

Case Management of Children in the CEO's Care

Policy

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Version	Active from	Author	Changes made
1.0	3/12/2018	Operational Policy	Case Management responsibilities for children in the CEO's care
1.1	1/07/2019	Operational Policy	Face to face contact requirement extended from once every 4 weeks to once every 6 weeks. Implementation of Care Plan changed from within 6 weeks of child entering care 3 weeks.
2.0	28/02/2020	Operational Policy	Updated to meet recommendation by RC Youth Justice 35.06 when a young person is in care and in detention Case Management will be led by Territory Families Care and Protection Case Manager who must work collaboratively with Territory Families Community Youth Justice and Youth Outreach Re-engagement staff
2.1	2/03/2020	Operational Policy	Updates to align with policy and procedures with legislative amendments and Signs of Safety language.
2.2	25/11/2021	Operational Policy	Children in care of the CEO residing interstate, must have contact with their NT Practitioner on every occasion they visit the NT.

Acronyms	Full form
CEO	Chief Executive Officer of Department of Territory Families, Housing and Communities
Department	Department of Territory Families, Housing and Communities
NT	Northern Territory
Practitioner	Child Protection Practitioner
the Act	Care and Protection of Children Act 2007

1. Policy Purpose

Case management of children who are in the care of the CEO will focus on the child's safety and wellbeing, timely decisions, cultural security, stability and permanency.

2. Policy Statement

Case management practice is an ongoing process of meaningful engagement with the child, their family, the child's natural support network, their carer and other significant or culturally relevant people nominated by the child or their family. The engagement must be conducted in a language and manner that the participants will understand.

2.1. Contact with child

The Practitioner, under the supervision of the Team Leader, has the core responsibility through case management practice to promote the safety and wellbeing of children in the care of the CEO. At a minimum, a Practitioner must have meaningful face-to-face contact with each child they case manage once every six weeks, or arrange for an appropriate third party to have face-to-face contact.

For children who reside interstate or attend boarding school interstate, the child's Practitioner must have meaningful face-to-face contact with the child on every occasion they return to the NT for visits. When making arrangements for the child to return to the NT for a visit, the Practitioner must factor in time for meaningful face-to-face contact with the child. These arrangements must be discussed with the child and their family, and documented in the child's *My Care Plan*.

2.2. Practice approach

Case management must be a trauma informed process and have an outcomes focus, utilising Signs of Safety practice. Achieving safety and wellbeing of the child is the primary concern, together with connection, stability and permanency for the child's future care. Case management is child centred, there should be consistency of service provision to the child regardless of a change in their place of care.

Effective case management will include a holistic assessment of the child and their family to identify existing strengths, specific needs and worries, and document the actions that must be taken to address the identified needs. It will include development of a comprehensive Care Plan, implementation of the Care Plan, and ongoing monitoring, review and timely decision making to support the achievement of identified goals. Refer to *Care Planning policy and procedure*.

2.3. Participation in decision making

The Practitioner will provide the opportunities for the child and their family to actively participate in decisions related to the child's care, express their views and wishes, voice their opinions, provide feedback, and raise concerns or worries. The Practitioner must ensure that priority issues are addressed. Decision making and care planning should be family led and child centred. Decisions regarding safety and wellbeing will involve the child, their parents, all naturally connected support network members and the child's carer.

Case management is responsive to the child and their family's cultural and language needs, and when the child is Aboriginal, is to be informed by Aboriginal Community Workers or Aboriginal Practice Advisors, and the *Aboriginal Cultural Security Framework*.

2.4. Child Protection and Youth Justice

When a child in the care of the CEO is engaged, or at risk of engagement with the Youth Justice system, case management will be led by the Practitioner. The lead Practitioner is responsible for initiating and prioritising the case management actions, in collaboration with Youth Justice Detention Operational teams and Community Support and Programs Youth Justice Officers. The aim of this collaboration is to ensure a timely response for the young person which will address their needs and support their future success.

Working collaboratively, the Department will develop an individualised approach suited to the young person's circumstances in order to provide:

- Continuous assessment and provision of ongoing supports to the young person;
- Appropriate arrangements for the young person's release and integration back into the community;
- Ongoing care plan and transition from care needs that accurately reflect the care plan goal and associated activities;
- Case planning that supports the young person to comply with the conditions of their Youth Justice Court Order (if applicable); and
- Youth Justice Specialist Assessment and Treatment Services that address the young person's identified criminogenic needs.

3. Legislative Basis and Related Documents

[Care and Protection of Children Act 2007 \(Refer to s69-76\)](#)

[Youth Justice Act 2005](#)

[Charter of Rights for Children in Care](#)

[Care Planning Policy and Procedure](#)

[Monitoring Wellbeing of Children Procedure](#)

[Support for Children and Young People with Disabilities Guideline](#)

[Culture in Care Planning Procedure](#)