested in writing to the minute taker within 24 hours of being circulated.
- Any agreed amendments to the record must then be recirculated within 24 hours of the request.
- A copy of the Briefing record will be attached to the JIRT file for each case in co-located JIRT units.
- All agencies are required to meet their normal record keeping requirements.

5 LPR Briefing Meeting – Safety Welfare and Wellbeing Summary

- The Safety Welfare and Wellbeing Summary (SWWS) is part of the Briefing Template (Form 2) and is completed during the Briefing Meeting.
- It identifies risks, and actions to build safety for the child and young person and is a summary of the agreed issues, tasks, responsibilities and time frames for the JIRT response.
- The SWWS is completed for each referral and updated at the Debriefing and, where appropriate, Case Meeting/s.
- Allocation of responsibility for developing, reviewing and approving the Interview Plan (Form 3) is a compulsory component of the SWWS.

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

5 LPR Briefing Meeting – SWWS: Interview Planning	
<ul style="list-style-type: none"> • An Interview Plan, using the JIRT Interview Plan Template (Form 3) must be developed prior to interviewing a child or young person. • Lead interviewer responsibility is determined during the Briefing Meeting. This role may be assigned to either the allocated Caseworker or Investigator. • The Interview Plan is developed by the lead interviewer and the secondary interviewer. • The lead interviewer and secondary interviewer will meet to jointly contribute to the development of the interview plan. • The lead interviewer's line manager is responsible for reviewing and approving the Interview Plan prior to the interview. 	
CS	POLICE
<ul style="list-style-type: none"> • The lead interviewer <ul style="list-style-type: none"> ➢ Leads development of the Interview Plan by the agreed date ➢ Records the Interview Plan on the JIRT Interview Plan Template (Form 3) ➢ Submits the Interview to his/her supervisor for approval ➢ Provides the secondary interviewer with an electronic copy of the endorsed of the Interview Plan prior to the interview ➢ Attaches a hard copy of the Interview Plan to the Debriefing Template (Form 4) • The secondary interviewer <ul style="list-style-type: none"> ➢ Contributes to the development of the Interview Plan by the agreed date ➢ Supports the Investigator during the interview as per the endorsed Interview Plan 	

6 LPR Debriefing - Information Sharing		
<ul style="list-style-type: none"> As with information shared during the <i>Briefing</i> process, the <i>Debriefing</i> process involves verbal and written information sharing. Each agency will record a summary of the outcome of the agency's field action, on Form 1: Additional Information and electronically circulate to the agencies prior to the <i>Debriefing Meeting</i>. Where written information cannot be provided prior to the <i>Debriefing Meeting</i> the agency/ies will ensure that it is provided to the Minute Taker within one business day of the meeting. 		
CS	POLICE	
<p>The Caseworker</p> <ul style="list-style-type: none"> Prepares a summary of the outcome of the field response on Form 1 E-mails to the Manager Casework <p>The Manager Casework</p> <ul style="list-style-type: none"> Reviews the summary E-mails to the Team Leader and Senior Health Clinician 	<p>The Investigator</p> <ul style="list-style-type: none"> Prepares a summary of the outcome of the field response on Form 1 E-mails to the Team Leader <p>The Team Leader</p> <ul style="list-style-type: none"> Reviews the summary E-mails to the Manager Casework and Senior Health Clinician 	<p>The Senior Health Clinician / delegate</p> <ul style="list-style-type: none"> Prepares a summary of the outcome of Healths response on Form 1 E-mails to the Manager Casework and Team Leader

7 LPR Debriefing Meeting – Attendance and Agenda		
<ul style="list-style-type: none"> • The purpose of the Local Planning and Response <i>Debriefing Meeting</i> is to share information about the field response and plan future intervention with the child, young person and carer/s. • The plan comprises the outcome of the response, review of the Safety, Welfare and Wellbeing Summary, details of ongoing planned action and where appropriate, a Case Consultation date. • A <i>Debriefing Meeting</i> will occur as soon as practicable following the field response. This will usually be following the interview with the child or young person. • In some instances, the Caseworker and Investigator may wish to debrief with their supervisor on the outcome of any field visits, including issues of possible contention, interview technique etc prior to the <i>Debriefing Meeting</i>. If this is the case, a <i>Debriefing Meeting</i> must still be held with all three agencies in attendance. 		
CS	POLICE	
<p>Debriefing Meetings are attended by</p> <ul style="list-style-type: none"> • The Manager Casework and • The allocated Caseworker 	<p>Debriefing Meetings are attended by</p> <ul style="list-style-type: none"> • The Team Leader and • The allocated Investigator 	<p>Debriefing Meetings are attended by</p> <ul style="list-style-type: none"> • The Senior Health Clinician / delegate and where possible, • The allocated Clinician • The Senior Health Clinician / delegate must be able to access the examining Medical Practitioner (where possible a Paediatrician) to participate in the <i>Debriefing Meeting</i>. • Health staff may attend the Debriefing Meeting in person or via telephone
<p>Additional Attendees</p> <ul style="list-style-type: none"> • The need for additional attendees is determined on a case by case basis. 		
<p>Agenda</p> <ul style="list-style-type: none"> • The Debriefing Meeting agenda follows the Local Planning & Response Debriefing Template (Form 4). 		

8 LPR Debriefing Meeting (continued)**Recording and Distribution of Minutes**

- The Debriefing Meeting minutes are recorded by the allocated Minute Taker on Form 4
- The Minute Taker will attach the Additional Information provided by the agencies to the Minutes and e-mail to the MCW, TL and SHC / delegate within one business day of the meeting.
- There may be a small number of occasions where distribution of minutes may be delayed pending receipt of written agency information. These will be closely monitored by the MCW, TL and SHC / delegate to ensure there is no impact on the intervention.
- Any requested changes to the Debriefing record must be requested in writing to the minute taker within 24 hours of being circulated.
- Any agreed amendments to the record must then be recirculated within 24 hours of the request.
- A copy of the Debriefing record will be attached to the JIRT file for each case in co-located JIRT units.
- All agencies are required to meet their normal record keeping requirements.

9 Case Meetings		
<ul style="list-style-type: none"> • The purpose of Case Meetings is for the JIRT agencies still involved with the child, young person or family to share relevant information that may assist to ensure future action is appropriate and continues to address the child or young person's needs, including a review of the SWWS. • Case meetings are an important element of case management and can occur throughout the case planning process and are a major casework tool for keeping the SWWS current, relevant and focussed. • Only the relevant agencies still involved with the child, young person or family participate in Case Meetings. • The relevant agencies will decide on who chairs and records the meeting on Case Meeting (Form 5) template. • The record keeper will send an electronic copy of the Case Meeting record to other participants ASAP following the meeting. • Changes required in relation to the Case Meeting record must be made in writing to the record keeper. • A copy of the Case meeting record will be attached to the JIRT file. • All agencies are required to meet their normal record keeping requirements. 		
CS	POLICE	HEALTH
<ul style="list-style-type: none"> • CS JIRT staff only participate in a Case Meeting if they have an ongoing JIRT involvement with a child/family for a period of more than two months from the date of the Briefing Meeting. • Refer to Casework Practice Procedure: <i>Case Meetings</i>. http://docsonline.dcs.gov.au/DOCSINT/CONTENT/PC_90695.html 		<ul style="list-style-type: none"> • Where Health are still involved in the matter, the following Health representatives may attend a case meeting where appropriate: <ul style="list-style-type: none"> – Paediatrician – Allocated Clinician – Future service representative following confirmation of referral.

10 Case Closure		
<ul style="list-style-type: none"> • An agency will consult with the partner agencies prior to closing, suspending or transferring a case to another service within the agency. 		
CS	POLICE	
<ul style="list-style-type: none"> • Will only close a JIRT matter if there are no outstanding tasks identified for CS in the SWWS. • The Manager Casework (MCW) will <ul style="list-style-type: none"> ➢ advise the TL and SHC / delegate of intended case closure³ a case prior to this action occurring. ➢ advise the TL and SHC / delegate of intended case transfer⁴ to the Community Services Centre prior to this action occurring. 	<ul style="list-style-type: none"> • Will only close a JIRT matter if there are no outstanding tasks identified for Police in the Safety Welfare and Wellbeing Summary. • The Team Leader (TL) will <ul style="list-style-type: none"> ➢ advise the MCW and SHC / delegate of intended case closure/suspension prior to this action occurring. ➢ advise the MCW and SHC / delegate of intended case transfer to another Branch within the NSW Police Force prior to this action occurring. 	<ul style="list-style-type: none"> • Will only close a JIRT matter if there are no outstanding tasks identified for Health in the Safety Welfare and Wellbeing Summary. • The Senior Health Clinician (SHC) / delegate will <ul style="list-style-type: none"> ➢ advise the MCW and TL of intended case closure prior to this action occurring. ➢ advise the MCW and TL of intended case transfer to another Health Service prior to this action occurring.

³ Refer to Casework Practice: Case Closure Procedure

⁴ Refer to Casework Practice: CSC Case Transfer Procedure