DRAFT TEMPLATE

Protocol for responding to unaccompanied children and young people 12–15 years of age who are homeless or at risk of homelessness:

XX District

Date: 2016

Document approval

The District Protocol for unaccompanied children and young people under 16 who are homeless or at-risk of homelessness has been endorsed and approved by:

<insert name here> FACS District Director Approved: <insert date here>

Document version control

Distribution:	<insert distribution groups here>
Document name:	<insert document number and name here>
Trim Reference	< insert>
Version:	Version 1.0
This document relates to:	*Unaccompanied Children and Young People 12-15 Years Accessing Specialist Homelessness Services (SHS) Policy*
Document status:	Draft
File name:	<insert file here>
Authoring unit:	Homelessness Branch, Community, Homes and Place, Programs and Service Design
Date:	January 2016
Next Review Date:	January 2017

Definitions

The table below is a list terms, keywords and/or abbreviations used throughout this protocol.

Term	Definition
FACS	Department of Family and Community Services
SHS	Specialist Homelessness Services
HYAP	Homeless Youth Assistance Program
OOHC	Out-of-Home Care
PR	Parental Responsibility – under the *Children and Young Persons (Care and Protection) Act 1998*, parental responsibility refers to the broad range of decision-making and planning duties that a parent normally exercises for a child
PRM	Parental Responsibility of the Minister
MRG	Mandatory Reporter Guide
ROSH	Risk of Significant Harm
SCRPT	Screening and Response Priority Tool
CSC	Community Service Centre
CRT	Crisis Response Team
RFA	Request for Assistance
SDM	Structured Decision Making
MOU	Memorandum of Understanding

District Protocol

1. Introduction

1.1 Purpose

The purpose of this protocol is to clarify the service system response for unaccompanied children and young people under 16 years of age who are homeless or at-risk of homelessness in XX District.

The phrase 'unaccompanied children and young people' acts as an umbrella term for a wide range of minors who are outside of family or institutional settings, and who are not accompanied by a parent or legal guardian[1].

Unaccompanied children and young people are a highly vulnerable client group at risk of becoming disconnected, or already disconnected, from their families and wider support networks. The target group includes children and young people who are sleeping rough, in homelessness shelters and those who couch surf at the homes of friends, relatives or acquaintances.

These clients often experience a range of interrelated and compounding risk factors, including disengagement from education, interactions with the criminal justice system, the onset of mental illness and mental health issues, drug and alcohol misuse, and the experience of trauma.

Services working with this client group face several priority challenges:

- engaging effectively with families in order to obtain consent for the delivery of services and, where appropriate, to enable the reconnection of the child or young person with their family
- managing the safety and wellbeing of the child or young person where available accommodation options may expose them to other risks
- supporting the child's or young person's ongoing engagement with education and family/kin where readily available accommodation options may take them out of area.

The above combination of needs, goals and challenges make effective collaboration and coordination among key services essential.

This protocol is to be used by staff in conjunction with and to support the effective implementation of the *Unaccompanied Children and Young People 12–15 Years Accessing Specialist Homelessness Services (SHS) Policy*.

It is to be implemented by staff in collaboration with services funded under the Specialist Homelessness Services (SHS) Program

[1] Julianelle, P. (2007) *The Educational Success of Homeless Youth in California: Challenges and Solutions, California Research Bureau*, California State Library; and Rotheram-Borus, M., Mahler, K., Koopman, C. & Langabeer, K. (1996) Sexual abuse history and associated multiple risk behaviour in adolescent runaways, *American Journal of Orthopsychiatry*, 66, 390–400.

	and the Homeless Youth Assistance Program (HYAP), and their partners. This protocol is a key mechanism for ensuring the safety and wellbeing of unaccompanied children and young people who are homeless or at risk of homelessness. It clarifies case management responsibilities, duty of care responsibilities, response timeframes, relevant business processes and key contact information. This protocol is predicated upon strong, effective interagency partnerships at the local level. It recognises that a whole-of-community response is required to best meet the needs of unaccompanied children and young people. It provides a framework within which SHS, FACS and wider child, youth and family services can work together in order to improve outcomes and service quality for this client group.

1.2 Policy and program context	The *Unaccompanied Children and Young People 12–15 Years Accessing Specialist Homelessness Services (SHS) Policy* (the policy) sets out a framework for SHS and FACS in response to the needs of unaccompanied children and young people who are homeless or at risk of homelessness, in line with their age and legal status. Key objectives of the policy include: 1. that a child who is homeless or at risk of homelessness is safe 2. that where possible and safe, the child should be returned home as soon as possible 3. that where a return home is not possible in the short term, a coordinated case plan be developed as early as possible in the support period with the aim of achieving a sustainable transition for the child out of SHS. A coordinated case plan may involve the SHS providing either direct support or referrals to other youth services to ensure the child's needs are met. Key aspects of the policy include: • no unaccompanied child under 12 years of age should remain overnight in a SHS • for all children under 16 years who are homeless or at risk of homelessness and present alone at SHS, the Mandatory Reporter Guide (MRG) must be followed and the child or young person reported at risk of significant harm (ROSH) to the Child Protection Helpline • an outline of roles and responsibilities of SHS, FACS and the broader service system, including who must take the lead on case planning and management for a child • a consideration of safety and duty of care requirements for SHS when an unaccompanied homeless child seeks assistance. The rights and wishes of both the child and the parent/guardian must be considered in order to meet a child's best interests. This must be done on a case-by-case basis and consider safety, risk, age of the child, their cognitive and emotional development and the degree to which they understand the choices and implications of the decisions being made. All processes, presented options, opportunities and outcomes must be clearly documented. This protocol links closely with the Homeless Youth Assistance Program (HYAP), which funds non-government organisation service providers to deliver targeted service responses to unaccompanied children aged 12 to 15 years.

	Key objectives of the HYAP include: • rebuilding family, kin and cultural connections and working towards family reconnection, where appropriate • engaging the child/young person with education or training • providing access to mainstream health, mental health and wellbeing services • engaging the child/young person with the broader community to build knowledge and a sense of belonging, and which will support their development of age-appropriate living skills • facilitating transitions to longer-term supported accommodation, when family reconnection is not achievable. To enable the achievement of the objectives of both the policy and the HYAP, this protocol aims to: • improve outcomes for unaccompanied children by enhancing the service system response for this client group • build and strengthen relationships between SHS, FACS and local key service providers • provide a framework within which SHS, FACS and key local partners can operate in the best interests of unaccompanied children • contribute to the ongoing process of continuous service improvement.

2. Target group

	The target group for this protocol is unaccompanied children and young people aged 12 to 15 years who are homeless or at risk of homelessness. While not a target group for this Protocol, service responses must be sensitive to the needs of children and young people who are in the Parental Responsibility of the Minister (PRM). Under the *Children and Young Persons (Care and Protection) Regulation 2012*, the Office of the Children's Guardian must be notified if a child in statutory out-of-home care is being placed with a non-designated agency.

3. Protocol components

DUTY OF CARE	
INTENT	**PRACTICE**
Duty of care is the legal and ethical obligation of a person to take reasonable steps against risk of harm to another, who it can be reasonably foreseen may be injured by that person's act or omission. All staff have a duty of care to all clients of their service, as well as other workers and those who are likely to suffer foreseeable harm. Services are required to take all reasonable care in carrying out their work to make sure that appropriate standards of care are met. All organisations involved with children and young people should have a commitment to being a Child Safe Organisation.	• All relevant service providers in a District should work together to provide the safest and most appropriate response to an under-16 year old seeking assistance. • The response for children and young people will follow the principles and practices of a '*No Wrong Door*' access system. • To provide services to an unaccompanied child under 16, the SHS must determine if it has facilities that are safe and appropriate. This requires consideration of safety, security and the availability of skilled and competent staff, with access to relevant service protocols and procedures. It also requires consideration of the stage of development, capacities, level of independence and experience of the child, the risks associated with them and the risks for them associated with any other young people currently accommodated. • Where a child is referred by another agency, including FACS, and the SHS does not have capacity to meet the child's needs (as outlined above and elsewhere in the *Unaccompanied Children and Young People 12–15Years Accessing Specialist Homelessness Services Policy*) the referring organisation is responsible for coordinating an alternative placement for the child. • SHS/HYAP funded services should have policies that generally ensure procedures for reasonable actions to meet duty of care responsibilities are in place. • Any action taken under a worker's duty of care obligation should be documented. • The SHS/HYAP service has autonomy in decision-making in relation to intake and service provision.
DISTRICT TO CONSIDER	**DISTRICT RESPONSE**
How will the District, along with the wider service system for vulnerable CYP, work to ensure duty of care can be achieved?	•
Which providers have key responsibilities regarding ensuring the duty of care for vulnerable CYP?	•
What particular roles/responsibilities will they have?	•
Who will take lead responsibility when the referrer is unable to?	•
Who is responsible to gather all necessary information for a referral to SHS, and what role will FACS play locally in	•

providing up-to-date child protection information?	
What options need to be developed for placement of children where PR is to the Minister, with authorised carers?	•
Who is able to play a role in engaging parents/family where this is challenging, and how will the parental engagement process (including obtaining consent for service provision and working towards potential reconnection) be planned and implemented?	•

RIGHTS OF THE CHILD	
INTENT	**PRACTICE**
Children have the same general human rights as adults, but also often need special care and protection. Children's rights recognise they are individuals and are members of a family and community, with rights and responsibilities appropriate to their age and stage of development. These are the rights that must be realised for children to develop their full potential.	• The best interests of the child must be a primary consideration in all action concerning a child. This includes ensuring they are provided with a safe and stable environment that not only protects them from harm but makes them feel safe and gives them a sense of control over their decisions and future. • The environment children are housed in should also be a place they identify with and feel a connection to, and all organisations should work towards this goal. • The best interests of the child also include providing access to all the necessary prerequisites for their good health, both physical and mental. • Children must be provided with the opportunity to develop positive connections. This encompasses, wherever possible, relations with family, but also relations with friends, and a connection with their community and the wider society, including the opportunity to participate in the activities and decisions of community and society. • Children should have access to education, both as a pathway to future employment and for its own sake as a method to promote self-confidence, independence and life skills.
DISTRICT TO CONSIDER	**DISTRICT RESPONSE**
What processes will be used to ensure that children are consulted about, and take part in, making decisions affecting their lives? How will FACS and services work together to ensure children have access to medical care, especially preventative and non-urgent medical care, where family breakdown makes obtaining parental consent difficult?	

What processes will be used to ensure the child maintains engagement with education?	

CASE MANAGEMENT	
INTENT	**PRACTICE**
Case management is the process of assessment, planning, implementation, monitoring and review of services to meet the needs of vulnerable families and individuals. It aims to strengthen outcomes for families, children and young people through integrated and coordinated service delivery. Outcomes for unaccompanied children will be improved if there are clear processes in place to ensure that support and specialist services are provided to clients in a coordinated and collaborative manner. Agencies involved with the child will discuss who is best placed to take the lead in the case management. This will include involving the child in decisions that impact them.	• FACS or the relevant OOHC provider will have the lead case management responsibility for unaccompanied children aged 12 to 15 years who are in the Parental Responsibility of the Minister. • Where a child screens in at Risk of Significant Harm (ROSH) and an assessment of the child's circumstances identifies safety concerns in relation to the child's return home, FACS will have lead case management responsibility. • Where a child does not screen in at ROSH and where no safety concerns are identified concerning the child's return home, SHS and HYAP providers will work with the child with the objective of reconnecting them with family or kin. • Where a child screens in at Risk of Significant Harm (ROSH) and an assessment of the child's circumstances identifies NO safety concerns in relation to the child's return home, FACS will still have lead case management responsibility. However, if a provider is better placed to take the lead, there will be flexibility to negotiate this locally. • Discussion on the appropriate person/agency to take the lead role in a child's case management will occur shortly after referral, and will consider the goals and preferences of the child. • Unless removed by a Court, a parent retains legal responsibility for a homeless child and should continue to have access to information and involvement in key decision-making about their child. • Consideration should be given, in discussion with the child, to how to involve their parent/s in planning next steps. Supporting a child to reconnect and strengthen their relationships with family/kin is a crucial step in their safe return home. • Where FACS has the lead case management responsibility, they will ensure that all agencies involved in the child's case plan (e.g. SHS, school, Headspace, Reconnect) are involved in the review of the plan. • SHS and HYAP providers will communicate guidelines to all agencies regarding the parameters of their accommodation service. • Providers will ensure the child is actively involved in the development of their case plan, understands it and is able to identify achievement of case plan goals.
DISTRICT TO CONSIDER	**DISTRICT RESPONSE**
• How will decisions be made regarding which local agency/service provider takes lead case management responsibility? How will the child's view be taken into account when deciding this? • This should include consideration of clients involved	•

with JJ, mental health services, education, commonwealth-funded services (e.g. Reconnect, HeadSpace), OOHC, Youth Liaison Officers with Police etc.	
• What case coordination structures and processes will be put in place?	•
• Given school engagement is an essential consideration, how will schools coordinate their support with the child and lead case manager? And how will transport to and from school be arranged?	•
• How will the Local Health District's services coordinate their work with the child, family and lead case manager?	•
• How will the child be involved in decisions that impact them?	•
• How will the child be supported to maintain or form connections with family (where appropriate), extended family, friends, or any other significant people in their life?	•

REFERRAL PATHWAYS	
INTENT	**PRACTICE**
Referral pathways clarify the roles and responsibilities of the service system and provide direction as to when a client should be referred and which agency to refer them to. Effective, clearly defined referral pathways will ensure unaccompanied children and young people are directed to the most appropriate agency or service provider in the local area. Children will be involved in decisions about referrals to other agencies.	• Provide clear information on the defined pathways for unaccompanied under 16 year olds. • Stress the importance of relationships across the service system – recognise, respect and value the expertise of all service providers. • Referral pathways will be agreed upon at a local level. Referrals will provide adequate information to ensure the referral is appropriate and enable a thorough assessment of the child's situation. • All relevant information (e.g. known risks, specific needs, cultural links, previous history, mental health/ self-harm concerns) need to be disclosed at the time of referral. • The referring agency will be provided with timely feedback and any necessary information. • Ongoing communication between the referring agency and the SHS/HYAP service is essential.
DISTRICT TO CONSIDER	**DISTRICT RESPONSE**

What are the referral pathways into relevant services in the District, especially for: • Crisis accommodation and support • Family engagement, family preservation and restoration • Education/schools/VET and transport • Health and disability (including mental health, AoD and developmental delay) • Alternative medium-term placements • Transition to independence	•
How services work together in a coordinated way to ensure vulnerable CYP are directed to the most appropriate service relevant to their needs. Is this a field requiring some co-design?	•
Any over-arching governance or accountability for the service system required for vulnerable children under 16 years of age (or for a wider category including under-16s, e.g. 9 to 24yrs)	•
What information-sharing arrangements are needed?	•

RESPONSE TIMEFRAMES	
INTENT	**PRACTICE**
The immediate safety and wellbeing of a child will be the first factor in determining a response. The response time from organisations will be determined by the level of risk to the child and factor in the child's age and their legal status.	• Where there is an immediate risk to a child the MRG should be followed and the Child Protection Helpline contacted promptly. • Clear information on the child's legal status and homelessness situation will be provided by the referring agency to the agency being asked to accommodate and/or support the child.
DISTRICT TO CONSIDER	**DISTRICT RESPONSE**
What the appropriate and realistic response timeframes are for clients based on their age and legal status (e.g. 12 year old, PR to Minister)?	•
How services will work together to ensure effective and timely responses can be delivered?	•
Key factors influencing responses will include demand, system capacity, geography, etc.	•
Response options and imperatives where unaccompanied children are	•

aged under 12 years.	
When do efforts to transition a child back to family or to an alternative family-like setting intensify (e.g. timeframes), and who is involved?	•

COMMUNICATIONS AND CRITICAL INCIDENT REPORTING	
INTENT	**PRACTICE**
Districts should have in place clear processes and pathways to ensure emergencies involving a child can be dealt with promptly and effectively. Key changes in risks, needs or service delivery regarding the child and family will be communicated effectively across relevant partners.	• Each agency will have their individual internal protocol or guidelines which must be followed. • The Department of Family and Community Services will follow internal policies and procedures when responding to emergency/critical incidents. • Where appropriate, information on the incident or change may need to be shared with other agencies involved with the child
DISTRICT TO CONSIDER	**DISTRICT RESPONSE**
What processes are in place to ensure critical incidents or changes (to risks, needs or circumstance) are accurately recorded and communicated effectively to relevant stakeholders? How appropriate child protection reporting/re-reporting, using the MRG, will be promoted?	•

TRANSITION PLANNING	
INTENT	**PRACTICE**
Case planning should commence as early as possible to assist the child to return home or transition to other sustainable accommodation. Transition planning is an integral part of the case plan. The review of a child's case plan will include updating any information likely to affect the transition planning.	Transition planning should: • engage with the child • engage with their family (where appropriate) or extended family or natural support networks • engage with the child's school • integrate mainstream family and youth services to address factors contributing to homelessness and meet the child's needs • be sensitive to gender, Aboriginal or Torres Strait Islander or culturally and linguistically diverse backgrounds, religious preference, sexual preference, and disability. Transition plans and pathways should be flexible and child-centred, reflecting the age, development, independence, maturity and decision-making capacity of the child.

DISTRICT TO CONSIDER	DISTRICT RESPONSE
How services will work together in a coordinated way to ensure transition planning options are a key part of the case management process.	
What are the relevant pathways, when family reconciliation is not an option, to ensure vulnerable children transition effectively to the most appropriate form of accommodation and support? How will the child's views be taken into account in this process?	

DISPUTE RESOLUTION PROCESSES	
INTENT	**PRACTICE**
Clear processes are in place to resolve disputes between agencies or involving clients.	• Clear policies, processes and procedures are in place to ensure any disputes between signatories to the protocol can be resolved effectively and in a timely manner without impacting on service provision.
DISTRICT TO CONSIDER	**DISTRICT RESPONSE**
• What dispute resolution processes currently exist in the District and how will they apply to unaccompanied CYP?	•
• Are existing processes/procedures sufficient for unaccompanied CYP?	•

ESCALATION PROCESSES	
INTENT	**PRACTICE**
Escalation processes are established to ensure timely and effective decisions can be made in the context of complex or crisis cases. These processes should add value to service delivery rather than draw resources away from achieving outcomes.	• Escalation process may include case conferencing by key decision makers, to provide a timely and effective response to complex or crisis cases
DISTRICT TO CONSIDER	**DISTRICT RESPONSE**
Include information here about what an SHS will do when they can no longer provide case management for a child and feel that all efforts at restoration with family have been attempted and this is no longer possible.	•
Include information relating to how the relevant interagency meetings	•

(e.g. Complex Case Panels) or internal FACS meetings (e.g. Weekly Allocation Meetings) will be used to progress these issues.	
Factors likely to frequently lead to escalation and the means to manage them without relying on escalation pathways.	•

FINANCIAL ARRANGEMENTS	
INTENT	**PRACTICE**
To ensure there are clearly defined and transparent agreements in place with regards to funding arrangements. This is relevant only when there is not a HYAP-funded accommodation-based service response in the District. Include information in relation to costs to be transferred to services that accommodate and support an unaccompanied child or young person.	• Clearly defined agreements and processes for District-level funding arrangements •
DISTRICT TO CONSIDER	**DISTRICT RESPONSE**
What governance mechanisms exist locally that can be used to monitor effectiveness, appropriateness and adherence to agreed funding arrangements.	•
	•

REVIEW OF PROTOCOL	
INTENT	**PRACTICE**
To ensure continuous improvement and effective working relationships, regular review of this protocol and its related procedures will be required.	• On-going monitoring of the operation of the protocol will determine what elements may need adjusting or if there are any gaps in the protocol. Signatories to the protocol should have staff capture any information that will inform the review.
DISTRICT TO CONSIDER	**DISTRICT RESPONSE**
What governance mechanisms exist locally that can be used to drive continuous improvement/review of the protocol?	•

How will Districts identify gaps or areas in need of strengthening?	•

Key roles and responsibilities

Once Districts have worked through the above questions in each area, a summary of roles and responsibilities for key agencies in relation to this Protocol will be recorded here.

STATEWIDE SERVICE	ROLE AND RESPONSIBILITIES UNDER THIS PROTOCOL
Child Protection Helpline	**Child Protection Helpline on 132 111 TTY 1 800 212 936** The Child Protection Helpline is a 24-hour, seven days a week, state-wide call centre staffed by professionally qualified caseworkers to receive and screen all reports on child abuse and neglect. In a small number of Districts the Child Protection Helpline is the only pathway by which to access HYAP services, in others it is one of several pathways into HYAP. [District to clarify role in this Protocol]
Link2home	**Link2home 1800 152 152** Link2home is a state-wide homelessness information and referral service. Anyone who is homeless or at risk of homelessness, or people who are concerned about someone they know can call Link2home. Link2home has access to real time vacancy information and supports better sharing of client information (with consent) so clients don't need to retell their story. Link2home: • provides information about local services • assesses what kind of help people need • refers people to specialist homelessness services, support services, temporary accommodation and other services • operates 24 hours a day, seven days a week, every day of the year. **The process for unaccompanied children under 16 years** If an unaccompanied child under 16 years old calls Link2home, the staff take their basic details and the call is a warm referral through to the Child Protection Helpline.

DISTRICT AGENCY/ORGANISATION	ROLE AND RESPONSIBILITIES UNDER THIS PROTOCOL

Appendix 1: Key District Contacts

AGENCY/ ORGANISATION	INDIVIDUAL/ POSITION	CONTACT DETAILS PHONE AND EMAIL	OPERATING HOURS	OTHER DETAILS
Child Protection Helpline		132 111	24 hours, 7 days a week, every day	
Link2home		1800 152 152	24 hours, 7 days a week, every day	
Community Service Centre		Business Hours …. After Hours ……		
Community Service Centre		Business Hours …. After Hours ……		
Community Service Centre		Business Hours …. After Hours ……		
Child Protection Adolescent response Team (CPART)				
Specialist Homelessness Service		Business Hours …. After Hours ……		
Specialist Homelessness Service		Business Hours …. After Hours ……		
Headspace				
Reconnect				
Health (including GP,				

Sexual Health Clinic)				
Mental Health (Headspace, etc)				
Alcohol or other drug service				
Juvenile Justice				
Aboriginal Medical Service				
Out-of-Home Care Provider(s)				
Police				
Department of Education				
Schools				
Youth Hope				
Family Referral Service				
Generalist Youth Services				
Family Support and counselling services				
Brighter Futures (where there may be younger siblings in CM)				

Appendix 2: Key Business Processes

Mandatory Reporting

Mandatory reporters are those that deliver services directly to children and young people. This includes those that deliver health care, welfare, education, children's services, residential services or law enforcement to children or young people. The law also requires any person who manages an employee or volunteer from such services, to report suspected risk of significant harm. Section 27 of the *NSW Children and Young Persons (Care and Protection) Act 1998* provides a definition.

If you are a mandatory reporter, you can make non-imminent suspected risk of significant harm reports to the Child Protection Helpline either by using e-Reporting or by phone. All urgent reports must be made by phone to the Helpline on 133 627.

Specialist Homelessness Services (SHS)/HYAP staff **are required** to complete the Mandatory Reporter Guide (MRG) for every child who presents to their service unless:

- the child has been referred by the Child Protection Helpline
- the child has been referred by the Community Service Centre.

On receiving a call from a reporter, the Child Protection helpline staff will apply the Screening & Response Priority Tool (SCRPT) and determine if the matter meets Risk of Significant Harm (ROSH). If they deem that the matter does not meet ROSH, the matter is closed. The processes will vary depending on when the call is made, either in business hours or after hours.

Business Hours

During business hours, matters that meet ROSH are referred to the relevant Community Services Centre (CSC).

The majority of matters screened as ROSH – 'Neglect: No parent/ care giver available' are sent to a CSC as a <24 hour priority, as there is no parent available for the child at the time of the report.

Reports that are screened affirmatively for 'Serious Self risk-taking behaviour', if there is a pattern of homelessness, are prioritised as <72 hours to <10 days.

Those matters screened as non-ROSH or screened as ROSH but are unallocated by the CSC may be referred to a HYAP or other service provider, as per the arrangements negotiated under this Protocol.

After Hours

Reports made to the Helpline after hours that meet ROSH and are urgent are referred to the After-hours Crisis Response Team (CRT) for assessment.

In some instances, CRT will look to an SHS to place a child, or if a bed is not available, may use motel accommodation to address an immediate homelessness issue. In these situations, the matter is transferred to the local CSC the next business day for further assessment. Depending on the situation CRT may:

- determine if the child requires a placement if refusing to go home – and why
- contact the parent/carer regarding the child needing accommodation to establish if this is the child's idea and if the parents are aware of the situation. This will also establish if there are serious issues present or if this primarily relates to needing a break. CRT will determine if other options have been explored (e.g. extended family, friends etc.)
- obtain written approval for a Temporary Care Agreement from the parent to place the child and discuss the length of time the child will be out of home
- confirm the school that the child attends and clarify how the child gets to and from school each day.

If the parent refuses to give permission:

- and there are no issues – CRT will negotiate and the child goes home.
- If parent doesn't want child home but there are no serious concerns for the child (e.g. parent and child have had a falling out and both need to cool off), the CRT may arrange for a child to stay elsewhere overnight with friends, subject to parental consent.
- If parent cannot identify somewhere for child to stay and CRT assist with locating a placement overnight, CRT will require signed permission to place the child under a TCA and recommend that the CSC put supports in place for the family so that the child can return home.

If there are serious concerns:

- CRT or on-call team will conduct a home visit in order to assess the situation and to determine if there are child protection issues, behavioural issues, alcohol or other drug issues, parent/child conflict, medical needs, school needs, etc. and confirm the school the child attends and clarify how the child gets to and from school each day.
- If the child is assessed as not being safe at home or is at the Police Station and assessed as not being safe if they were to return home, options are – Legal action – Removal or Assumption.

Those matters screened as non-ROSH or screened as ROSH but are unallocated by the CSC may be referred to a HYAP or other service provider, as per the arrangements negotiated under this Protocol.

Unaccompanied children who are homeless or at risk of homelessness – process flow